



1.7 Duties .....	7
1.7.1 Board of Trustees .....	7
1.7.2 The Chief Executive.....	7
1.7.3 The Safeguarding Lead .....	7
1.7.4 The Director of Human Resources .....	8
1.7.5 Managers.....	8
1.7.6 Staff and Volunteers .....	8
Section 2 – Processes - Reporting and Referral.....	9
2.1 Safeguarding processes.....	9
2.2 Information sharing.....	9
2.3 Safe Recruitment .....	10
2.4 Allegations against Staff.....	10
2.5 Record keeping .....	10
2.6 Procedures to be followed in Responding to Safeguarding Concerns.....	10
Section 3: Supporting Information.....	12
3.1 Key Points.....	12
3.2 Safeguarding Adults Legislation .....	12
3.3 Definition of an Adult at Risk.....	13
3.4 Abuse and Neglect.....	14
3.5 Signs and Indicators of Abuse and Neglect .....	16
3.6 Wellbeing Principle .....	17
3.7 Person Centred Safeguarding/ Making Safeguarding Personal .....	17
3.8 Mental Capacity and Decision Making .....	18
3.9 Prevent.....	20
3.10 Recording and Information Sharing.....	21
3.10 Multi-Agency Working.....	22
Section 4 – Appendices .....	23
4.1 Responding to Safeguarding Adult Concerns.....	23
4.2 Flowchart: what to do if you are concerned about the welfare of an adult.....	24
4.3 Legal framework .....	26
4.4 Additional Guidance.....	26

# Section 1: Policy

## 1.1 Introduction

Autism Unlimited is committed to Safeguarding Adults in line with national legislation and relevant national and local guidelines.

We will safeguard adults by ensuring that our activities are delivered in a way which keeps all adults safe.

Autism Unlimited is committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns.

This extends to recognising and reporting harm experienced anywhere including within our activities, within other organised community or voluntary activities, in the community, in the person's own home and any care setting.

Autism Unlimited is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect.

## 1.2 Policy Statement

Autism Unlimited believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

Autism Unlimited is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

Autism Unlimited acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.

Autism Unlimited recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.

Autism Unlimited recognises that there is a legal framework within which we need to work to safeguard adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.

Actions taken by Autism Unlimited will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

### 1.3 Purpose

The purpose of this policy is to demonstrate the commitment of Autism Unlimited to safeguarding adults and to ensure that everyone involved is aware of:

- The legislation, policy and procedures for safeguarding adults.
- Their role and responsibility for safeguarding adults.
- What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation.

### 1.4 Scope

This safeguarding adult policy and associated procedures apply to all individuals including Board Members, Staff, Agency Personnel and Volunteers and to all concerns about the safety of adults whilst taking part in our organisation, its activities and in the wider community.

We expect our partner organisations, including for example, affiliated clubs, day activities, commissioners, regulators and suppliers to adopt and demonstrate their commitment to the principles and practice as set out in this Safeguarding Adults Policy and associated procedures.

### 1.5 Commitments

In order to implement this policy Autism Unlimited will ensure that:

- Everyone involved with our organisation is aware of the safeguarding adult procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.
- Any concern that an adult is not safe is taken seriously, responded to promptly, and followed up in line with our Safeguarding Adults Policy and Procedures.
- The well-being of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to (see the [Safeguarding Adults Procedures](#)).
- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.
- Confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored in line with our Data Protection Policy and Procedures.
- Autism Unlimited will cooperate with the Police and the relevant Local Authorities in taking action to safeguard an adult.

- All Board members, staff and volunteers understand their role and responsibility for safeguarding adults and have completed and are up to date with safeguarding adult training and learning opportunities appropriate for their role (see [Duties](#)).
- Autism Unlimited uses safe recruitment practices and continually assesses the suitability of volunteers and staff to prevent the employment/deployment of unsuitable individuals in this organisation and within the community.
- Autism Unlimited shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Service, Services, Police, Local Authority/Social Services.
- When planning activities and events we include an assessment of, and risk to, the safety of all adults from abuse and neglect and designates a person who will be in attendance as a safeguarding lead for that event.
- Actions taken under this policy are reviewed by the Board and senior management team on an annual basis.
- This policy, related policies and the Safeguarding Adults Procedures are reviewed no less than on a two yearly basis and whenever there are changes in relevant legislation and/or government guidance as required by the Local Safeguarding Board or National Governing Bodies or as a result of any other significant change or event.

## 1.6 Implementation

Autism Unlimited is committed to developing and maintaining its capability to implement this policy and procedures.

In order to do so the following will be in place:

- A clear line of accountability within the organisation for the safety and welfare of all adults.
- Access to relevant legal and professional advice.
- Regular management reports to the Board detailing how risks to adult safeguarding are being addressed and how any reports have been addressed.
- Safeguarding adult procedures that deal effectively with any concerns of abuse or neglect, including those caused through poor practice.
- A Designated and Deputy Safeguarding Lead for Adult services.
- Arrangements to work effectively with other relevant organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
- Codes of conduct for Board members, Staff, Volunteers and Visitors and other relevant individuals that specify zero tolerance of abuse in any form.
- Risk assessments that specifically include safeguarding of adults.
- Policies and procedures that address the following areas and which are consistent with this Safeguarding Adults policy.

✓	Safeguarding Children	✓	Disciplinary and grievance
✓	Bullying and harassment	✓	Concerns, Complaints and Compliments
✓	Social Media	✓	Whistleblowing
✓	Equality, diversity and inclusion	✓	Safe recruitment and selection (staff and volunteers)
✓	Safe activities risk assessments	✓	Information policy, data protection and information sharing
✓	Code of Conducts and a process for breach of these - Staff, Board Members, Volunteers, Visitors		

## 1.7 Duties

### 1.7.1 Board of Trustees

Required by the Charity Commission to:

- Know their responsibilities in respect of safeguarding
- Promote the well-being and welfare of the charity beneficiaries
- Take reasonable steps to safeguard beneficiaries and to protect them from abuse or neglect.
- Take reasonable steps to protect staff, volunteers and those connected with the activities of the charity, from harm.
- Have adequate measures in place to assess and address safeguarding risks.
- Have adequate safeguarding policies and procedures appropriate for their charity's particular circumstances and which reflect both the law and best practice
- Make sure that these policies and procedures are effectively implemented and regularly reviewed.
- Take responsibility for putting right anything that goes wrong in the charity.

### 1.7.2 The Chief Executive

The Chief Executive holds a duty to ensure that a suitable infrastructure is in place to enable effective implementation of safeguarding adult policies and procedures and that suitable safeguarding adults training is implemented.

The Chief Executive should also ensure that the organisation participates in Safeguarding Adult Reviews, or Domestic Homicide Reviews, when required to do so.

### 1.7.3 The Safeguarding Lead

The Charity Safeguarding Lead holds the responsibility to offer advice to the Chief Executive and Senior Managers on safeguarding issues and provides assurance to the Board of Trustees that all necessary measures and arrangements are in place to safeguard adults at risk in the organisation.

The Charity Safeguarding Lead (CSL) is also responsible for:

- Promoting good professional practice
- Ensuring that advice and support is available to all staff in relation to safeguarding adult's issues
- Ensuring that a safeguarding audit is undertaken and learning disseminated
- Ensuring that safeguarding incidents are reviewed and any appropriate actions taken
- Ensure that learning from Safeguarding Adult Reviews, or Domestic Homicide Reviews is disseminated.
- Provide information and advice to staff regarding safeguarding issues

### 1.7.4 The Director of Human Resources

The Director of Human Resources hold the responsibility to:

- Ensure that safe staff recruitment practices are in place, to protect service users.
- Ensure that procedures are followed in respect of any staff or volunteers who:
  - May have harmed an adult at risk
  - May pose a risk of harm to adults at risk
  - May have committed an offence against an adult at risk
  - May be unsuitable to work with adults at risk and are referred, as required, to the Police or the Local Authority.

### 1.7.5 Managers

All managers hold a duty to:

- Ensure that their staff are aware of and comply with local safeguarding policies and procedures
- Ensure that their staff fulfil their duties, whilst paying due regard to the safety and welfare of adults at risk at all times.
- Provide an opportunity for discussion about safeguarding issues during supervision
- Promote best practice and to offer support to practitioners, as involvement in safeguarding issues can impact on team members.

### 1.7.6 Staff and Volunteers

All Autism Unlimited staff and volunteers, including trustees and school governors, have a duty to:

- Be alert to the possibility of adult abuse and neglect and be aware of local safeguarding policies and procedures.
- Attend mandatory safeguarding adults training, as appropriate to their role and responsibilities.
- Keep accurate records in respect of adult service users, appropriate to their role, when there are concerns regarding the welfare of adults at risk.
- Report concerns regarding adults at risk who are suffering abuse, or who may be at risk of harm, to statutory agencies, i.e. Adult Social Care, safeguarding, Care quality Commission (CQC) or the Police, when appropriate to do so.
- Share relevant information with other professionals and other agencies regarding adults at risk who are suffering abuse, or who may be at risk of harm.
- Share relevant information with other professionals and other agencies, regarding adult service users who may pose a risk of harm to others.
- Report concerns to senior management and or the Charity Safeguarding Lead, regarding any Autism Unlimited staff or volunteers who may have



harmed an adult at risk, who may pose a risk of harm to adults at risk, who may have committed an offence against an adult at risk, or who may be unsuitable to work with adults at risk.

- Seek and follow advice from the Charity Safeguarding Lead when in doubt regarding any of the above duties.

## Section 2 – Processes - Reporting and Referral

### 2.1 Safeguarding processes

2.1.1 Staff are required to participate in all safeguarding processes when there are concerns regarding the welfare of an adult at risk, including:

- Section 47 meetings
- Enquiry/Review Planning meetings
- Multi Agency Risk Management (MARM) meetings, and
- Any legal proceedings, when required (where consent is sought and court orders may prevail)

Advice can be sought from the Charity Safeguarding Lead regarding these processes.

### 2.2 Information sharing

2.2.1 Information sharing is vital to safeguarding adults at risk. A key factor identified in many Safeguarding Adult Reviews has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

2.2.2 All colleagues are required to cooperate with requests from Adult Social Care agents, of the police, to share information regarding adults at risk and their families when there are concerns about the welfare of an adult at risk.

2.2.3 Sharing data when someone lacks mental capacity:

- Can the person give consent to disclosure of information?
- Staff/Managers have a responsibility to explore approaches to help them understand
- In some instances the individual will not have the capacity to disclosure of personal information relating to them. Where this is the case any disclosure of information needs to be considered against the conditions set out in the Data Protection Act and a decision made about whether it is in their best interests to be shared.

## 2.3 Safe Recruitment

2.3.1 Autism Unlimited works to a recruitment policy which reflects national safer recruitment guidelines and Local Safeguarding Board guidance. All employees undergo enhanced Disclosure & Barring Service (DBS) checks.

## 2.4 Allegations against Staff

2.4.1 The charity has a Confidential Reporting (Whistleblowing) Policy, which details the actions to be taken when there is an allegation or concern regarding any member of staff or volunteer who has contact with children and young people in their work or activities.

2.4.2 The statutory [Duty of Candour](#) places a requirement on providers of health and adult social care to be open with people and their families when there are failings or things go wrong. Providers should establish the duty throughout their organisations, ensuring that honesty and transparency are the norm in every organisation registered by the CQC.

2.4.3 Advice can be sought from the Charity Safeguarding Lead, relevant information from the LADO such as [Managing Allegations Guidance](#) alongside internal Human Resource processes.

## 2.5 Record keeping

2.5.1 Record keeping is an integral part of good practice, and is essential to the provision of safe and effective care. Records should be factual, accurate, clear, and concise and completed at the time, they should differentiate between fact, observation and opinion and any third party information should be correctly attributed. Unnecessary abbreviations, jargon and meaningless phrases should be avoided.

2.5.2 Individual staff members are accountable for their actions or omissions

2.5.3 **Staff and Managers need to take legible, factual, timely and accurate records of what they did and why**, to demonstrate transparent, defensible decision making, e.g. capacity assessment made, best interest decision, any restraint which was required must be proportionate to the situation.

## 2.6 Procedures to be followed in Responding to Safeguarding Concerns.

2.5.1 The procedure to be followed in responding to safeguarding concerns is at [appendix 4.1](#), supported by the flowchart at [appendix 4.2](#).

2.5.2 This policy and processes should be read in conjunction with:

- Autism Unlimited Confidential (Whistleblowing) Policy
- Autism Unlimited Recruitment Policy
- [Bournemouth, Dorset and Poole multi-agency Safeguarding Adults Policy](#)
- [Bournemouth, Dorset and Poole Safeguarding Adults Procedures](#)
- [Somerset Safeguarding Adults Multi-Agency policy and Guidance for Safeguarding Adults in Somerset](#)
- [4LSAB Multi-agency Policy, Process and Guidance covering the four local safeguarding adults boards of Southampton, Hampshire, Isle of Wight and Portsmouth.](#)

## Section 3: Supporting Information

### 3.1 Key Points

- There is a **legal duty on Local Authorities** to provide support to ‘adults at risk’.
- **Adults at risk** are defined in legislation and the criteria applied differs between each home nation, we operate in England and will amend our policy if we operate across nation borders in future.
- The safeguarding legislation applies to **all forms of abuse** that harm a person’s well-being.
- The law provides a framework for good practice in safeguarding that makes the overall **well-being** of the adult at risk a priority of any intervention.
- The law in all four home nations emphasises the importance of **person-centred safeguarding**, referred to as [‘Making Safeguarding Personal’](#) in England.
- The law provides a framework for making decisions on behalf of adults who can’t make decisions for themselves ([Mental Capacity](#)).
- The law provides a framework for all organisations to **share information and cooperate** to protect adults at risk.

### 3.2 Safeguarding Adults Legislation

Safeguarding Adults in all home nations is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:

- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018

The practices and procedures within this policy are based on the relevant legislation and government guidance.

- England - The Care Act 2014  
Care and Support Statutory Guidance (especially chapter 14) 2014

Many other pieces of UK and home nation legislation also affect adult safeguarding. These include legislation about different forms of abuse and those that govern information sharing. For example, legislation dealing with:

- Murder/attempted murder
- Physical Assault
- Sexual Offences
- Domestic Abuse/Coercive control
- Forced Marriage
- Female Genital Mutilation
- Theft and Fraud
- Modern slavery and Human exploitation
- Hate crime
- Harassment
- Listing and Barring of those unsuitable to work with adults with care and support needs

Each home nation also has legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves:

- England and Wales - Mental Capacity Act 2005
- Scotland - Adults with Incapacity Act 2000
- Mental Capacity (Northern Ireland) 2016
- There are specific offences applying to the mistreatment of and sexual offences against adults who do not have Mental Capacity and specific offences where mistreatment is carried out by a person who is employed as a carer: e.g. wilful neglect and wilful mistreatment.

### 3.3 Definition of an Adult at Risk

The Safeguarding Adults legislation creates specific responsibilities on Local Authorities, Health, and the Police to provide additional protection from abuse and neglect to Adults at Risk.

When a Local Authority has reason to believe there is an adult at risk, they have a responsibility to find out more about the situation and decide what actions need to be taken to support the adult. In Scotland and Wales, the Local Authority can gain access to an adult to find out if they are at risk of harm for example, if that access is being blocked by another person.

The actions that need to be taken might be by the Local Authority (usually social services) and/or by other agencies, for example the Police and Health. An organisation may need to take action as part of safeguarding an adult, for example, to use the disciplinary procedures in relation to a member of staff or member who has been reported to be harming a participant. The Local Authority role includes having multi-agency procedures which coordinate the actions taken by different organisations.

## An Adult at risk is:

An **adult at risk** is an individual aged 18 years and over who:

- a) Has needs for care and support (whether or not the local authority is meeting any of those needs) AND;
- b) Is experiencing, or at risk of, abuse or neglect, AND;
- c) As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Taken from the [Care Act 2014](#)

### 3.4 Abuse and Neglect

Abuse is a violation of an individual's human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance.

There are different types and patterns of abuse and neglect and different circumstances in which they may take place.

Safeguarding legislation in each home nation lists categories of abuse differently however, they all include the following types of abuse:

- Physical
- Sexual
- Psychological
- Neglect
- Financial

Abuse can take place in any relationship and there are many contexts in which abuse might take place; e.g. Institutional abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyber bullying, Scams. Some of these are named specifically within home nation legislations.

Abuse or neglect could be carried out by:

- A spouse, partner or family member
- Neighbours or residents
- Friends, acquaintances or strangers
- People who deliberately exploit adults they perceive as vulnerable
- Paid staff, professionals or volunteers providing care and support

Organisations and individuals should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case

should always be considered. Exploitation and abuse of power are common themes in the follow list of types of abuse and neglect.

The Safeguarding Adults Legislation in each Home Country defines categories of adult abuse and harm as follows:

- **Physical** including:
  - Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions.
- **Sexual** including:
  - Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault, sexual acts to which the adult has not consented to or was pressured into consenting.
- **Emotional/Psychological/Mental** including:
  - Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, isolation, unreasonable and unjustified withdrawal of services or support networks.
- **Neglect and acts of Omission** including:
  - ignoring medical needs
  - emotional or physical care needs
  - failure to provide access to appropriate health, care and support or educational services
  - the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Financial or material abuse** including:
  - Theft
  - Fraud
  - Internet scamming
  - Coercion in relation to an adult's financial affairs or arrangements (including in connection with wills, property, inheritance or financial transactions)
  - The misuse or misappropriation of property, possessions or benefits.
- **Discriminatory**, including:
  - Harassment, slurs or similar treatment because or race/ethnicity/gender or gender identity/age/disability/sexual orientation/religion

- **Organisational / Institutional** including neglect and poor care practice within a specific care setting or in relation to care provided in one's own home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice due to the structure, policies, processes and practices within an organisation.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene or surrounding and includes behaviour such as hoarding. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this without external support.
- **Domestic Abuse** (including coercive control) including:
  - Psychological
  - Physical
  - Sexual
  - Financial
  - Emotional abuse
  - Honour-based violence
- **Modern slavery** encompassing:
  - Slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

### 3.5 Signs and Indicators of Abuse and Neglect

An adult may confide to a member of staff, volunteer or another person that they are experiencing abuse inside or outside of the organisation. Similarly, others may suspect that this is the case.

There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but they should not be ignored. The signs and symptoms include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their services.
- Someone losing or gaining weight / an unkempt appearance.
- A change in the behaviour or confidence of a person.
- Self-harm.



- A fear of a particular group of people or individual.
- A parent/carer always speaks for the person and doesn't allow them to make their own choices
- Financial abuse includes: Lack of heating, clothing or food, change in living conditions, inability to pay bills, sudden or unexpected changes in will or other financial documents, recent addition of authorised signers on a client's account.
- They may tell you / another person they are being abused – i.e. a disclosure

The cross government definition of domestic violence and abuse is: *any incident or pattern of incidents of controlling, coercive, 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.*

### 3.6 Wellbeing Principle

The concept of 'well-being' is threaded throughout UK legislation and is part of the Law about how health and social care is provided. Our well-being includes our mental and physical health, our relationships, our connection with our communities and our contribution to society.

Being able to live free from abuse and neglect is a key element of well-being.

The legislation recognises that statutory agencies have sometimes acted disproportionately in the past. For example, removing an adult at risk from their own home when there were other ways of preventing harm. In the words of Justice Mumby 'What good is it making someone safe when we merely make them miserable?' What Price Dignity? (2010)

For that reason any actions taken to safeguard an adult must take their whole well-being into account and be proportionate to the risk of harm.

### 3.7 Person Centred Safeguarding/ Making Safeguarding Personal

The legislation also recognises that adults make choices that may mean that one part of our well-being suffers at the expense of another – for example we move away from friends and family to take a better job. Similarly, adults can choose to risk their personal safety; for example, to provide care to a partner with dementia who becomes abusive when they are disorientated and anxious.

None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety we need to understand 'What matters' to them and what outcomes they want to achieve from any actions agencies take to help them to protect themselves.

The concept of ‘Person Centred Safeguarding’/‘Making Safeguarding Personal’ means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety.

Organisations work to support adults to achieve the outcomes they want for themselves. The adult’s views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector organisation).

*Table 1 The Principles of Adult Safeguarding in England*

England (Care Act 2014)
<p><b>The Act’s principles are:</b></p> <ul style="list-style-type: none"> <li>● <b>Empowerment</b> - People being supported and encouraged to make their own decisions and informed consent.</li> <li>● <b>Prevention</b> – It is better to take action before harm occurs.</li> <li>● <b>Proportionality</b> – The least intrusive response appropriate to the risk presented.</li> <li>● <b>Protection</b> – Support and representation for those in greatest need.</li> <li>● <b>Partnership</b> – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse</li> <li>● <b>Accountability</b> – Accountability and transparency in delivering safeguarding.</li> </ul>

### 3.8 Mental Capacity and Decision Making

We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can’t. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.

We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

- Understand information
- Remember it for long enough

- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Most adults have the ability to make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.

Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called "lacking mental capacity".

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves.

For example:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

Mental Capacity is important for safeguarding for several reasons.

Not being allowed to make decisions one is capable of making is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer won't allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.

Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions'.

Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.

Each home nation has legislation that describes when and how we can make decisions

for people who are unable to make decisions for themselves. The principles are the same.

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
- If the decision can wait, wait – e.g. to get help to help the person make their decision or until they can make it themselves.
- If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
- If the action we are taking to keep people safe will restrict them then we must think of the way to do that which restricts to their freedom and rights as little as possible.

Many potential difficulties with making decisions can be overcome with preparation. A person needing support to help them make decisions will ordinarily be accompanied by someone e.g. a family member or formal carer whose role includes supporting them to make decisions.

If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority, and this should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support they need to make decisions.

There may be times when an organisation needs to make decisions on behalf of an individual in an emergency. Decisions taken in order to safeguard an adult who cannot make the decision for themselves could include:

- Sharing information about safeguarding concerns with people that can help protect them.
- Stopping them being in contact with the person causing harm.

## 3.9 Prevent

3.9.1 The Government's counter-terrorism strategy is known as CONTEST.

Prevent is part of the strategy and its aim is to stop people becoming terrorists or supporting terrorism. The strategy promotes collaboration and co-operation among public service organisations. You can read the CONTEST strategy in full at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

CONTEST has four principles:

**Pursue:** to stop terrorist attacks

**Prevent:** to stop people becoming terrorists or supporting terrorism

**Protect:** to strengthen our protection against a terrorist attack

**Prepare:** to mitigate the impact of a terrorist attack.

Adult services are a key partner in Prevent and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver services to the NHS and Local Authorities.

3.9.2 Prevent does not require Staff or Managers to do anything in addition to their normal duties, what is important is that if anyone is concerned that a vulnerable individual is being exploited in this way, they can raise these concerns in accordance with the organisation's policies and procedures as they would any safeguarding concern.

### 3.10 Recording and Information Sharing

All organisations must comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR).

Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.

Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know.

Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a 'need to know'. This does **NOT** automatically include the persons spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know in order to help keep the person safe.

The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation. For example:

- Anyone who has a concern about harm can make a report to an appropriate person within the same organisation
- Case management meetings can take place to agree to co-ordinate actions by the organisation

There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly personal information can be shared with the consent of the adult concerned. However, the adult may not

always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information.

The circumstances when we need to share information without the adult's consent include those where:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk
- you believe they or someone else is at risk, including children
- you believe the adult is being coerced or is under duress
- it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed
- the adult does not have mental capacity to consent to information being shared about them.
- the person causing harm has care and support needs
- the concerns are about an adult at risk living in Wales or Northern Ireland (where there is a duty to report to the Local Authority).

When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

If you are in doubt as to whether to share information seek advice e.g. seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.

Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.

### 3.10 Multi-Agency Working

Safeguarding adults' legislation gives the lead role for adult safeguarding to the Local Authority. However, it is recognised that safeguarding can involve a wide range of organisations.

We may need to cooperate with the Local Authority, NHS and the Police including to:

- Provide more information about the concern you have raised.
- Provide a safe venue for the adult to meet with other professionals e.g. Police/Social Workers/NHS/Advocates.
- Attend safeguarding meetings.
- Coordinate internal investigations (e.g. complaints, disciplinary) with investigations by the police or other agencies.
- Share information about the outcomes of internal investigations.

- Provide a safe environment for the adult to continue their activity/ their role in the organisation.

[Multi-Agency Risk Management \(MARM\) Guidance](#) from BPDSAB (Bournemouth, Poole, Dorset Safeguarding Adults Board)

## Section 4 – Appendices

### 4.1 Responding to Safeguarding Adult Concerns

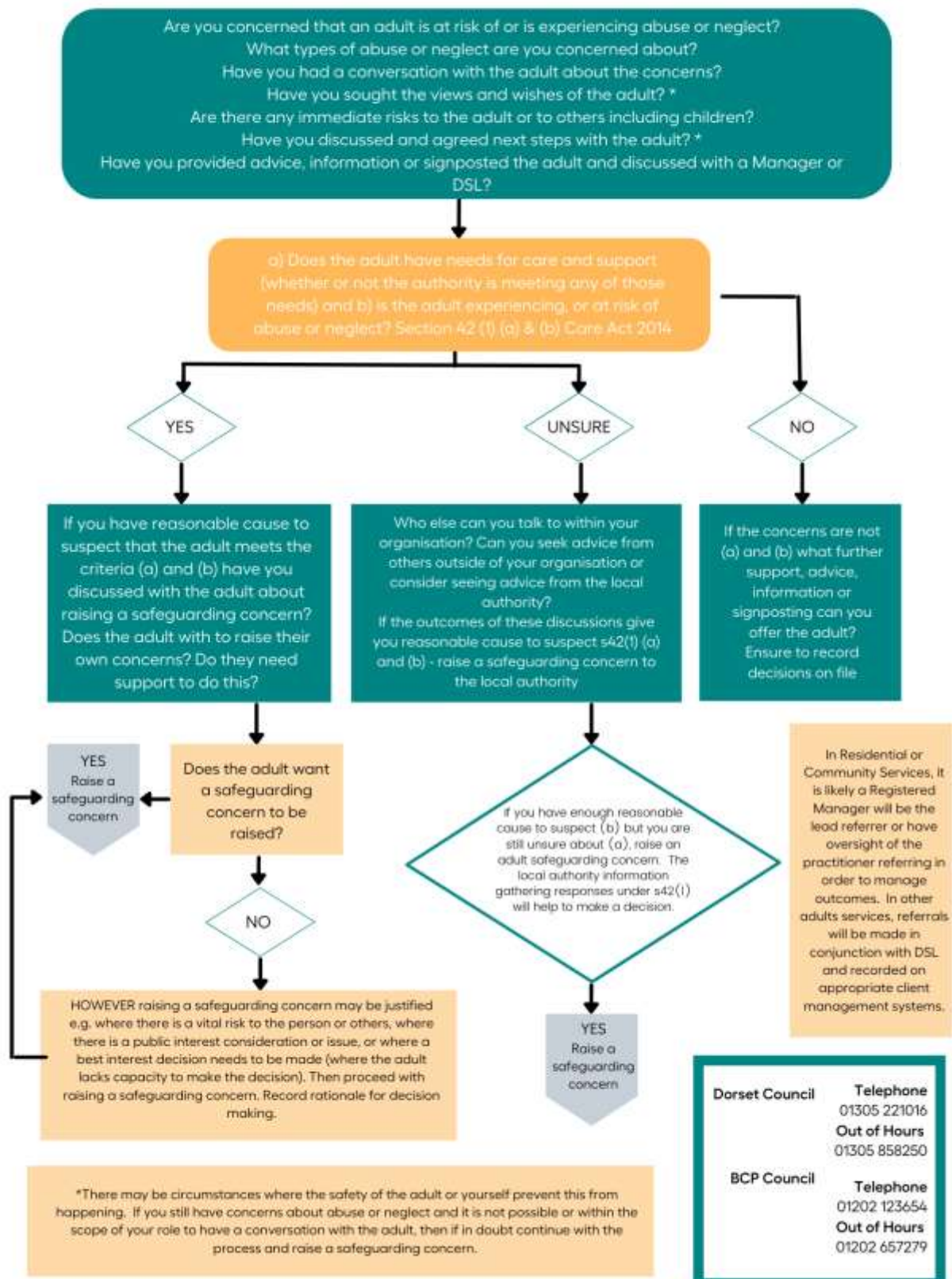
- A member of staff who becomes aware of information indicating harm or risk of harm to an adult at risk, (including when an adult discloses something of concern), **holds a duty to take appropriate action immediately**, as any delay could increase the risk of harm to the adult at risk.
- Should information be disclosed to staff indicating harm or risk of harm to an adult at risk, or they disclose something of concern, they should **listen to what they say and not make assumptions**.
- Any information must be **clearly documented by staff** and any disclosures should be documented **in the individual's own words**. Staff should not ask leading questions as this could prejudice any formal investigation.
- If the adult at risk is in immediate danger, or in need of immediate medical attention, **action should be taken** to ensure their safety and wellbeing, including urgent medical assistance.
- Once discussed with a Manager and if appropriate, staff, with the support of the Manager should make a referral or seek advice from Adult Social Care immediately.
- A referral should be made by telephone to the Adult Social Care team in the local authority area where the abuse has taken place and should be followed up in writing within 48 hours where appropriate.
- Consent to the referral should be sought from the person supported, if they have the capacity to do so, under the Mental Capacity Act (MCA), 2005. Where the individual has consent and refuses to consent to a referral, further advice should be sought from the Autism Unlimited Designated Safeguarding Lead for that service.
- Adult Social Care **should respond to the referrer within 1 working day** following triage with the planned course of action. If this does not happen, staff should follow up the referral within 3 working days. Staff should **not assume action has been taken** without confirmation.
- The **police should be called immediately** if it is believed that a **serious crime** has taken place. In cases involving suspected physical or sexual assault, **care must be taken to preserve evidence**.
- If no referral is made, all **notes and decisions should be documented** and responsibilities clear as to next steps and actions as a result of the concern.

- When in doubt, staff should seek advice from the Charity Safeguarding Lead and follow this advice.
- Staff should **document clearly** all of their **concerns, discussions, advice given and any action taken in chronological order** in the records of the service user using the recording systems in place within that service.

#### 4.2 Flowchart: what to do if you are concerned about the welfare of an adult



# If you are concerned about an adult - all staff



## 4.3 Legal framework

[The Care Act \(2014\)](#)

[The Care Act 2014 Easy Read](#)

[The Health & Social Care Act \(2015\)](#)

The Mental Health Acts ([1983](#) & [2007](#))

[The Mental Capacity Act \(2005\)](#)

[Mental Capacity \(Amendment\) Act 2019: Liberty protection Safeguards \(LPS\)](#)

[The Serious Crime Act \(2015\) The Counter-Terrorism and Security Act \(2019\)](#)

[The Modern Slavery Act \(2015\)](#)

[The Charity Commission Strategy for dealing with safeguarding issues in charities, 2017.](#)

[The Care Quality Commission \(CQC\) Regulations for service providers and managers: Regulation 13: Safeguarding service users from abuse and improper treatment.](#)

[The Sexual Offences Act, 2003](#)

## 4.4 Additional Guidance

[What constitutes a Safeguarding Concern Guidance](#) from ADASS and LGA