Bolton Safeguarding Adults Board

Multiagency Safeguarding

Policy

Version 1

Version	Date	Approval group	Review date
1	26th January 2022	BSAB Board	December 2022

Contents

Introduction and Aims of the Policy

This policy is intended to be used by the Safeguarding Adult Partnership which consists of representatives who make up the membership of the Bolton Safeguarding Adult Board (SAB). The policy has been revised, developed, and agreed by the Safeguarding Adults Board.

Safeguarding is the responsibility of everyone including statutory, independent and voluntary agencies as well as all citizens. This policy is intended to provide guidance for staff working to safeguard adults experiencing, or at risk of abuse or neglect. The purpose of the policy is to ensure that all those concerned with Adult Safeguarding are aware of their roles and responsibilities and that these are carried out consistently working together to prevent and protect adults with care and support needs from abuse and promote independence and wellbeing.

Victims of abuse and neglect are at the centre of our approach, and we will ensure that they are kept fully up to date with actions and that their views are listened to throughout any investigations.

The Care Act 2014 brings together the best of social care legislation and national policy that has developed over decades of local government practice.

Section 6 of the Care Act 2014 states that all agencies should *co-operate with each of its relevant partners to protect an adult. In turn each relevant partner must also co-operate with the local authority*.

The expectation of Bolton Safeguarding Adults Board is that partner agencies align their own Safeguarding Policy and Procedures to this document.

Bolton Safeguarding Adults Board would like to credit Manchester Safeguarding Partnership, Birmingham Safeguarding Partnership, Pan Lancashire Adult Safeguarding Partnerships and Safeguarding Adults West and North Yorkshire and York. Each assisted in the production of this document.

Commitment to the Policy

Bolton Safeguarding Adults Board affirms the right to safety and protection for all persons. The principles of empowerment, protection, prevention proportionality, partnerships and accountability are at the heart of all safeguarding work within Bolton.

Each member of the board is committed to developing and assessing the effectiveness of their organisation's adult safeguarding arrangements.

We will ensure collective implementation of this policy through:

- Each partner's consultation process with the people who use their service and to whom this policy applies.
- Each agency's annual internal review of their safeguarding policies, procedures and case handling.
- Regular scrutiny and dissemination of learning reviews to reassess this policy's effectiveness.
- Commissioning a regular audit of how agencies and providers are performing in relation to the requirements of this policy.

Legal Context

The Care Act 2014

The Care Act 2014 sets out a clear legal policy for how local authorities and other statutory agencies should ensure the safety of adults with care and support needs at risk of abuse or neglect. New duties include the Local Authority's duty to make enquiries or cause them to be made and to establish a Safeguarding Adults Board. Statutory members are the local authority, Clinical Commissioning Groups and the police.

Local Authorities have a duty to make enquires, or cause other to do so, if they reasonably suspect an adult who meets the criteria **and** is or is at risk pf being abused or neglected. Any enquiry is any action that is taken (or instigated) by the Local Authority, under Section 42 (known as a 'Section 42 Enquiry') enquiry) of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs. The particular circumstances of each case will determine the scope of each enquiry, as well as who leads it and the form it takes.

Non-statutory enquires (known as 'other safeguarding enquiries') may also be carried out or instigated by local authorities in response to concerns about carers, or about adults who do not have care and support needs but who may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act 2014.

Safeguarding Adults Board must arrange Safeguarding Adult Reviews (SARs) as per defined criteria; publish an annual report and a strategic plan. All these requirements are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

Mental Capacity Act (including DoLS) 2005

The Mental Capacity Act (DoLs) 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to prepare for a time when they may lack capacity in the future. Further information can be found within **Mental Capacity Act (DoLs) 2005**

The presumption in the Mental Capacity Act 2005 (MCA) is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding.

These can be small decisions such as what clothes to wear or major decisions, such as where to live. The Act sets out who can take decisions, in which situations, and how they should go about this. In addition, in some cases, people lack the capacity to consent to treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law – Deprivation of Liberty Safeguards -to protect their rights and ensure that the care or treatment they receive is in their best interests.

The MCA provides a statutory framework to empower and protect people and establishes a framework for making decisions on their behalf. It applies to anyone over 16 who is unable to make decisions for themselves.

The Act provides five statutory principles that underpin the work with adults who may lack mental capacity:

1. A person must be presumed to have capacity unless it is established that they lack capacity;
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success;
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision;
4. An act done, or decision made, for or on behalf of a person who lacks capacity must be done, or made, in their best interest;
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Mental capacity refers to the ability to make decisions about a particular matter at the time the decision is needed, It is time and decision specific. This means that an adult may be able to make some decision at one point but not at other points of time. Their ability to make a decision may also fluctuate over time, as may their ability to execute as a result of impairment to their executive function[1]. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety. Staff must satisfy themselves that the adult has the mental ability to make the decision themselves. If not, it is best to err on the side of caution, identify the risks and consider support or services that will mitigate the risk. Advocacy support can be invaluable and may be provided by an IMCA (Independent Mental Capacity Advocate) or other appropriate advocate.

It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect should there be concerns over their ability to give informed consent to:

- Planned interventions and decisions about their safety;
- Their safeguarding plan and how risks are to be managed to prevent future harm.

The MCA says that '...a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further a person is unable to make a decision if they are unable to:

- Understand the information relevant to the decision;
- Retain that information long enough for them to make the decision, or
- Use or weigh that information as part of the process of making the decision, or
- Communicate that decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

Where there are disputes about a person's mental capacity or the best interests of an adult deemed to be at risk, and these cannot be resolved locally, legal advice should be sought about whether an application to the Court of Protection is required.

If a person has capacity but is deemed to not be able to make, informed decisions because of high levels of coercion and control and are deemed to be at high levels of harm that consideration should be given to the inherent jurisdiction of the High Court.

[1] Executive functions are the processes associated with managing oneself and one's resources in order to complete a task. Where someone has impaired executive functioning they may be able to describe a task and the process needed to carry it out in detail but lack the ability to complete it in practice.

Human Rights Act 1998

The Act applies to all public authorities (such as central government departments, local authorities and NHS Trusts) and other bodies performing public functions (such as private companies operating prisons). These organisations must comply with the Act, and an individual's human rights, when providing a service or making decisions that have a decisive impact upon an individual's rights, must be promoted.

The Human Rights Act covers everyone in the United Kingdom, regardless of citizenship or immigration status. This incorporates registered care providers (residential and non-residential) providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the local authority, including Direct Payment situations (LGA, 2014). Anyone who is in the UK for any reason is protected by the provisions in the Human Rights Act which, if engaged, can overrule other legislation.".

Making Safeguarding Personal

The Care Act 2014 promotes 'Making Safeguarding Personal'. This means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Consent

It is essential in adult safeguarding to consider whether the adult is capable of giving consent in all aspects of their lives. If they are able, their consent should be sought.

Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be fearful of reprisals, they may fear losing control, they may lack trust in statutory services, or fear their relationship with the abuser will be damaged. Reassurance and appropriate support can help to change their view on whether it is best to share information, and staff should consider the following approaches:

- Explore the reasons for the adult's objections – what are they concerned about;
- Explore the concern and why you think it is important the information is shared;
- Tell the adult with whom you may be sharing the information with and why;
- Explain the benefits, to them or others, of sharing information – could they access better help and support;
- Discuss the consequences of not sharing the information – could someone come to harm;
- Reassure them that the information will not be shared with anyone who does not need to know;
- Reassure them that they are not alone and that support is available to them.

If, after this, the adult refuses intervention to support them or requests that information is not shared with other safeguarding partners, in general their wishes should be respected. However, there are circumstances where staff can reasonably override such a decision, including:

- Whether the adult has mental capacity to make the decision in line with the MCA.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent;
- If there is an aspect of public interest (e.g. not acting will put other adults or children at risk);
- Sharing the information could prevent a serious crime;
- If there is a duty of care on a particular agency to intervene (e.g. the police if a crime has been/may be committed);

- The risk is unreasonably high;
- Staff are implicated;
- There is a court order or other legal authority for taking action without consent.

Staff should keep a record of the decision-making process and what information was shared, if any and with who. Advice should be sought from managers in line with their organisation's policy before overriding the adult's decision based on whether there is an overriding reason to take action without consent and whether this is proportionate and there is no less restrictive way of ensuring safety. Legal advice should be sought where appropriate.

Support and Advocacy

The Care Act 2014 **requires that each Local Authority must arrange**, where appropriate, for an independent advocate (or appropriate person) to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adults Review (SAR) where the adult has 'substantial difficulty' in being involved in the process **and** where there is no other suitable person to represent and support them.

The local authority has a separate duty to provide an Independent Mental Capacity Advocate (IMCA) in safeguarding enquiries if someone lacks the capacity to fully participate and they are unbefriended, or where there concerns about the person befriended. An adult with dementia, significant learning disability, a brain injury or mental ill health is likely to need an IMCA. The IMCA role is to support and represent the adult at risk of abuse and neglect where necessary and appropriate in the decision-making process and to ensure that the MCA is being followed. The IMCA is not the decision-maker.

Further information can be found at the **LGA website** and on the **BSAB website.**

Scope of the Policy

This Policy relates to adults at risk of abuse or neglect.

The Care Act 2014 informs us that our safeguarding duties apply to an adult who is over 18 years of age, who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- Is experiencing, or at risk of, abuse or neglect; and
- 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.

An adult may, therefore, be a person who:

- Is elderly and frail due to ill health, physical disability or cognitive impairment;

- Has a learning disability;
- Has a physical disability and/or a sensory impairment;
- Has mental health needs including dementia or a personality disorder;
- Has a long-term illness/condition;
- Misuses substances or alcohol;
- Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse;
- Who has been assessed as lacking capacity to make a decision and is in need of care and support.

This list is not exhaustive.

The Care Act 2014 sets out clearly how all local authorities must develop Safeguarding Adult Boards and gives local authorities statutory responsibilities in relation to adult safeguarding.

Just because an individual is older or has a disability or illness, it does not mean that they are inevitably at risk. The level of risk is related to how able they are to protect themselves from abuse, neglect and exploitation and make their own choices free from duress, pressure or undue influence.

For more information see, **The Care Act 2014**

What is Safeguarding?

Safeguarding means '*protecting an adult's right to live in safety, free from abuse and neglect.*' **(Care and Support statutory guidance, Chapter 14)**. This can be in any environment or setting eg, an individual's own home, residential, nursing care, supported living and assistance to those in a prison setting.

It is imperative to work in partnership to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect

What is Abuse?

Abuse may be:

- **A single act or repeated acts:** abuse may take the form of a single act that has abusive consequences for the adult or may comprise a series of acts, large or small, whose cumulative impact adversely affects the individual;
- **Unintentional:** sometimes the abusive act was wilful on the part of the perpetrator but sometimes it may be unintentional. Causing harm may be unintentional but nevertheless harm was caused and therefore abuse has taken place. The nature of the response will depend on the circumstances of the unintentional abuse;
- **An act of neglect or a failure to act:** abuse may be caused as a result of a person with caring responsibilities acting in a way that is harmful to a dependent person. Failure to act so as to provide the level of care a reasonable person would be expected to provide, which results in harm to an adult experiencing or at risk or abuse or neglect (also referred to as an ‘adult’), is also abuse and requires a response under Part 3 of these procedures;
- **Multiple acts:** an adult may experience several types of abuse simultaneously. Although the different forms of abuse are presented below as though they are discreet categories, there is often a lot of overlap between them.

Abuse Types and Indicators

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Physical abuse	• Hitting, slapping, punching, kicking, hair-pulling, biting, punching • Rough / inappropriate handling and other forms of assault that may not leave visible signs of injury, but may cause pain or discomfort • Biting, deliberate burns, scalding • Physical punishments / beating • Inappropriate or unlawful use of restraint • Making someone purposefully uncomfortable (e.g. Opening a window and removing blankets) • Stabbing, strangulation, poisoning and wounding (breaking the skin) and other forms of assault that cause serious injuries or death • Involuntary isolation or confinement • Withholding, inappropriately altering or administering medication or other treatments • Forcible feeding or withholding food • Restricting movement (e.g. tying someone to a chair)	• Unexplained or inappropriately explained injuries • Adult exhibiting untypical self-harm or suicide attempts. • Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia • Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing • Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body • Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance • Unexplained or inappropriately explained fractures at various stages of healing to any part of the body • Medical problems that go unattended • Sudden and unexplained urinary and/or faecal incontinence. Evidence of over/under-medication • Adult flinches at physical contact • Adult appears frightened or subdued in the presence of particular people • Adult asks not to be hurt • Adult may repeat what the person causing harm has said (e.g. ‘Shut up or I’ll hit you’) • Reluctance to undress or uncover parts of the body • Person wears clothes that cover all parts of their body or specific parts of their body • An adult without capacity not being allowed to go out of a care home when they ask to • An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member
	Further information can be found on **SCIE website**	

Domestic Abuse	**Possible signs and symptoms of abuse include:**	**Possible indicators of abuse include:**
	The cross-government definition of domestic violence and abuse is: “any incident of 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”. The abuse can encompass, but is not limited to: • psychological • physical • sexual • financial • emotional. It also includes so called ‘honour’-based violence, female genital mutilation and forced marriage. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.	• Low self-esteem • Feeling 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 seeking friends or family • Prevented from seeing friends or family or attending college/work/appointments • Prevented from leaving the home • Being followed or continually asked where they are • Limited access to money • Disclosure/s and retraction/s
	Further information can be found on **SCIE website,** Further information can be found on **Fortalice** and **Endeavour** website **ADASS** Local procedures can be found in the **Bolton DAV handbook.** Information in respect of transitioning young people can be found in paragraph **14.5 CASS Guidance**	

Sexual abuse	**Possible signs and symptoms of abuse include:**	**Possible indicators of abuse include:**
	• Rape, indecent exposure, sexual harassment • Inappropriate looking or touching • Sexual teasing or innuendo • Sexual photography • Subjection to pornography or witnessing sexual acts • Indecent exposure and sexual assault • Sexual acts to which the adult has not consented or was pressured into consenting • Offensive or suggestive sexual language or action It includes penetration of any sort, incest and situations where the person touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker) may also constitute sexual abuse.	• Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained • Adult appears unusually subdued, withdrawn or has poor concentration • Adult exhibits significant changes in sexual behaviour or outlook • Adult experiences pain, itching or bleeding in the genital/anal area • Adult's underclothing is torn, stained or bloody • A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant The sexual exploitation of adults with care and support needs can involve exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them. Sexual exploitation can occur by the use technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.
	Further information can be found on **SCIE website**, **St Mary's SARC**	

Psychological and Emotional Abuse	**Possible signs and symptoms of abuse include:**	**Possible indicators of abuse include:**
	Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation. It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.). • Use of threats or fear to override a person's wishes • Lack of privacy or choice • Denial of dignity • Deprivation of social contact or deliberate isolation • Being made to feel worthless • Threat(s) to withdraw care or support, or contact with friends • Humiliation, blaming • Use of coercion, control, harassment, verbal abuse • Treating an adult as if they were a child • Cyber bullying • Refusal to allow person to see others alone or to receive telephone calls / visits on their own • Removing mobility or communication aids, or intentionally leaving someone unattended when they ask for assistance • Preventing someone from meeting their religious or cultural needs • Preventing stimulation or meaningful occupation or activities	• Extreme submissiveness or dependency • Sharp changes in behaviour in the presence of certain people • Self-abusive behaviours • Loss of confidence • Loss of appetite • Untypical ambivalence, deference, passivity, resignation • Adult appears anxious or withdrawn, especially in the presence of the alleged abuser • Adult exhibits low self-esteem • Untypical changes in behaviour (e.g. continence problems, sleep disturbance) • Adult is not allowed visitors/phone calls • Adult is locked in a room/in their home • Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches) • Adult's access to personal hygiene and toilet is restricted • Adult's movement is restricted by use of furniture or other equipment • Bullying via social networking internet sites and persistent texting • Patterns of self-harm or attempted suicide.
	Further information can be found on **SCIE website**, **Safelives,**	

Financial or material abuse	**Possible signs and symptoms of abuse include:**	**Possible indicators of abuse include:**
	• Theft, fraud, internet scamming • Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills / property / inheritance / financial transactions • Misuse or misappropriation of property, possessions and/or benefits • Deceiving or manipulating a person out of money or property • Withholding or misusing money, property or possessions • Misuse of benefits by others • Someone moving into a person's home and living rent free without agreed financial arrangements • False representation, using another person's bank account, cards or documents • Exploitation of person's money or assets (e.g. unauthorised use of a car) • Misuse of power of attorney, deputy, appointeeship or other legal authority	• Unexplained or sudden inability to pay bills • Unexplained withdrawal of money from accounts • Lack of money especially after pay/benefit day • Personal possessions going missing • Unusual interest by friend / relative / neighbour in financial matters • Pressure from next of kin for formal arrangements being set up • Illegal money lending • Mis-selling / selling by door-to-door traders / cold calling • Recent changes of deeds / title of house or will • Disparity between assets and/or income and living conditions • Recent acquaintances expressing sudden or disproportionate interest in the adult and their money • Power of attorney obtained when the adult lacks the capacity to make this decision • The recent addition of unauthorised signatories on an adult's accounts or cards • Unexplained loss / misplacement of financial documents • A significant increase in the volume of post/calls being received / talking about winning competitions or lotteries
	Further information can be found on **SCIE website** Further information can be found on **Loan Shark Website** and **Greater Manchester Police** See **Safeguarding adults of harm: A legal guide for practitioners, SCIE** (see 21, Civil legal remedies for financial and property harm)	

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Modern Slavery	• Encompasses slavery, human trafficking, forced labour and domestic servitude • Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude, and inhumane treatment • A large number of active organised crime groups are involved in modern slavery, but it is also committed by individual opportunistic perpetrators Someone is in slavery if they are: • Forced to work (through mental or physical threat) • Owned or controlled by an 'employer', usually through mental or physical abuse, or the threat of abuse • Dehumanised, treated as a commodity, or bought and sold as 'property' • Physically constrained or has restrictions on his or her freedom of movement. • Contemporary slavery takes various forms and affects people of all ages, gender and races Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.	• Physical appearance – victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn • Isolation – victims may rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work • Poor living conditions – victims may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address • Few or no personal effects – victims may have no identification documents, have few personal possessions and always wear the same clothes day in, day out. What clothes they do wear may not be suitable for their work • Restricted freedom of movement – victims have little opportunity to move freely and may have had their travel documents (e.g. passports) retained • Unusual travel times – they may be dropped off/collected for work on a regular basis either very early in the morning or very late at night • Reluctance to seek help – victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportment, fear of violence to them or their family

Discriminatory Abuse	**Possible signs and symptoms of abuse include:**	**Possible indicators of abuse include:**
	• 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) • 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 • Sub-standard service provision relating to a protected characteristic	• Acts or comments motivated to harm and damage, including inciting others to commit abusive acts • Lack of effective communication provision, e.g. interpretation • The adult being subjected to racist, sexist, ageist, gender-based abuse • Abuse specifically about their disability • The person appears withdrawn and isolated • Expressions of anger, frustration, fear or anxiety • An adult making complaints about the service not meeting their needs

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Organisational Abuse	• Run-down, over-crowded establishment • Authoritarian management or rigid regimes • Lack of leadership and supervision • Inadequate staff training and/or guidance • 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	• Lack of care planning • Contact with outside world not encouraged • No flexibility or lack of choice, e.g. time when to get up in a morning or go to bed, or what to eat • Routines are engineered for the benefit of staff • Lack of personal effects • Strong smell of urine • Staff not visiting for allocated time due to pressure resulting in some tasks not being fully carried out • Poor moving and handling practices • Failure to provide care with dentures, glasses, hearing aids • Discouraging / refusing visits or the involvement of relatives, friends • Lack of flexibility or choice for adults 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; missing documents • Few social, recreational and educational activities • Public discussion of personal matters or unnecessary exposure during bathing or using the toilet

Neglect and acts of omission	**Possible signs and symptoms of abuse include:**	**Possible indicators of abuse include:**
	• Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care • Failure to provide care in the way the person wants • Failure to allow choice and preventing people from making their own decisions • Failure to ensure appropriate privacy and dignity. • Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or within an institution. Repeated instances of poor care may be an indication of more serious problems.	• Poor hygiene/cleanliness of the person who has been assessed as needing assistance • Repeated infections • Dehydration / unexplained weight loss / malnutrition • Repeated or unexplained falls or trips • Withholding of assistance aids, e.g. hearing aids or walking devices • Pressure sores or ulcers • 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 • Soiled or wet clothing • Exposure to unacceptable risk

	Possible signs and symptoms of abuse include:	Possible indicators of abuse include:
Self-Neglect	Covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings • Includes behaviour such as hoarding • Inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community 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.	• Dehydration • Malnutrition • Untreated or improperly attended medical conditions and poor personal hygiene • Hazardous or unsafe living conditions or arrangements (e.g. improper wiring, no indoor plumbing, no heat, no running water) • Unsanitary or unclean living quarters (e.g. animal / insect infestation, no functioning toilet, faecal / urine smell) • Inappropriate and/or inadequate clothing • Lack of the necessary medical aids (e.g. glasses, hearing aids, dentures, walking aids) • Grossly inadequate housing or homelessness • Hoarding large numbers of pets • Portraying eccentric behaviour / lifestyles NB. Poor environments and personal hygiene may be a matter of personal or lifestyle choice, or other issues such as insufficient income. When a person has capacity, it is important to work with them and to understand their wishes and feelings. If the person lacks capacity to make relevant decisions best interest decision making may be necessary whilst still considering the person's wishes as far as these can be ascertained.
	Further information can be found on **SCIE website** Further information regarding **Elder Self Neglect; A Hidden Hazard (Aging Care)**	

In addition, it is helpful to be aware of the following:

Hate Crime

A hate crime is any criminal offence motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, transgender identify and alternative subculture. Hate crime can take many forms including:

- Physical attacks such as physical assault, damage to property, offensive graffiti and arson.
- Threat of attack including offensive letters, emails, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints.
- Verbal abuse, insults or harassment, taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes and bullying at school or in the workplace.
- The use of electronic media to abuse, insult, taunt or harass.

If the adult meets the criteria set out in section 2.3 of the Safeguarding Adults Policy, then any safeguarding concern that is also a hate crime should also be reported to the police.

For further information please refer to **Home Office guidance on hate crime**

Further information can be found on SCIE website **Bolton Council Hate Crime** and **Let's End Hate Crime – We Stand Together**

Mate Crime

Mate crime occurs when a person is harmed or taken advantage of by someone they thought was their friend. Mate Crime can become a very serious form of abuse. In some cases, victims of Mate Crime have been badly harmed or even killed. Surveys indicate that people with disabilities can often become the targets of this form of exploitation.

Mate Crime may involve financial abuse (such as a perpetrator demanding or asking to be lent money and then not paying it back), physical abuse (the person may be kicked, punched etc. for the amusement of the perpetrator and others), emotional abuse (the perpetrator might manipulate or mislead the person), or sexual abuse (the person might be sexually exploited by someone they think is their partner or friend).

Adults at risk often do not recognise they have been the subject of Mate Crime. The focus of enabling safety needs to be on encouraging an understanding for the individual of their right to make choices, but also their right to remain free from abuse. Mate Crime is a form of disability hate crime and therefore should be reported to the police.

Forced Marriage

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process.

In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

For further information please refer to **Home Office Guidance for Professionals**

Further information can be found on **SCIE website** and **GM Victims org and Project Choice**

Further information can be found on Bolton Council website in relation to **Forced Marriage**

Female Genital Mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother and/or death.

FGM is a criminal offence – it is child abuse and a form of violence against women and girls and must be treated as such.

It is illegal in England and Wales under the Female Genital Mutilation Act 2003. As amended by the **Serious Crime Act 2015**, the **Female Genital Mutilation Act 2003** now includes:

- An offence of failing to protect a girl from the risk of FGM
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually (as well as permanently) resident in the UK
- Lifelong anonymity for victims of FGM
- FGM Protection Orders which can be used to protect girls at risk, and
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

For further information please refer to **multi-agency statutory guidance on FGM for more information**

Further information on FGM can be on **Bolton Council website and Bolton Solidarity Association**

PREVENT – Preventing Radicalisation to Extremism

The Prevent Strategy forms part of the **UK's Counter Terrorism and Security Act 2015**. The Government's revised Prevent Strategy was launched in June 2011 with its key objectives being to challenge the ideology that supports terrorism and those who promote it, prevent people from being drawn into terrorism, and work with 'specified authorities' where there may be risks of radicalisation.

The scope of the Prevent Duty covers terrorism and terrorist related activities, including domestic extremism and non-violent extremism. The aim is to work with partner agencies, primarily the police, to divert people away from what could be considered to be linked to terrorist activity.

Prevent defines extremism as: "vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces".
Radicalisation is defined by the UK Government within this context as "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups."

Channel is a multi-agency programme which provides support to individuals who are at risk of being drawn into terrorism. Channel provides a mechanism at an early stage, for assessing and supporting people who may be targeted or radicalised by violent extremists. The Channel arrangements in Bolton are led by the **Be Safe Partnership**

For further information please refer to **Section 2 of the Channel Guidance**

Criminal Exploitation (including Cuckooing)

Criminal exploitation of children and vulnerable adults is a widespread form of harm that is a typical feature of county lines activity.

County lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”. It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as ‘cuckooing’.

County lines is a major, cross-cutting issue involving drugs, violence, gangs, criminal and sexual exploitation, modern slavery, and missing persons; and the response to tackle it involves the police, the National Crime Agency, a wide range of Government Departments, local government agencies and VCS (voluntary and community sector) organisations. County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years.
- can affect any vulnerable adult over the age of 18 years.
- can still be exploitation even if the activity appears consensual.
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence.
- can be perpetrated by individuals or groups, males or females, and young people or adults.
- is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources. One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). The victim is offered, promised or given something they need or want and the exchange can include both tangible rewards (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). It is important to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young person or vulnerable adult does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a young person who engages in county lines activity to stop someone carrying out a threat to harm his/her family.

For further information please refer **Home Office guidance on the Criminal exploitation of children and vulnerable adults**

Further information can be found on **Greater Together Manchester**

The Importance of Prevention

Safeguarding adults encompasses a range of activities, including the prevention and reduction in abuse**.** All professionals engaged in supporting adults are focused on preventing abuse and harm within their everyday practice. Services should be provided in a way that maximises a person's independence, choice and control.

Abuse is about the misuse of the power and control that one person has over another. In determining whether abuse has taken place, it is important to remember that intent is not the issue. The definition of abuse is based not on whether the perpetrator intended harm to be caused but rather on whether harm was caused, and on the impact of the harm (or risk of harm) on the individual.

A Safe Workforce

There is growing evidence that highlights a significant number of abuse incidents involve professionals, formal carers and managers, that is people who are paid to care for and advise adults.

This places a responsibility both on staff and paid carers, and those responsible for the practice of paid staff and carers - in terms of management and supervision - to ensure that they are safe to work with adults. This means that all the processes and checks surrounding who works with adults and how they work must incorporate the avoidance of abuse including:

- Robust recruitment procedures.
- The policies and procedures staff/carers work to.
- How staff/carers are inducted and trained, especially concerning professional standards, policy and procedures and the possibility of abuse.
- How staff/carers are supervised and supported.
- Appropriate disciplinary procedures to deal with unsuitable staff/carers.
- Appropriate referrals to the Disclosure and Barring Service where staff/carers are considered unsuitable to work with adult or to professional bodies.
- Whistleblowing policy and procedures.

For information about the Disclosure and Barring Service, see the **Disclosure and Barring Guidance.**

Many professions also have a code of conduct, or similarly named documents, which set out good practice for the profession. Some examples of these are those for doctors, nurses, solicitors, occupational therapists and social care workers. Action in default of the code of conduct involving an adult may constitute abuse. Professional bodies also have the authority to strike staff from the register in certain circumstances.

Staff Training

Staff training is an essential part in preventing abuse. Safeguarding training is the responsibility of each organisation. It should include raising awareness about abuse, particular vulnerabilities of adults and how to use procedures to report suspected abuse. It should also include information about how staff and volunteers can whistleblow, should they be concerned about practices within their own organisation.

Whistle Blowing

The Public Interests Disclosure Act 1998 provides a Policy for whistle blowing across the private, public and voluntary sectors. Each organisation will have its own whistle blowing policy. These policies should provide people in the workplace with protection from victimisation or detriment when genuine concerns have been raised about malpractice. The aim is to reassure workers that it is safe for them to raise concerns, and partner organisations should establish proper procedures for dealing with such concerns.

Persons in Positions of Trust

The term 'persons in positions of trust' refers to an employee, volunteer, or student (paid or unpaid) who works with adults with care and support needs. In the event a 'person in position of trust' is alleged to have abused an adult with care and support needs or may pose a risk of abuse to an adult with care and support needs, it is essential that the concerns are appropriately reported and responded to within this Multi-Agency Safeguarding Adults Policy.

Any disclosures made as a result of these procedures shall be made in accordance with the UK GDPR and current Data Protection legislation.

In the event you as a practitioner are unsure, make contact with the Safeguarding team for further advice and guidance.

Safeguarding Adult Boards

Safeguarding Adults Boards (SABs) have been set up by local authorities to coordinate the delivery of Adult Safeguarding across agencies. The main objective of the SAB is to assure itself that local safeguarding arrangements and partners act to help protect adults in its area who meet the criteria set out above.

These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of approved premises in safeguarding offenders and awareness and responsiveness of further education services. It is important that SAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services.

The SAB can be an important source of advice and assistance, for example in helping others to improve their safeguarding mechanisms. It is important that the SAB has effective links with other key partnerships in the locality and share relevant information and work plans. They should consciously cooperate to reduce any duplication and maximise any efficiency, particularly as objectives and membership is likely to overlap.

A SAB has three core duties:

- It **must** publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- It **must** publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to

implement the strategy as well as detailing the findings of any Safeguarding Adults Review and subsequent action.

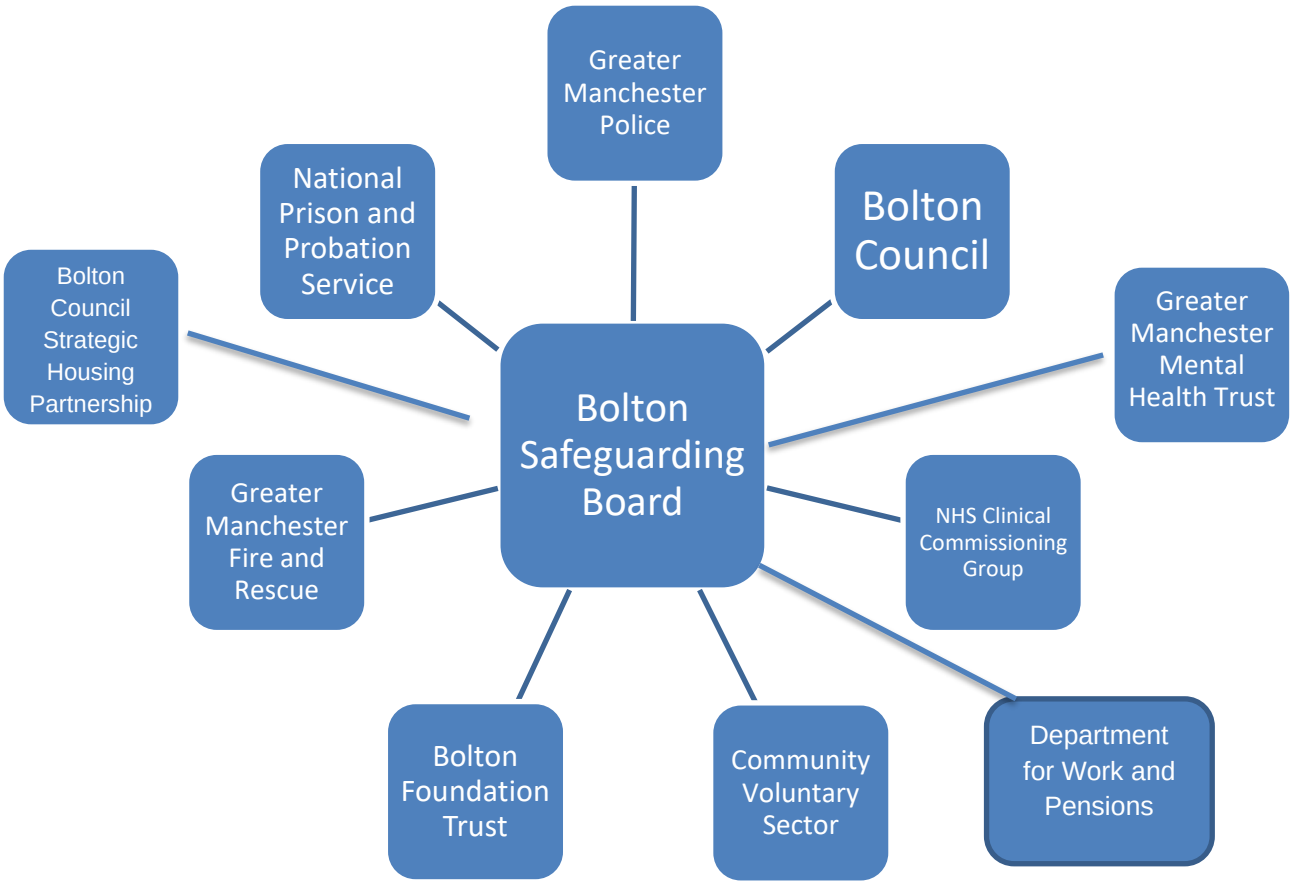
- It **must** conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

Safeguarding requires the collaboration between partners to create a Policy of inter-agency arrangements. Local authorities and their relevant partners **must** collaborate and work together as set out in the co-operation duties in the Care Act (Section 6) and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.

Structure of the Bolton Safeguarding Adults Board

The Safeguarding Adults Board provide strategic direction to the development of safeguarding adults' work. Each SAB has its own constitution/memorandum of understanding and comprises key statutory and non-statutory agencies. They work in partnership to ensure that organisations, individually and collectively, prioritise the prevention of abuse**,** develop effective systems and practices to respond to abuse, promote awareness, develop workforce training initiatives and achieve continual learning and improved practice.

The Board is a statutory multi agency board, with a partnership of statutory and non-statutory organisations and comprises of senior officers as representatives from the following organisations:



By invite:

- North West Ambulance Service;
- Care Quality Commission.

The following will be members in an advisory capacity:

- Legal Advisor to the Board.

  The professional legal advisor will share their knowledge and expertise to support members in carrying out their functions and duties. The Advisor will normally attend all meetings of the Board and will provide legal opinion and perspective of relevant legislation, policy and practice issues.

- Safeguarding Board and Partnership Manager.

The Executive Cabinet Member for Adult Services will be a member of the Board as a participating observer to ensure that there is ownership at political level for safeguarding adults and awareness of critical local issues.

Bolton SAB members should be senior officers of their organisations who are responsible for effectively representing their organisation and have authority to make decisions on their agencies' behalf. Each agency is responsible for ensuring activity around safeguarding takes place effectively in their organisation and contributes to the partnership's vision and priorities.

Further information can be found within the Safeguarding Boards Constitution.

Key Principles of the Bolton Safeguarding Adults Board

Member organisations of the Bolton Safeguarding Adults Board work to the following principles in all their developments to achieve the vision and adhere to its statement of purpose:

Putting Principles into Practice

Putting these principles into practice in adult safeguarding means:

- The protection of any adult who is experiencing or at risk or abuse or neglect is everyone's business and paramount concern.
- All staff have a duty to act if they see abuse take place, receive information about abuse, suspected abuse or concern about care or treatment.
- All organisations have a responsibility to ensure that their staff are appropriately trained in Safeguarding and Adult Protection and understand their roles and responsibilities.
- All organisations need to work well together to support adults and share information to ensure people's safety and wellbeing is protected.
- The wishes and preferences of the adult should be central to the Adult Safeguarding processes.
- Adults with capacity to understand abuse and the risk of abuse have the right to refuse intervention.

Transitions

Robust joint working arrangements between children's and adult services are important in ensuring that the medical, psychosocial and vocational needs of young people are addressed as they move to adulthood.

The care needs of the young person should be at the forefront of any support planning and require a co-ordinated, multi-agency approach. Assessment of care needs at this stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services that will maintain their independence, wellbeing and choice.

Good practice includes:

- Having policies and procedures which support effective transition processes.
- Shifting the general view of risk as a potential danger for a child, to one of potential opportunity but acknowledging potential risks for an adult.
- Managing risks as a phased process with awareness of the psychological and emotional issues.
- Managing family expectations (being clear about the level of support and resources available).
- Taking time to get to know the young person and their family, especially if they have communication difficulties, supporting the young person to have a voice through making safeguarding personal.
- Acknowledging the rights of adults to take more responsibility for their decisions.
- Where there are on-going safeguarding issues for a young person, and it is anticipated that on reaching 18 years of age they are likely to require adult safeguarding arrangements these should be discussed as part of transition support planning and protection. With relevant consultation from Children and Adult services.

Further information and guidance can be found in **NICE** documentation.

Decision Making

The Decision-Making Guidance is a document which is aimed at all providers, including domiciliary providers, health providers, managers of residential and nursing homes and providers in the community and voluntary sector. The guidance is designed to support practitioners in identifying what type of abuse has occurred and the level of risk which it poses to the individual or to others. If any practioner is unsure whether to refer a case into safeguarding, please contact:

SAFEGUARDING ADULTS TEAM ON 01204 337000 Send an email to Safeguardingadults@bolton.gov.uk on refer via the online form

FOR ANY ADVICE OR GUIDANCE

Type of Abuse	**Isolated Incident** **Not Safeguarding** **No Harm – low risk**	**Possibly Safeguarding** **Possible harm – some risks.** **To be discussed with Safeguarding Team.**	**Safeguarding referral Must be made.**
Physical **Can Include (but not exhaustive)** • **Assault** • **Hitting** • **Slapping** • **Pushing** • **Restraint** • **FGM** • **Domestic Abuse** • **Medication**	Staff/family error causing no/little harm, e.g. friction mark on skin due to ill-fitting hoist sling. Minor events that still meet criteria for 'incident reporting'. Disputes between service users with no harm, quickly resolved and risk assessment in place. Bruising caused by family/carer due to poor lifting and handling technique. No harm intended. Immediately resolved when given correct equipment/advice. Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs.	Inexplicable marking found on one occasion. Repeated falls of adult at risk despite advice/guidance to prevent – minor injury occurs. Recurring missed medication or administration errors in relation to one service user that cause no harm Recurring low level incidents/altercations (3 or more) involving one service user.	Inexplicable marking or significant cuts or grip marks. Recurring missed medication or errors that affect more than one adult and/or result in harm. Missed medication where harm does occur. Physical restraint undertaken outside of a specific care plan or not proportionate to the risk. Inexplicable fractures/injuries. Deliberate maladministration of medications. Any potential criminal act against an adult at risk.

Type of Abuse	Isolated Incident Not Safeguarding No Harm – low risk	Possibly Safeguarding Possible harm – some risks. To be discussed with Safeguarding Team.	Safeguarding referral Must be made.
Self-Neglect **Can include (but no exhaustive):** • **Hoarding** • **Self-neglect of personal hygiene/nutrition/hydration causing harm or risk to health** • **Self-neglect causing risk to others.**	Self-care causing some concerns – no sign of harm or distress. Property neglected but all amenities work. Some evidence of hoarding – no impact on health/safety.	Some signs of disengagement with professionals. Property neglected – evidence of hoarding beginning to impact on health/safety. Lack of essential amenities. No access to support services.	High level of clutter/hoarding. Lack of self-care resulting in deterioration of health and wellbeing. Environment a danger to self and others. Imminent danger to self/others due to risk of first/harm in property.
Sexual **Can Include (but not exhaustive):** • **Inappropriate touching** • **Indecent exposure** • **Sexual grooming** • **Sexual Harassment** • **Sexual teasing or innuendo** • **Subject to pornography or witness to sexual acts** • **Non-consensual sexual activity** • **Rape**	One off incident when an inappropriate sexualised remark is made to an adult with capacity and no or little distress is caused.	One off incident of low-level unwanted sexualised attention/touching directed at one adult by another whether or not capacity exists – No harm or distress. Two people who lack capacity engaged in sexual activity or relationship – no distress to either.	Reoccurring verbal/gestured sexualised teasing. Sexualised attention between two people where one lacks capacity to consent. Attempt to take camera/video or use other forms of media to attain inappropriate pictures. Reoccurring sexualised touch/masturbation by another person without consent. Sexual harassment – unwelcome sexual advances, requests for sexual favours and other verbal or physical conduct of a sexual nature. Being made to participate in a sexual act against will/where valid consent cannot be given. Trafficking an adult at risk for sexual exploitation.

Type of Abuse	Isolated Incident Not Safeguarding No Harm – low risk	Possibly Safeguarding Possible harm – some risks. To be discussed with Safeguarding Team.	Safeguarding referral Must be made.
Psychological **Can Include (but not exhaustive):** • **Domestic Abuse** • **Threats of harm or abandonment** • **Deprivation of contact** • **Humiliation** • **Harassment** • **Control** • **Intimidation** • **Coercion** • **Isolation** • **Radicalisation**	One off incident where adult is spoken to in a rude or other inappropriate way – respect is undermined, but no or little distress caused.	The withholding of information to disempower. Incidents occur e.g. of abandonment, verbal abuse, online bullying etc. but no distress is caused.	Occasional taunts or verbal outbursts which cause distress. Treatment that undermines dignity and damages esteem. Frequent verbal outbursts to an adult at risk. Bullying by 1 person but multiple victims. Prolonged intimidation. Vicious/personalised verbal attacks.
Financial or material **Can Include (but not exhaustive):** • **Theft** • **Fraud** • **Scams (e.g. telephone, post, internet)** • **Coercion** • **Misuse of finances on someone's behalf** • **Incorrect recording**	Inadequate financial records. Isolated incident where staff personally benefit from the support they offer service users, e.g. accrue reward points on their own store loyalty cards when shopping, use "buy one get one free offers" when the adult has capacity to know what has happened and has agreed.	Adult not routinely involved in decisions about how their money is spent or kept safe - capacity in this respect is not properly considered. Staff personally benefit from the support they offer service users. E.g. accrue 'reward points' on their store loyalty cards when shopping – adult lacks capacity. Failure by relative to pay care fees/charges where no harm occurs but receives personal allowance or has access to other personal monies.	Adult denied access to his/her own funds or possessions. Personal finances removed from adults control without legal authority. Fraud/exploitation relating to benefits, income, property or will.

Type of Abuse	Isolated Incident Not Safeguarding No Harm – low risk	Possibly Safeguarding Possible harm – some risks. To be discussed with Safeguarding Team.	Safeguarding referral Must be made.
Neglect and acts of omission **Can include (but not exhaustive):** • **Ignoring or failing to respond to medical, emotional or physical needs.** • **Failure to provide appropriate care** • **Failure to follow care plan or health advice** • **Withholding necessities of life** • **Failure to provide access to essential services** • **Failure to follow health and safety legislation.** • **Pressure ulcers – also see BSAB guidance**	Isolated missed home care visit where no harm occurs. Adult is not assisted with a meal/drink on one occasion and no harm occurs. Inappropriate hospital discharge where no harm occurs. Inadequate care that causes discomfort but no harm. One person one pressure ulcer of low grade (grade 1 or 2)	Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs, e.g. being left wet occasionally. Occasionally not having access to aids to independence (if regular may be restraint). Low level neglect practice i.e. failure to refer to necessary agencies. Adult at risk living with family carer who occasionally fails with caring duties. Occasional inadequacies in care from informal carers – no harm occurs. Pressure ulcers, multiple grade 2's.	Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. Poor transfers between services e.g. hospital discharge without adequate planning and harm occurs. Carers consistently failing to provide care despite advice/guidance. Ongoing lack of care to an extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence confidence. Gross neglect resulting in serious injury or death.

Type of Abuse	Isolated Incident Not Safeguarding No Harm – low risk	Possibly Safeguarding Possible harm – some risks. To be discussed with Safeguarding Team.	Safeguarding referral Must be made.
Discriminatory **Can include (but not exhaustive):** • **Harassment/slurs rooted in discrimination of protected characteristics.** • **Failure of respond to equality and diversity needs** • **FGM** • **Honour based violence** • **Hate crime** • **Radicalisation**	Isolated incident when an inappropriate prejudicial remark is made to an adult and no or little distress is caused. Care planning fails to address and adult's culture and diversity needs for a short period.	Isolated incident of teasing motivated by prejudicial attitudes – service user to service user.	Inequitable access to service provision as a result of a diversity issue. Recurring taunts. Recurring failure to meet specific needs associated with diversity and culture. Teasing by person in position of trust Being refused access to essential services. Humiliation or threats. Denial of an individual's appropriate diet, access to take part in activities related to their faith or beliefs or not using the individual's chosen name. Hate crime resulting in serious injury or attempted murder/honour-based violence. Female genital mutilation of an adult at risk.

Type of Abuse	Isolated Incident Not Safeguarding No Harm – low risk	Possibly Safeguarding Possible harm – some risks. To be discussed with Safeguarding Team.	Safeguarding referral Must be made.
Organisational **Can include (but not exhaustive):** • **Failure to follow health and safety legislation** • **Neglect or overall poor practice** • **Ill treatment** • **Failure to adhere to care or health advice** • **Failure to respond to whistleblowing issues** • **Failure to adhere to legislation e.g. MCA/MHA etc.**	Short term lack of simulation/opportunities for people to engage in social and leisure activities and where no harm occurs. Short term - Service users not given sufficient voice or involved in the running of the service e.g. inflexible routines. Service design where groups of service users living together are inappropriate. One off incident of low staffing due to unpredictable circumstances, despite management efforts to address. No harm caused.	Care-planning documentation not person-centred. Denial of individuality and opportunities for service users to make informed choices and take responsible risks. Poor or outmoded care practice – no harm occurs. More than one incident of low staffing levels, no contingencies in place. No harm caused.	Staff misusing their position of power over service users. Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted. Bad practice not being reported and going unchecked. Unsafe and unhygienic living environments. Ill-treatment of one or more adults at risk such as unsafe manual handling. Punitive responses to challenging behaviours. Staff misusing their position of power over service users. Repeated incidents of low staffing resulting in harm to one or more persons. Over-medication and/or inappropriate restraint used to manage behaviour. Widespread, consistent ill treatment.

Type of Abuse	Isolated Incident Not Safeguarding No Harm – low risk	Possibly Safeguarding Possible harm – some risks. To be discussed with Safeguarding Team.	Safeguarding referral Must be made.
Domestic Violence **CHILDREN PRESENT IN HOUSE, MUST REFER TO R&A ON 331500** **Can include (but not exhaustive):** • **Physical** • **Sexual** • **Financial** • **Psychological** • **Stalking** • **FGM** • **Honour based violence**	Isolated report of abuse – low level threat. Adult has capacity and no vulnerabilities identified.	Ongoing report/incidents of domestic abuse. Adult not accessing support services but have adequate protective factors.	Frequent reports of verbal and physical assaults. Adult subjected to severe controlling behaviour e.g. financial/locked in property/withholding of medical treatment/deliberately isolated. Assault – physical or sexual causing serious harm. Female Genital Mutilation. Honour Based Abuse and/Forced Marriage.
Modern Slavery **Can include (but not exhaustive):** • **Trafficking** • **Forced Marriage** • **Denial of access to health or social care in the context of slavery**			Under control of another e.g. dealer, pimp, gang master. Unable to access medical treatment. Poor living conditions/low wages. Lives at place of work. Not in possession of ID or passport despite having been resident in Country for a number of years. No freedom, unable to leave. Forced marriage.

Safeguarding Referral

Deciding if you need to raise a safeguarding concern to the local authority/Multi-Agency Safeguarding Hub (MASH)

Section42(1) (a) & (b) Care Act 2014
Does the adult have a) need for the care and support (whether or not the authority is meeting any of those needs) **and**
b) Is the adult experiencing, or at risk of, abuse of neglect?

Yes

If you have reasonable cause to suspect that the adult meets the criteria (a) and (b) have you discussed with the adult about raising a safeguarding concern? Does the adult wish to raise their own concerns? Do they need support to do this?

Does the adult want a safeguarding concern to be raised?

YES Raise a safeguarding concern

No

HOWEVER raising a safeguarding concern may be justified eg where there is a immediate risk to the person or others, where there is a public interest consideration or issue, or where a best interest decision needs to be made (where the adult lacks capacity to make the decision). Then proceed with raising a safeguarding concern. Record rationale for decision making.

Unsure

Who else can you talk to within your organisation? Can you seek advice from others outside of your organisation or consider seeking advice from the local authority?

If you have enough reasonable cause to suspect (b) but you are still unsure about (a), raise an adult safeguarding concern. The local authority information gathering responses, under s42(1) will help make a decision.

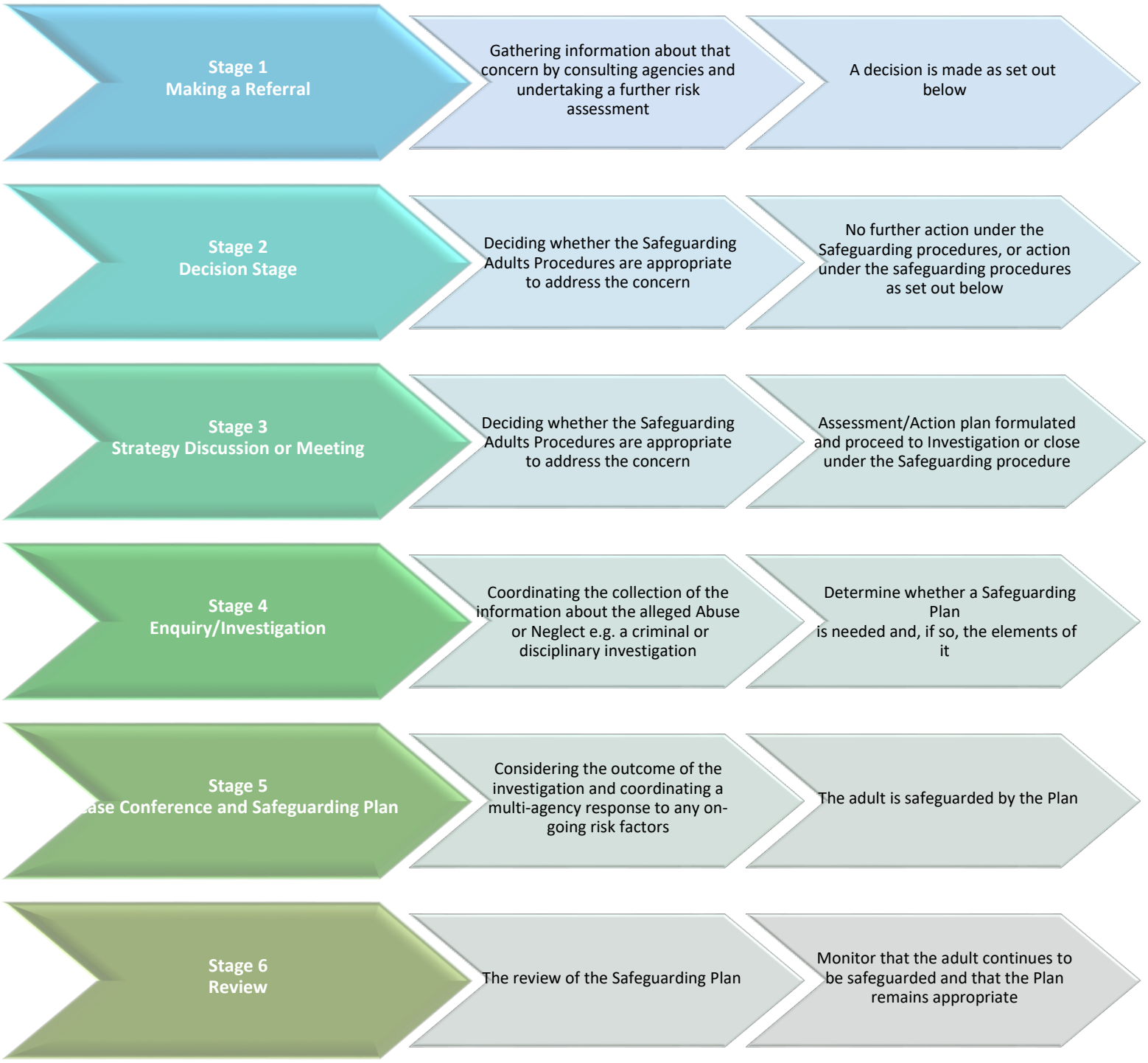
YES Raise a safeguarding concern

NO

If the concerns are not (a) and (b) what further support, advice, information, or signposting can you offer the adult?

*There may be circumstances where your safety or that of the adult prevents this from happening. If you still have concerns about abuse or neglect and it is not possible or within the scope of your role to have a conversation with the adult, then if in doubt continue with the process and raise a safeguarding concern.

Safeguarding 6 Stage Process



Defensible Decision Making

Professional judgements and decision making are important in responding to safeguarding adults concerns. A duty of care in relation to those decisions or judgements will be considered met where:

- All reasonable and proportionate steps have been taken;
- Reliable assessment methods have been undertaken;
- Information has been collate and evaluated;
- Decisions are recorded (what, where, why, how) and procedures followed.
- Practitioners and managers adopt professional curiosity to an investigative approach.
- Staff are proactive and include the individual where there are concerns wherever possible and if unable to do so this is also recorded.

Record Keeping

Good record-keeping is an essential part of the accountability of organisations. It is also a vital part of professional practice. Maintaining proper records is critical to an individual's support and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Records provide the evidence for all safeguarding actions:

"If it is not recorded, it hasn't happened!"

Where an allegation of abuse is made, all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken, what decisions have been made and why.

It is equally important to record when actions have not been taken and why e.g. an adult with care and support needs with mental capacity may choose to make decisions professionals consider to be unwise.

Staff should be given clear direction as to what information should be recorded and in what format. The following questions are a guide:

- What information do staff need to know in order to provide a high-quality response to the adult concerned?
- What information do staff need to know to keep adults safe under the service's duty to keep people safe?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

When a concern about abuse or neglect is raised, staff need to look for past incidents, concerns, risks and patterns. There is evidence that in many situations, abuse and neglect arise from a range of incidents over a period of time.

In the case of providers registered with CQC, records should be available to service commissioners and the CQC so they can take the necessary action.

All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves then information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case

record. If it is assessed that the individual continues to pose a threat to other people then this should be included in any information that is passed on to service providers or other people who need to know.

All information and data shall be dealt with in accordance with the UK GDPR and current Data Protection legislation.

Duty of Candour

All providers of health and care, including NHS providers and care providers, are required to comply with the duty of candour. This means that providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

The duty is a legal requirement for all providers and CQC will be able to take enforcement action when providers fail to comply. The Duty requires providers to offer an apology when something has gone wrong and state what actions will follow. In practice, this means that care providers are open and honest with people when things go wrong with their care and treatment. To meet the requirements a provider must:

- Make sure it has an open and honest culture.
- Tell people in a timely manner when incidents have occurred.
- Provide in writing a truthful account of the incident and an explanation about the enquiries and investigations that they will carry out.
- Supply the person or representative with the results of any further enquiries into the incident and to keep records of all correspondence and notifications in person.
- Offer an apology in writing.
- Provide reasonable support to the person after the incident.
- For NHS bodies, the incidents covered by the Regulations include not only cases of death and severe harm, but also "moderate harm" in line with providers' existing contractual duty under the NHS Standard Contract.

Confidentiality and information sharing

Partner organisations, through the BSAB have a common agreement relating to confidentiality and setting out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Information sharing agreements must be consistent with the principles set out in the Caldicott Review (2013).

Section 6 of the Care Act 2014 describes a general duty to co-operate between the Local Authority and other organisations providing care and support. This includes a duty on the Local Authority itself to ensure co-operation between its adult care and children' services, housing, support services and public health.

Section 7 of the Care Act 2014 provides an ability to request co-operation from relevant partner or other Local Authority, in relation to an individual case. The Local Authority or relevant partner must co-operate as requested, unless doing so would be incompatible with their own duties or have an adverse effect on the exercise of their functions.

If an organisation is refusing to share information and cannot be resolved informally, the organisation conducting an enquiry can escalate to the BSAB to consider using Section 45 of the Care Act 2014 powers, which puts an obligation on organisations to comply with a request for information in order that the BSAB can perform its duties. Sharing of information forms part of every day practice in safeguarding

practice and is already covered by common law duty of confidentiality. UK General Data Protection Regulations, the Human Rights Act 1988 and the Crime and Disorder Act 1998.

Dispute Resolution & Escalation

Professional disagreements should be resolved at the earliest opportunity, ensuring that the safety and wellbeing of the person concerned remains paramount. Challenges to decisions should be respectful and resolved through co-operation. When disagreements arise staff should always be prepared to review decisions and plans with an open mind. Disagreements should be talked through and appropriate channels of communication established to avoid misinterpretation.

If operational staff are unable to resolve matters, a more senior manager should be consulted. Multiagency meetings may be a helpful way to explore issues with a view to improving practice. In exceptional circumstances or where it is likely that partnership protocols are needed the SAB should be appraised.

In the case of a care provider, unresolved disputes should be raised with the relevant managers who are leading on the concern and with commissioners.

Cross-Boundary Adult Safeguarding Enquiries

The rule for managing safeguarding enquiries is that the Local Authority for the area where the abuse occurred has the responsibility for to carry out of the duties under Section 42 of the Care Act 2014, but there should be close liaison with the placing authority.

The 'placing authority' retains responsibility for Commissioning and funding arrangements.

For further information place see the following **link**

Safeguarding Adults Reviews

The purpose of having a Safeguarding Adult Review (SAR) is not to reinvestigate or to apportion blame, it is to establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults.

Safeguarding Adult Reviews will:

- Seek to determine what relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death
- Identify lessons learned and apply to future practice
- Be trusted and safe experiences for practitioners
- Encourage honesty and transparency
- Share information between organisations to obtain maximum benefit

SARs are not disciplinary proceedings, and should be conducted in a manner, which facilitates learning, and appropriate arrangements must be made to support staff.

SARs are not enquiries into why an adult has died (or been significantly injured), or who is culpable, these are matters for criminal courts and coroner's courts.

SARs may be published, making them available in the public domain. Consideration is to be taken by the partnership as to whether publishing a SAR could have adverse effects on the adult or family members.

Further information relating to SARs can be found in the **Bolton Safeguarding Adult Review Policy** and **Greater Manchester Safeguarding Adult Review Policy**

Care Act criteria for conducting a Safeguarding Adult Review

Section 44 of the Care Act 2014 states:

> (1) A Safeguarding Adult Board (SAB) must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if: - a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and b) condition 1 or 2 is met.
>
> (2) Condition 1 is met if – a) the adult has died, and b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).
>
> (3) Condition 2 is met if – a) the adult is still alive, and b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.
>
> (4) A SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).
>
> (5) Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to identifying the lessons to be learnt from the adult's case, and applying those lessons to future cases.

Therefore, the Care Act requires SABs to arrange a SAR when an Adult in its area who is in need of care and support (whether or not the LA has been meeting any of those needs) dies as a result of abuse or neglect, or has experienced serious abuse or neglect, whether known or suspected

And

There is concern that partner agencies could have worked more effectively to protect the adult.

Coroner

Coroners are independent judicial officers who are responsible for investigating violent, unnatural or sudden deaths of unknown cause and deaths in custody, which must be reported to them. The Coroner may have specific questions arising from the death of an adult at risk. These are likely to fall within one of the following categories:

- where there is an obvious and serious failing by one or more organisations
- where there are no obvious failings, but the actions taken by organisations require further exploration/explanation

- where a death has occurred and there are concerns for others in the same household or other setting (such as a care home) or
- deaths that fall outside the requirement to hold an inquest but follow-up enquiries/actions are identified by the Coroner or his or her officers

In the above situations the local safeguarding adults board may also need to consider whether the criteria for a Safeguarding Adults Review has been met.

Community Safety Partnership

Community Safety Partnerships (CSP) are made up of representatives from the 'responsible authorities' which are the:

- Police
- Local authority
- Fire and rescue authorities
- National Probation Service
- Health partners.

The responsible authorities work together to protect their local communities from crime and to help people feel safer. They work out how to deal with local issues like domestic abuse, antisocial behaviour, drug or alcohol misuse and reoffending. They annually assess local crime priorities and consult partners and the local community about how to deal with them.

Domestic Homicide Reviews

Domestic Homicide Reviews (DHR) are commissioned by the Community Safety Partnership. A DHR is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:

> (a) a person to whom she/he was related or with whom she/he was or had been in an intimate personal relationship; or
> (b) a member of the same household as her/himself.

A DHR is held with a view to identifying the lessons to be learnt from the death. The purpose of a DHR is to:

- establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
- apply these lessons to service responses including changes to policies and procedures as appropriate; and
- prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working

Further information on DHRs can be found via the **Home Office Website.**

Additional Universal Safeguarding Processes

MARAC (Multi Agency Risk Assessment Conference)

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of the local police, probation, health, children's and adults Safeguarding bodies, housing practitioners, substance misuse services, independent domestic violence advisers (IDVAs) and other specialists from the statutory and voluntary sectors.

The four aims of a MARAC are as follows:

- to safeguard adult victims who are at high risk of future domestic violence;
- to make links with other public protection arrangements in relation to children, people causing harm and adults with care and support needs;
- to safeguard agency staff;
- to work towards addressing and managing the behaviour of the person causing harm.

Multi-Agency Public Protection Arrangements (MAPPA)

The purpose of the multi-agency public protection arrangements (MAPPA) Policy is to reduce the risks posed by sexual and violent offenders to protect the public, including previous victims, from serious harm. The responsible authorities in respect of MAPPA are the Police, Prison and National Probation Services who have a duty to ensure that MAPPA is established in each of their geographic areas and to undertake the risk assessment and management of all identified MAPPA offenders (primarily violent offenders on licence or mental health orders and all registered sex offenders). The Police, Prison and Probation Services have a clear statutory duty to share information for MAPPA purposes. Other organisations have a duty to co-operate with the responsible authority, including the sharing of information.

These include:

- Local authority children, family and adult social care services.
- NHS CCG's, other health trusts and the National Health Service Executive.
- Jobcentre Plus.
- Youth Offending Teams.
- Local housing authorities.
- Registered social landlords with accommodation for MAPPA offenders.

Safeguarding Contact Details

Organisation	Number	Email address
NHS Bolton CCG	01204-462204	kaleelkhan@nhs.net
Bolton Council	01204 337000	Safeguardingadults@bolton.gov.uk
Greater Manchester Police		Christopher.Bridge@gmp.police.uk
Greater Manchester Mental Health Trust	0161 773 9121	gmmh-ft.safeguarding@gmmh.nhs.uk
Bolton Foundation Trust	01204 395369	Safeguarding.adults@boltonft.nhs.uk
Probation	0161 676 6093	Gail.Churchill@justice.gov.uk
Community Voluntary Sector		elaine@boltoncvs.org.uk
NWAS		safeguarding.nwas@nhs.net
Greater Manchester Fire and Rescue		dempsterd@manchesterfire.gov.uk
Bolton at Homes	01204 329542	karen.allsop@boltonathome.org.uk
Department for Work and Pension		penny.applegate@dwp.gov.uk