

Safeguarding Adults Policy and Procedures

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Contents Page

Policy Section

1.	Policy statement	3
2.	Introduction	3-4
3.	Purpose and Scope	4-5
4.	Our commitment to safeguarding	5-6
5.	Roles and Responsibilities	6-7
6.	Safeguarding Key Principles and Legislation	7-13
	➤ Making Safeguarding Personal	
	➤ Wellbeing Principle	
	➤ Mental Capacity Act	
	➤ Deprivation of Liberty Safeguards	
	➤ Capacity and Consent	
7.	Recognising and Responding to Abuse	13-17
	➤ What is safeguarding?	
	➤ Definition of Adult at Risk	
	➤ What is abuse?	
	➤ Who might abuse?	
	➤ Where might abuse occur?	
	➤ Why may abuse occur?	
8.	Carers and safeguarding	17-18

Procedures Section

9.	How to report concerns of adult abuse	18-26
	➤ What do I need to know?	
	➤ Reporting Adult Safeguarding Concerns to Adult Social Care	
	➤ Reporting Adult Safeguarding Concerns to Police	
	➤ Reporting Adult Safeguarding Concerns to Line Managers	
10.	Managing allegations against Employees and Volunteers	21-22
11.	Information sharing and confidentiality	22-24
12.	Record Keeping	24
13.	Possible response by Adult Social Care	24-25
14.	Safeguarding Adults Training	25-26
15.	Support for Employees and Volunteers	26
16.	Recruitment & Selection	26
17.	Adverse events relating to Safeguarding Adults	26
18.	Monitoring compliance and effectiveness	27
19.	Review, Dissemination and Implementation	27-28
20.	Equality Impact Assessment	28
21.	Associated Documents	28
22.	Appendices	28
23.	Version Control Summary	29

1. Policy statement

- 1.1 Safeguarding is everyone's responsibility and aims to protect people's health, wellbeing and human rights, and enable them to live free from harm, abuse and neglect.
- 1.2 Help & Care is committed to keeping adults safe from harm and exploitation and to upholding their rights. We expect all employees and volunteers to share this commitment. This includes those who may be additionally vulnerable because of factors such as social isolation, poverty, illness, poor housing and social circumstances, or exposure to violence or exploitation.
- 1.3 A priority for Help & Care is working with local safeguarding partners, in line with multi-agency policy, to support the Care Act principle of partnership working. Help & Care will support employees and volunteers to ensure good safeguarding practice within the organisation and to respond in a proportionate and timely way to safeguarding concerns.
- 1.4 Adult safeguarding is core to the delivery of quality services as well as safety, quality and governance frameworks. At Help & Care, we will take all steps necessary to prevent and reduce the risk of harm/abuse within our services and will not tolerate any abusive or harmful behaviour or practice should it occur.
- 1.5 Our adult safeguarding duty must be balanced with ensuring people are able to make their own decisions where possible and are as involved as they can be.

2. Introduction

- 2.1 Help & Care's safeguarding policy aims to explain what adult abuse is and how we can recognise it, demonstrate how Help & Care will safeguard against adult abuse, and provide a range of procedures to guide employees and volunteers in the management of safeguarding matters.
- 2.2 Safeguarding adults from harm is a core duty of Help & Care. The nature of services we provide means it is likely that employees and volunteers will have contact with adults at risk of abuse or neglect. This policy provides guidance for employees and volunteers to ensure the principles of safeguarding adults are embedded in all aspects of Help & Care.

- 2.3 Safeguarding is far wider than just protecting adults and children who are at risk. It is about promoting the wellbeing and positive health of employees, volunteers and people who use our services, and empowering them to make the choices they need to keep safe.
- 2.4 Safeguarding is at the heart of what we do at Help & Care. We are committed to safeguarding adults in line with national legislation and relevant national and local guidelines. This policy complies with and is informed by the Care Act 2014 as expressed in Chapter 14 of the Care Act Guidance <https://assets.publishing.service.gov.uk/media/5a7dcf2aed915d2ac884dafa/Care-Act-Guidance.pdf>
- 2.5 Help & Care 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.
- 2.6 This extends to recognising and reporting harm experienced anywhere, including within our own activities, in the community, in the person's own home or within an institution or specific care setting such as a hospital or care home.
- 2.7 Help & Care is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm or abuse, exploitation and neglect.
- 2.8 There are fundamental differences between the legislative framework for safeguarding children and that for adults, which primarily revolve around who can make decisions. Please refer to Help & Care Safeguarding Children Policy.
- 2.9 Adults have a legal right to make their own decisions, even if those decisions are unwise, if they have the capacity to make that decision which must be free from coercion or undue influence.

3. Purpose and scope

- 3.1 The purpose of this policy is to demonstrate the commitment of Help & Care to safeguarding adults and to ensure that everyone involved in Help & Care is aware of:
- The legislation, policy and procedures for safeguarding adults
 - Your role and responsibility for safeguarding adults

- What to do, or who to speak to, if you have a concern relating to the welfare or wellbeing of an adult within the organisation.

- 3.2 This policy and associated procedures apply to all employees, volunteers, Board of Trustee members and all colleagues working on our behalf or who have a contractual relationship with Help & Care.
- 3.3 This policy applies to anyone aged 18 and over. For those aged under 18 please refer to Help & Care's Safeguarding Children Policy.

4. Our commitment to safeguarding

In order to implement this policy Help & Care will ensure that:

- 4.1 Everyone involved with Help & Care is aware of the safeguarding adults procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.
- 4.2 Any concerns that an adult is not safe are taken seriously, responded to promptly and followed up in line with Help & Care's Safeguarding Adults Policy and Procedures.
- 4.3 The wellbeing 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 section 6.4).
- 4.4 Any actions taken will respect the rights and dignity of those involved and be proportionate to the risk of harm.
- 4.5 Confidential, detailed and accurate records of all safeguarding concerns are maintained and secured using the Safeguarding Portal and stored in line with our Data Protection Policy.
- 4.6 Help & Care will ensure that the organisation cooperates with the relevant Local Authorities and Police in taking action to safeguard an adult.
- 4.7 All Board of Trustee members, employees 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.

- 4.8 Help & Care will ensure that the organisation uses robust recruitment practices and continually assesses the suitability of employees and volunteers.
- 4.9 Actions taken under this policy are reviewed by the Board and Leadership Team on an annual basis.
- 4.10 This policy, related policies and the Safeguarding Adults Procedures (section 2) are reviewed no less than on a three yearly basis and whenever there are changes in relevant legislation or as a result of any other significant change or event.

5. Roles and Responsibilities

- 5.1 **All employees and volunteers** are responsible for having an understanding of adult safeguarding and what their role is, recognising an adult at risk and knowing how to raise safeguarding concerns. All employees and volunteers must provide support which promotes dignity and respect and must have knowledge of adult safeguarding policy procedures and legislation. Adult safeguarding (and children) is everyone's business, and all employees and volunteers are responsible for ensuring their mandatory training requirements are met (see Help & Care's Statutory and Mandatory Training Framework).
- 5.2 **All Managers** are responsible for robust recruitment of employees and volunteers, ensuring, where applicable, that employees and volunteers have current Disclosure and Barring Service (DBS) clearance before working with adults and have reviews of their DBS check as required. Managers are responsible for ensuring that all employees and volunteers receive regular support and supervision and that professional supervision for operational employees that work directly with adults incorporates the opportunity to discuss adult safeguarding concerns.
- 5.3 **Operational Lead for Safeguarding** is the lead for this policy and holds responsibility for supporting good practice across the organisation. They are responsible for reporting to the Board of Trustees and Leadership Team on operational safeguarding risks, providing assurance about how risks and reported concerns are being managed, and escalating serious incidents in line with the Adverse and Serious Incident Reporting Policy. The lead is also responsible for advising employees and volunteers on all aspects of adult safeguarding.
- 5.4 The **Board of Trustees**, in partnership with the **Leadership Team**, are committed to providing a safe and secure environment for our people and

everyone who engages with us and are responsible for ensuring that the organisation has appropriate policies and arrangements in place.

To reflect the importance, we place on safeguarding at Board of Trustee level, the Chair is the dedicated lead for safeguarding who will oversee the actions undertaken by the Board to ensure good safeguarding governance.

The Board receive quarterly safeguarding reports highlighting the work undertaken by Help & Care in respect to its commitment and responsibilities in maintaining the safety and protection of those at risk of abuse and neglect. The purpose of the reports is to provide actionable intelligence, showing what happened, why it matters, and provide assurance that Help & Care is using data to drive improvements.

- 5.5 The **Chief Executive** is responsible for embedding adult safeguarding procedures within the organisation's strategic objectives, providing Board Trustee level leadership and promoting a culture that protects the people we support. The organisational culture recognises the strong link between quality, safety and adult safeguarding, which promotes a zero-tolerance of practice that causes harm, and is committed to partnership and preventative working on behalf of and alongside the people we support.

6. Safeguarding Key Principles and Legislation

This policy and associated procedures are based on the six principles of adult safeguarding as set out in the Care Act 2014, namely:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent: *“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*
- **Prevention** – It is better to act before harm occurs: *“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”.*
- **Proportionality** – The least intrusive response appropriate to the risk presented: *“I am sure that professionals will work in my interest, as I see them, and they will only get involved as much as needed.”*
- **Protection** – Support and representation for those in greatest need: *“I get help and support to report abuse and neglect. I get*

help so that I am able to take part in the safeguarding process to the extent to which I want.”

- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse: *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me”.*

6.1 **Making Safeguarding Personal (MSP)**

Making Safeguarding Personal is a core principle embedded within the Care Act 2014 which aims to ensure that safeguarding is person-led and outcome focused¹. It engages the adult 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 their quality of life, wellbeing and safety. It is an approach that see people as experts in their own lives.

Help & Care acknowledges that it must promote the adult’s wellbeing in their safeguarding arrangements, working with the adult and statutory agencies (as appropriate) to establish what being safe means to them and how that can be best achieved.

6.2 **Wellbeing Principle**

The concept of wellbeing is defined and be found in the statutory guidance² and is part of the law about how health and social care is provided. Our wellbeing includes our mental and physical health, our relationships, our connection with our communities and our contribution to society. Wellbeing isn’t just about physical health; it’s holistic.

Being able to live free from abuse and neglect is a key element of wellbeing. Any action taken to safeguard an adult must take their whole wellbeing into account and be proportionate to the risk of harm.

6.3 **Mental Capacity Act**

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.

¹ [Making Safeguarding Personal Toolkit](#)

² [Statutory guidance: 1 Promoting wellbeing \(Updated July 2025\)](#)

Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to take into account the ability of adults to make informed choices about how they wish to live their lives and the risks they want to take. This includes their ability to understand the implications of their situation and to take action themselves to prevent abuse, and to participate fully in decision-making about interventions.

The MCA 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. It applies to anyone over 16 who is unable to make some or all decisions. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in adult safeguarding process must comply with the Act.

The MCA outlines five statutory principles that underpin the work with an adult who may lack capacity:

Principle 1: Assume capacity

Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.

Principle 2: Supported decision making

Every adult must be given all practicable help before anyone treats them as not being able to make their own decisions. This means that every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that the person is involved as far as possible in making decisions.

Principle 3: Unwise decisions

Adults have the right not to be treated as lacking capacity merely because they make a decision that others deem 'unwise'. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

Principle 4: Best Interests

Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.

Principle 5: Less restrictive option

Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all.

Mental capacity refers to the ability to make a decision 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 decisions at one point but not at other points in time. A person must receive all appropriate help and support to communicate their decision. Their ability to make a decision may also fluctuate over time. 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. Advocacy support can be invaluable and may be provided by an IMCA (Independent Mental Capacity Advocate) or another appropriate advocate. In the event of safeguarding, it is important for the Local Authority to consider engaging the assistance of advocacy.

The MCA says that ‘a person lacks capacity in relation to a matter if, at the material time, he/she/they is/are unable to make a decision for him/herself/themselves in relation to the matter because of an impairment of, or a 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 decisions (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).*

Further information about Mental Capacity is available in Help & Care’s Mental Capacity Act Policy.

6.4 **Deprivation of Liberty Safeguards (DoLS)**

The Deprivation of Liberty Safeguards (DoLS), which apply only in England and Wales, are an amendment to the Mental Capacity Act 2005. The DoLS procedure protects a person receiving care whose liberty has been limited by checking that this is appropriate and is in their best interests.

DoLS only apply to people in care homes and hospitals. There is a separate system for people in supported living arrangements – where people live and receive care in the community, including their own homes, via an application to the Court of Protection.

A deprivation of liberty is when a person has their freedom limited in some way. It occurs when:

‘The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements’

A deprivation of liberty is common for a person with dementia receiving care who may have:

- decisions made for them or on their behalf
- limitations on where they are allowed to go
- their routine decided for them.

A DoLS assessment is a safeguard as it makes sure that the care being given is in the person’s best interests. An assessment will decide whether the deprivation of liberty is allowed to happen or not. If the assessment decides that it is allowed to happen this is called ‘authorisation’.

The assessment is requested usually by the care provider or hospital clinician/administrator from the Local Authority. The Local Authority must choose a paid representative if the person with dementia, for example, does not have an available or suitable relative or friend able to take on this role or if the unpaid representative could benefit from the support of an Independent Mental Capacity Advocates (IMCAs). IMCAs work with people who are being deprived of their liberty. IMCAs work entirely independently from the care provider and hospital.

Further information about Deprivation of Liberty Safeguards is available in Help & Care’s Mental Capacity Act Policy.

6.5 **Capacity and Consent**

6.5.1 The Care and Support Statutory Guidance advises that the first priority in safeguarding should always be the safety and wellbeing of the adult. Making Safeguarding Personal is a person-centred approach which encourages adults to make their own decisions and be provided with support and information that empowers them to do so. The approach recognises that adults have a general right to independence, choice and self-determination, including control over information about themselves. At Help & Care, employees and volunteers should strive to deliver effective safeguarding consistently with these principles

6.5.2 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.

6.5.3 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 the Local Authority (statutory services) or fear their relationships with the abuser will be damaged. Reassurance and appropriate support can help to change their view on whether it is best to share information, employees and volunteers should consider the following approaches:

- Explore the reasons for the adult's objections – what they are 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.

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

- If there is an aspect of public interest (e.g. not acting will put other adults or children at risk).
- It is necessary to prevent a serious and organised crime³, or you are concerned a crime may be committed.
- Help & Care employees or volunteers are implicated.
- There is a serious risk of harm to the wellbeing and safety of the adult or others, for example concerns about organisational abuse or neglect within provider organisations.
- Gaining consent would put the adult at further risk.
- The person lacks mental capacity to consent.

³ Serious Crime Act 2015 – Explanatory note: Serious and organised crime includes drug trafficking, human trafficking, organised illegal immigration, child sexual exploitation, high value fraud and other financial crime, counterfeiting, organised acquisitive crime and cyber crime.

- Potential source of risk is also an adult with care and support needs.

6.5.5 If it is necessary to raise a concern against the wishes of the adult or without the person's consent, the person involved in making the decision, where possible, should inform the adult about the decision and the reasons for taking this action, unless telling them at the point of raising the concern would jeopardise their safety or the safety of others. This will ensure they understand why actions they have not consented to are being undertaken and what will happen next.

6.5.6 It is important to keep a careful record of the decision-making process using the safeguarding platform and what if any, information is shared in such situations. Employees and volunteers should seek advice from managers and/or safeguarding lead before overriding the adult's decision, except in emergencies.

6.5.7 If any employee or volunteer is unsure whether they should raise a safeguarding concern, they should contact their Line Manager and/or safeguarding lead for advice or the relevant Local Authority.

7. Recognising and Responding to Abuse

7.1 What is safeguarding?

Safeguarding is defined as protecting an adult's right to live in safety, free from abuse and neglect. Adult safeguarding is about people and organisations working together to prevent and stop both the risks and experiences of abuse or neglect, whilst at the same time ensuring the adult's wellbeing is promoted including having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances⁴.

Help & Care employees and volunteers should not advocate 'safety' measures that do not take account of an individual's wellbeing.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.

⁴ Department of Health & Social Care; Care and support statutory guidance-updated 22 July 2025.

- 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 adults concerned.
- Raise public awareness so that communities as whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what do to raise a concern about the safety or wellbeing of an adult.
- Address what has caused the abuse.

7.2 Definition of Adults at Risk

The Care Act 2014 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.

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 or Health). The Local Authority role includes having multi-agency procedures which coordinate the actions taken by different organisations.

An Adult at Risk is an individual aged 18 years⁵ 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.

An adult at risk may therefore be a person who, for example:

- is an older person who is frail due to ill, health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and / or sensory impairment
- has mental health needs

⁵ When someone over 18 is still receiving children's services (for example in an education setting until the age of 25 and a safeguarding issued is raised, the matter should be dealt with through adult safeguarding with children's safeguarding and other relevant partners involved as appropriate.

- has a long-term illness / condition
- misuses substances or alcohol.

7.3 **What is abuse?**

The Care Act's statutory guidance list 10 types of abuse but states that Local Authorities should not limit their view of what constitutes abuse or neglect to those types, or the different circumstances in which they can take place. These are:

- Physical abuse (including hitting, kicking, physical punishment, inappropriate use of restraint and misuse of medication)
- Domestic violence (including psychological, physical, financial or sexual abuse and / or coercive and controlling behaviour)
- Sexual abuse (including rape, attempted rape or sexual assault, forced use of pornography, or any sexual activity that the person lacks the capacity to consent to)
- Psychological abuse (including enforced isolation, intimidation, humiliation, threats of harm or abandonment and cyber-bullying).
- Financial or material abuse (including theft or money or possessions, fraud, denying access to benefits or misuse of a power of attorney.
- Modern Slavery (including human trafficking, forced labour, forced exploitation such as escort work, prostitution or pornography and domestic servitude)
- Discriminatory abuse (including harassment, deliberate exclusion or substandard service provision relating to a protected characteristic)
- Organisational / Institutional abuse (including neglect and poor care practice within an institution or care setting such as abusive or disrespectful attitudes, lack of dignity and privacy, and failure to provide care)
- Neglect and acts of omission (including ignoring medical or physical needs, failure to provide access to appropriate health or care services, and withholding necessities of life such as medication, nutrition and heating)

- Self-neglect (including a lack of self-care to an extent that it threatens personal health and safety, inability to avoid self-harm, and an inability or unwillingness to manage personal affairs)

Please refer to **Appendix B** for more detailed information on abuse types and indicators.

Abuse can consist of a single or repeated act(s); it can be intentional, unintentional or result from a lack of knowledge. It can affect one person, or multiple individuals. Employees and volunteers should be vigilant in looking beyond single incidents to identify patterns of harm. In order to see these patterns, it is important that information is recorded and appropriately shared.

Patterns of abuse and neglect vary and include:

- Serial abusing, where the perpetrator seeks out and ‘grooms’ individuals by obtaining their trust over time before the abuse begins – sexual abuse or exploitation commonly falls into this pattern, as do some forms of radicalisation and financial abuse.
- Long-term abuse in the context of ongoing family relationships such as domestic violence between spouses or generations, or persistent psychological abuse.
- Opportunistic abuse such as theft occurring because money has been left lying around.
- Situational abuse, which arises because pressures have built up, or because a carer has difficulties themselves affecting their ability to adequately meet a person’s needs. This could be debt, alcohol, mental health related, or the specific demands resulting from caring for a vulnerable person.

7.4 **Who might abuse?**

Anyone can abuse. Mutually abusive relationships involving two or more adults also exist. The abuser is frequently, but not always, known to the adult they abuse and can include spouses/partners, other family members, neighbours, friends, acquaintances, paid staff or professionals, volunteers, strangers, or people who might deliberately exploit adults they perceive as vulnerable to abuse.

7.5 **Where might abuse occur?**

Abuse is not limited to a specific place and can happen anywhere at any time. for example:

- In a person’s own home (whether living alone, with relatives, or others)

- In care settings:
 - Residential or nursing homes
 - Hospitals or clinics
 - Day Centres

- In the community:
 - Workplaces
 - Educational establishments like schools or colleges
 - Clubs or social events
 - Public places
 - Prisons or youth detention settings

- In the digital world:
 - Online via the internet, social networking sites, or emails
 - Through mobile phone use and persistent texting
 - Via fraudulent websites and scams

7.6 Why may abuse occur?

Abuse can occur for many reasons. The risk is known to be great when:

- The person is socially isolated
- A pattern of family violence exists, or has existed in the past
- Drugs or alcohol are being misused
- Relationships are placed under stress
- The abuser or victim is dependent on the other (for finance, accommodation, emotional support)

8. Carers and safeguarding

A carer, in this context is usually a family member or friend.

Carers can play an important role in preventing and detecting abuse and neglect of the people they care for. The vast majority of carers strive to act in the best interests of the person they support. There are times however, when carers may themselves experience abuse from the person to whom they are offering care and support or from the local community in which they live.

Risk of harm to the supported person may also arise because of carer stress, tiredness, lack of communication, skills or support. Also, there may be times when the harm is deliberate.

Circumstances in which a carer could be involved in a situation that may require a safeguarding response from agencies include⁶:

⁶ Carers and safeguarding: a briefing for people who work with carers, LGA and ADASS, February 2022

- Witnessing or speaking up about abuse or neglect in the relation to the person they care for, or another person.
- Experiencing unintentional or intentional harm from the adult they support, or from professionals and organisations that they are in contact with.
- Unintentionally or intentionally causing harm or neglect to the adult they support, either as an individual or with others.

Risk of abuse, either for the carer or the person they are caring for, increases when the carer is isolated and not getting any practical or emotional support from their family, friends, professionals or paid care staff.

Abuse between the carer and cared for person may be domestic violence. Making safeguarding personal and professional curiosity should be central to practice supporting both carers and the person they care for.

PROCEDURES SECTION

9. How to report concerns of adult abuse

9.1 What do I need to know?

If someone is at immediate risk of harm 999 should be called

All employees and volunteers must remain vigilant to all signs of abuse or neglect as set out in section 8 above and in **Appendix B** of this policy.

Anyone can witness or become aware of information suggesting that abuse and neglect could be occurring.

Abuse may come to the attention of any Help & Care employee or volunteer through:

- a disclosure, allegation or complaint by a client about their care, treatment or support by paid carers, professionals, family members, friends, strangers or other individuals.
- a disclosure, allegation or complaint by a member of public about their care, treatment or support received.

- a disclosure, allegation or complaint raised by a third party e.g., warden, neighbour.
- an observation relating to a person's practice or behaviour towards an Adult at Risk.
- concern about changes in behaviour or wellbeing of an Adult at Risk.
- a build-up of concerns over a period of time.

Regardless of how the concern came to light, it is imperative that, once someone becomes aware of the possible abuse or neglect, immediate action is taken to safeguard the adult and report the safeguarding concern.

9.2 Reporting Adult Safeguarding Concerns to Adult Social Care

All adult safeguarding concerns must be reported to the Adult Safeguarding Team of the Local Authority jurisdiction you work in. Every Local Authority has their own adult safeguarding policy and procedures, which includes how to report a safeguarding concern in their area.

All employees and volunteers must be familiar with their Local Authority contact methods for reporting a safeguarding concern. They vary, which is why it is vital that all employees and volunteers are aware of the reporting process for the geographical area that they work in, including reporting outside of normal working hours.

If a person is not in immediate danger but a safeguarding concern has been disclosed or observed employees and volunteers must:

1. Contact the Adult Safeguarding Team, Social Care immediately (same day).

Key points to remember:

- Try to establish what the adult wants as an outcome of the concern being raised.
 - Inform the adult that you are raising a concern and what might happen next.
 - Do not inform the person/people alleged to have caused harm of the concern being raised.
2. Inform your Line Manager without delay.
 3. Record the safeguarding concern and action-taken as a safeguarding interaction using the Client Record Management System (Salesforce).

Do not hesitate at any time during this process to contact your Line Manager or safeguarding lead for advice and support. Refer to Appendix A – Responding to a Safeguarding Concern

Consideration of the safety and wellbeing of other adults should be made when safeguarding concerns are being raised. A safeguarding referral should be made to Children and Families Services where a child or children may be affected by the harm or abuse of an adult. Please see Help & Care's Safeguarding Children Policy.

9.3 **Reporting Adult Safeguarding concerns to the Police**

If the person raising a concern believes there is a medical emergency or other danger to life; risk of imminent injury or if a crime is in progress which requires an immediate response, then they should call 999 for the appropriate emergency response.

When reporting a crime that does not require an immediate response or there are concerns about a potential crime call 101 to report concerns. When a safeguarding concern is raised with the police it will also be necessary to ensure the relevant Local Authority is notified by following their required reporting procedure.

Everyone is entitled to the protection of the law and access to justice. The police have a lead responsibility for investigating any criminal offences committed against an Adult at Risk. In all situations where an adult has possibly been abused and a crime may have been committed; the first consideration must always be the person's safety and respect for their dignity and rights.

It is essential that any actions taken by Help & Care employees and volunteers do not increase risk to the adult or compromise an investigation.

Key points to remember where an allegation of crime is made:

1. Let the adult know who will be informed and offer support.
2. Do not make promises that may not be kept regarding confidentiality. If there is evidence of a serious crime or other factors are involved, then it is your duty to share the information.
3. Do not speak about the allegation to the person alleged to have caused the harm without checking with the police first.
4. Only ask questions to establish what has happened, to find out if the adult or another person is at immediate risk of harm and to establish the basic facts.
5. Do not ask leading questions, but do not stop someone from speaking whilst they are disclosing what has happened, as this may convey a message that they are doing something wrong.
6. When a disclosure or allegation is made, whenever possible and practical, detailed notes will be taken to record what is said and use the exact words of the person involved and note the date, time and location as part of the record.

7. If it is not possible to make immediate notes a record must be made on the same day that the disclosure or allegation is made.
8. Record accurately and using professional language, avoiding personal opinion or judgement.
9. Record the physical appearance of any individual/s involved and note any damage or other relevant information regarding the surrounding environment.
10. Take steps not to contaminate any evidence or by moving or touching something that might be relevant without telling the police what you have done.
11. Consider other individuals who may be involved in the situation and could also be potential victims.
12. Inform your Line Manager without delay.
13. Record the safeguarding concern and action taken as a safeguarding interaction using the Client Record Management System (Salesforce).

Do not hesitate at any time during this process to contact your Line Manager or safeguarding lead for advice and support. For detailed guidance refer to **Appendix A – Responding to a Safeguarding Concern**

9.4 **Reporting Adult Safeguarding concerns to Line Managers**

Help & Care employees and volunteers must ensure that all safeguarding concerns reported, both to adult social care and/or the police, are reported to their Line Manager or manager on duty/safeguarding lead on the same day that the concerns are disclosed/observed.

Please also see section 10 regarding management of allegations against employees and volunteers.

10. **Managing allegations against Employees and Volunteers**

The Chief Executive is the named senior officer with responsibility for safeguarding within Help & Care. They will delegate authority to a senior position to manage the process when an allegation is made against an employee or volunteer in conjunction with a representative from Human Resources Team. Any allegation of abuse of an adult at risk by a member of the Help & Care workforce will be reported to the relevant local authority for investigation. Should the Local Authority deem it necessary, Help & Care will undertake an internal investigation in partnership with the relevant local authority and/or Police force.

On occasion, employees or volunteers may have concerns about practice or behaviour of another colleague and such individuals should be aware that they have a duty to report genuine concerns to their Line Manager. If the

concerns involve the individual's Line Manager, employees and volunteers can speak to any other manager or the safeguarding lead for advice.

Allegations against Help & Care, or individuals employed or volunteering with Help & Care will be recorded as a safeguarding interaction on the internal Client Record Management System (Salesforce), see section 12.

11. Information sharing and confidentiality

Sharing the right information, at the right time, with the right people is fundamental to good practice in adult safeguarding.

Section 45 of The Care Act 'supply of information' covers the responsibilities of others to comply with any requests for information from the Safeguarding Adults Board for the purposes of progressing a safeguarding enquiry. Sharing information between organisations as part of the day-to-day safeguarding practice is already covered in common law duty of confidentiality, The Data Protection Act 2018, the General Data Protection Regulation (GDPR), the Human Rights Act and the Crime and Disorder Act. The Mental Capacity Act is also relevant, as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information.

Help & Care needs to share safeguarding information with the right people at the right time in order to:

- Prevent death or serious harm.
- Coordinate effective and efficient responses.
- Enable early intervention to prevent the escalation of risk.
- Prevent harm and abuse that may increase the need for care and support.
- Maintain and improve good practice in adult safeguarding.
- Reveal patterns of abuse that were previously undetected and could identify others at risk of abuse.
- Identify low-level concerns that may reveal people at risk of abuse.
- Help people to access the right kind of support to reduce risk and promote wellbeing.
- Help identify people who may pose a risk to others.
- Reduce organisational risk and protect reputation.

An individual employee or volunteer cannot give a personal assurance of confidentiality.

All employees and volunteers must ensure that when they share information they do so in a way that is compliant with the GDPR. All employees and volunteers who 'handle' personal data must ensure they have undertaken and completed the mandatory Data Protection and Data Security training. The following points are a guide and should be considered alongside

Appendix A – Responding to a safeguarding concern:

- The GDPR and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
- When sharing or requesting personal information from someone, employees and volunteers must be certain of the basis upon which they are doing so and should always take advice from Help & Care's Data Protection Officer if unsure.
- Employees and volunteers must be open and honest with the individual from the outset about why, what and with whom information will be, or could be shared, and seek their agreement. Even when sharing without consent, employees and volunteers should tell the individuals when information is being shared unless it is unsafe or inappropriate to do so.
- Where consent is obtained, employees and volunteers must be mindful that an individual would have the expectation that only relevant information would be shared.
- Employees and volunteers should base their information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
- Information sharing should always be necessary, proportionate, relevant, adequate, accurate, timely and secure: Employees and volunteers must ensure that the information shared is necessary for the purpose for which they are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared and retained securely.
- Employees and volunteers must always keep a record of their decisions and the reasons for them – whether it is to share the information or not. If a decision is made to share, then record via the Safeguarding Portal what you have shared, with whom and for what purpose.

12. Record Keeping

Good recording keeping is an essential part of the accountability of Help & Care to those who use our services. Maintaining proper records is vital to an individual's care and safety. If records are inaccurate, future decisions may be flawed, and harm may be caused to the individual. Where an allegation of abuse is made or observed, Help & Care has 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 and what decisions have been made and why.

As soon as possible on the same day as the concern being disclosed, make a confidential, chronological written record of what you have seen, been told about, or have concerns about. The written record will need to include:

- The date and time of the disclosure, or where you were told about or witnessed the abuse or harm include any dates and times the person tells you the abuse or harm happened.
- Who was involved, any other witnesses.
- Exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told.
- The views and wishes of the person.
- The appearance and behaviour of the adult and/or the person making the disclosure.
- Any injuries observed.
- Any actions and decisions taken at this point.
- Any other relevant information.

Remember: Wherever possible seek the person's consent to raise the safeguarding concern. Where the person raises objections and there are significant risks, or if other adults or children could be at risk, it may be necessary to override their expressed wish not to consent. The legitimate grounds for such a decision being reached must be recorded – include as much detail as possible. Please refer to **Appendix A – Responding to a safeguarding concern**.

13. Possible response by Adult Social Care

When responding to a safeguarding concern being raised, the aim must always be that the right outcome is achieved for the individual concerned. If risk of harm is significant and/or immediate, adults at risk must be protected straight away.

Section 42 of the Care Act 2014 is the legislation under Local Authorities operate when a safeguarding concern is raised. It ensures support to keep people safe who may be at risk of or experiencing abuse or neglect.

13.1 Section 42 Enquiries

The S42 (1) criteria state that where there is *reasonable cause to suspect*:

- (a) the adult has needs for care and support (whether the authority is meeting any of those needs)

and

- (b) the adult is experiencing, or is at risk of, abuse or neglect **and**
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or is the risk of it.

Then, where **ALL** the S42(1) criteria are met, the enquiry and decision on what action to take (including no action) will follow under the duty to make enquiries described in S42(2) and should be reported as a Section 42 Enquiry.

Information gathering by the Local Authority is done under the duty described in S42(1). The S42 (2) safeguarding enquiry is triggered when the S42(1) criteria are met.

The Local Authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom'. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action.

14. Safeguarding Adults Training

Safeguarding is everyone's business, and it starts with Help & Care employees and volunteers. Safeguarding Adults training is mandatory for all employees and volunteers working in services and/or have regularly contact with clients, their families or members of the public.

Help & Care's Statutory and Mandatory Training Framework has been mapped to the National Competency Framework for Safeguarding Adults (3rd edition) and the intercollegiate document: The Adult Safeguarding Roles and Competencies for Health Care Staff (2018) provides a point of reference to help identify and develop the knowledge, skills and competencies in safeguarding in the health and social care workforce.

Help & Care's statutory and mandatory training framework sets out the expected and required levels of training for all Help & Care employees and volunteers.

Help & Care will ensure that a sufficient number of internal training events are provided and that access to e-learning and external training events is available to all employees and volunteers as appropriate.

It is the responsibility of individual employees and volunteers and their Line Manager to ensure that training is accessed and updated in line with their

personal development plans and training framework in line with their role/position. This will be monitored through Breathe HR.

15. Support for Employees and Volunteers

It is recognised that employees and volunteers may find it difficult or stressful when identifying and reporting safeguarding concerns or being involved in any capacity in a safeguarding adult case. Help & Care must consider the potential for distress to employees and volunteers involved and be prepared to provide support and/or supervision for an individual or team.

Support for employees and volunteer reporting or working with any incident of abuse against adults can be offered from their Line Manager, the Safeguarding Lead, Human Resources Team and services available through Simply Health.

Help & Care can provide safeguarding advice and/or safeguarding supervision on a 1:1 or group/team basis on request.

Employees and volunteers who are subject of an allegation of abuse will also receive support as set out in section 10.

16. Recruitment & Selection

Help & Care ensures that a robust recruitment process is in place for all new employees and volunteers. This involves a Disclosure and Barring Service check and up take of references prior to appointment. Please refer to Recruitment and Selection Policy or contact hrsupport@helpandcare.org.uk.

Help & Care is required to report any concerns regarding the suitability of employees and volunteers who work with adults and children to the Disclosure and Barring Service.

17. Adverse events relating to Safeguarding Adults

When a safeguarding concern is raised about Help & Care or an employee or volunteer at Help & Care, safeguarding adult's procedures are to be followed in the first instance in conjunction with the Adverse & Serious Incident Policy, which includes reporting via the Serious Incident Portal.

18. Monitoring compliance and effectiveness

Help & Care's Governance and Oversight Group will monitor this policy on behalf of Help & Care to ensure the effectiveness of the organisation's duties and responsibilities.

Standard/Process	Monitoring and Audit			
	Method	By	Frequency	Group
Safeguarding Concern Record Audit	All completed safeguarding records to ensure forms have been completed correctly	Head of Governance	Monthly	Governance & Oversight
Mandatory Training Compliance	Safeguarding – Dashboard to meet framework targets	Human Resources Team	Monthly	Governance & Oversight
Learning from Serious Incidents	Audit safeguarding training and training plans to ensure recommendations are included; Serious Incident Dash Board	Governance Team	Annual Audit Programme	Board of Trustees Leadership Team
Safeguarding Activity	Safeguarding Portal	Governance Team	Monthly	Governance and Oversight
Quality Assurance	Data collection and analysis: Audit of Safe Recruitment Practices; Complaints; Disciplinary proceedings; Whistleblowing; Self-audit tools	Governance Team	Annual	Board of Trustees Leadership Team

19. Review, Dissemination and Implementation

- 19.1 Employees and volunteers will be made aware of this policy by a variety of routes including induction, their Line Managers, internal news, training etc.

- 19.2 Implementation of the policy will be the responsibility of all employees and volunteers, with particular responsibility for Line Managers as documented in relevant sections. All new employees and volunteers are to complete relevant training within the time scale as stated within the Statutory and Mandatory Framework.
- 19.3 The Safeguarding Adults Policy will be reviewed every three years from ratification, and in accordance with the following on an as and when required basis:
- Legislative changes
 - Good practice guidance
 - Significant Serious Incidents reported
 - Changes to organisation infrastructure

20. Equality Impact Assessment

This document has been assessed for equality impact using Help & Care's approved tool.

The manner in which this policy impacts upon equality and diversity will be monitored throughout the life of the policy and re-assessed as appropriate when the policy is reviewed.

21. Associated Documents

This policy should be read in conjunction with the following policies:

- Confidentiality and Record Management policy
- Code of Conduct
- Data Protection policy
- Disciplinary and Grievance policy
- Equality, Diversity and Inclusion policy
- Mental Capacity Act policy
- Recruitment and Selection policy
- Safeguarding Children policy
- Volunteer Handbook
- Whistleblowing policy

22. Appendices

- Appendix A - Responding to a Safeguarding Concern
- Appendix B - Abuse types and indicators
- Appendix C - Summary of definitions

Version Control Summary

Date	Version	Status	Major Change
November 2025	3.1	Approved March 26	New link included in Section 2.4
November 2025	3.1	Approved March 26	Section 5.4 inclusion of quarterly reporting to Board of Trustees
November 2025	3.1	Approved March 26	Section 7.2 updated to include examples of an adult at risk
November 2025	3.1	Approved March 26	Section 7.3 further information added to categories
November 2025	3.1	Approved March 26	Section 9.1 Updated to highlight immediate action to take is someone is at immediate risk of harm
November 2025	3.1	Approved March 26	Section 9.2 removal of Counties reference
November 2025	3.1	Approved March 26	Sections 9.2; 9.3.10 CRM has replaced portal
November 2025	3.1	Approved March 26	Section 10 updated to include information if deemed necessary to investigate by Local Authority action Help & Care will take.
December 2025	3.2	Approved March 26	New link included in Section 6.2 – Statutory guidance updated in 2025.
December 2025	3.2	Approved March 26	Section 6.3 key principles of Mental Capacity Act outlined
December 2025	3.2	Approved March 26	Section 7.5 Revised layout to places abuse may occur
December 2025	3.2	Approved March 26	Section 9.3. update to reiterate required record keeping