



Liberata



Safeguarding Adults Policy

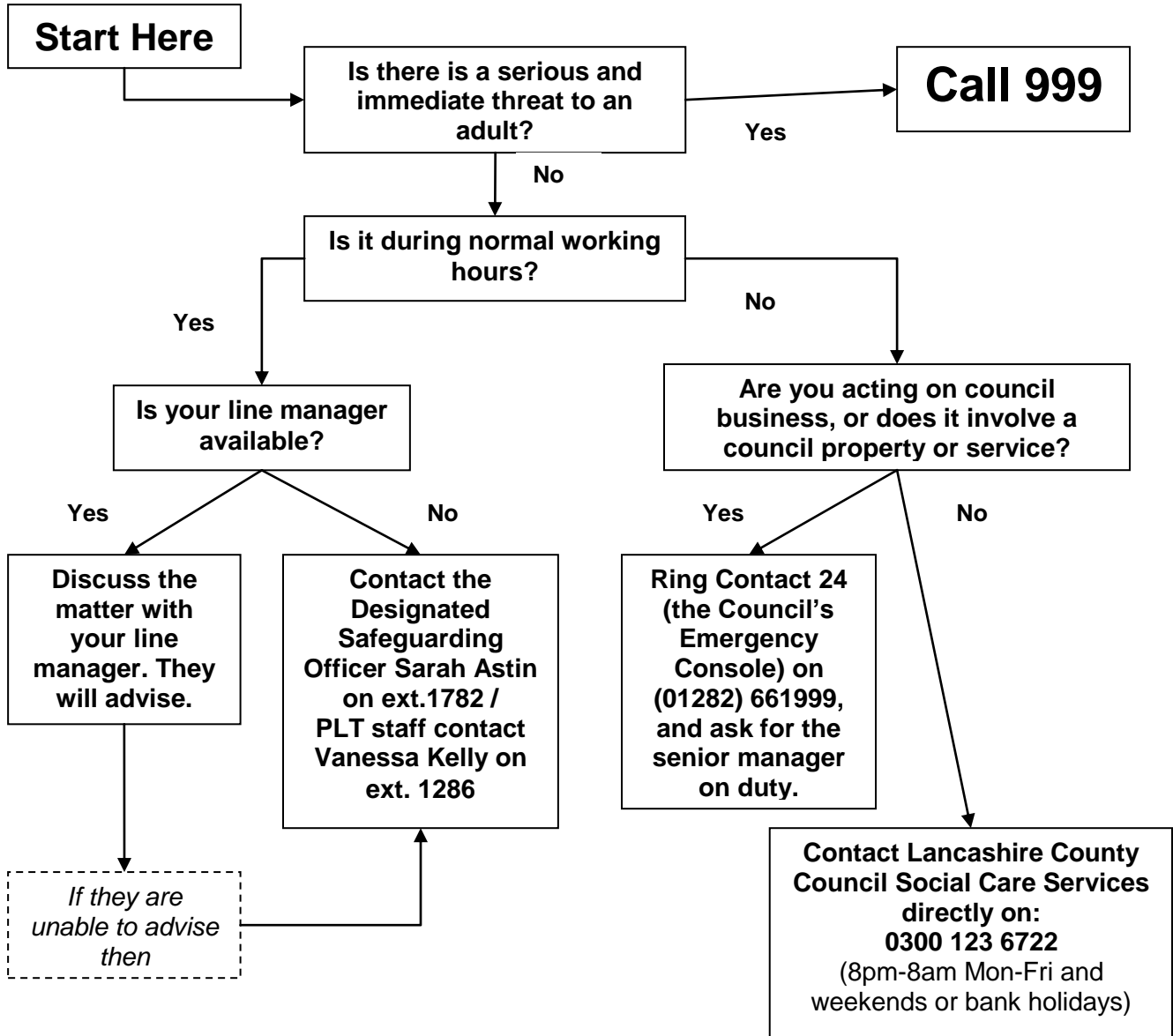
Important!

If you're worried about an adult please use the flowchart on page 3 to decide the correct course of action

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Date	19.01.16
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Taking Action

If an incident occurs or you have concerns please follow the flowchart below to understand what to do:



Safeguarding Adults Policy

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1. Policy Statement

Pendle Council is committed to safeguarding and promoting the welfare of adults and to delivering services that promote good practice. The welfare of the adult is paramount and is always the primary concern of the Council who recognise the need to ensure the welfare of adults whatever their age, gender, sexual orientation, race, religion or belief, gender reassignment, disability, culture or circumstance.

The Council is committed to the following principles and actions:

- The Council will ensure that a protective safeguarding culture is in place and is actively promoted within the Council and will work together with other agencies to safeguard adults.
 - The Council will implement procedures to safeguard vulnerable adults and take all reasonable steps to protect them from harm, discrimination and to respect their rights, wishes and feelings.
 - All employees have a responsibility to report concerns of suspected abuse or poor practice, following the procedure outlined here.
 - Council employees are expected to work in an open and transparent way avoiding any conduct that may cause a reasonable person to question their motives and intentions.
 - The Council will promote good practice that encourages a safe environment, protects all parties and avoids mistaken allegations of abuse.
 - The Council will take all incidents of poor practice and allegations or suspicions of abuse seriously and these will be responded to swiftly and appropriately.
 - The Council will respond promptly to suspicions or allegations involving employees and appropriate disciplinary and appeals procedures will be implemented.
 - Confidentiality shall be upheld in line with current data protection and human rights
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2. Introduction

The Care Act 2014 became law on the 14th May 2014. The Act creates a single law for adult care and support, replacing more than a dozen different pieces of legislation.

The Act introduces new duties and requirements of local authorities in a number of areas, including Safeguarding Adults.

The Safeguarding duties apply to an adult 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.

The adult experiencing, or at risk of abuse or neglect, will hereafter be referred to as the Adult, replacing any previous terms such as Adult at Risk or Vulnerable Adult.

The Care Act 2014 identifies a number of different types and patterns of **Abuse** and **Neglect** and the circumstances in which they may take place.

It is important to note that professionals should not limit their view on what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual must always be considered.

Incidents of abuse may be one-off or multiple, and affect one person or more.

Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the Care Quality Commission, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems and of what the Care Act now describes as organisational abuse (See Section 3.8, Organisational Abuse (previously known as Institutional Abuse)). In order to see these patterns it is important that information is recorded and appropriately shared.

2.1 Patterns of Abuse

Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- **Serial abuse** in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- **Long-term abuse** in the context of an on-going family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- **Opportunistic abuse** such as theft occurring because money or jewellery has been left lying around.

2.2 Who abuses and neglects adults?

Anyone can abuse or neglect adults including:

- Spouses/partners;
- Other family members;
- Neighbours;

- Friends;
- Acquaintances;
- Local residents;
- People who deliberately exploit adults they perceive as vulnerable to abuse;
- Paid staff or professionals; and
- Volunteers and strangers.

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or lives with others.

While a lot of attention is paid, for example to targeted fraud or internet scams perpetrated by complete strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

3. Abuse

3.1. Physical Abuse

Physical Abuse is the non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment.

Examples of physical abuse include:

- Assault;
- Hitting;
- Slapping;
- Pushing;
- Kicking;
- Pinching;
- Shaking;
- Scalding.

Physical abuse can also include:

- Misuse of medication;
- Prolonged exposure to heat or cold;

- Force feeding;
- Not giving/withholding adequate food or drink.

Potential indicators of physical abuse include:

- Unexplained or inappropriately explained injuries;
- Person exhibiting untypical self-harm;
- 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;
- Person flinches at physical contact;
- Person appears frightened or subdued in the presence of particular people;
- Person asks not to be hurt;
- Sudden weight loss or weight gain;
- Person may repeat what the alleged abuser has said (e.g. 'Shut up or I'll hit you');
- Reluctance to undress or uncover parts of the body.

3.2. Domestic Violence and Abuse

See also: **Adult Safeguarding and Domestic Abuse: A Guide to Support Practitioners and Managers (LGA and ADASS)**
(http://www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180).

Domestic Violence and Abuse, Home Office (<https://www.gov.uk/domestic-violence-and-abuse>)

With effect from March 2013, the official Government definition of domestic violence and abuse is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- *Psychological;*
- *Physical;*
- *Sexual;*
- *Financial;*
- *Emotional.*

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.”

This definition includes honour based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

The majority of domestic abuse is committed by men towards women. It can also involve men being abused by their female partners, abuse in same sex relationships, and by young people towards other family members, as well as the abuse of older people in families. Domestic abuse occurs irrespective of social class, racial, ethnic, cultural, religious or sexual relationships or identity.

No one agency can address all the needs of people affected by, or perpetrating, domestic violence and abuse. For intervention to be effective agencies and partner organisations need to work together, and be prepared to take on the challenges that domestic violence and abuse creates.

See the Pendle Council Reporting Domestic Abuse procedure at Appendix 1 (also included in Appendix 4 of the Family Support and Safeguarding Children Policy).

3.3. Sexual Abuse

Sexual abuse is the direct or indirect involvement in sexual activity without **Consent**. This could also be the inability to consent, pressure or induced to consent or take part. Sexual abuse includes rape, indecent assault, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts to which the adult has not consented or was pressured into consenting.

This also includes the involvement of an adult in sexual activity or relationships, which they cannot understand, or have been coerced into because the other person is in a position of trust, power or authority (e.g. day centre worker, residential worker/health worker etc.)

Denial of a sexual life to consenting adults is also considered abusive practice.

Potential Indicators of sexual abuse include:

- Person has urinary tract infections, vaginal infections or sexually transmitted infections that are not otherwise explained;
- Person appears unusually subdued, withdrawn or has poor concentration;
- Person exhibits significant changes in sexual behaviour or outlook;
- Person experiences pain, itching or bleeding in the genital/anal area;
- Person's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

3.4. Psychological / Emotional Abuse

Psychological abuse (sometimes called Emotional Abuse) is behaviour that has a harmful effect on the adult's emotional health, well-being and development. It 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.

Examples of Psychological Abuse include:

- Threats of harm or abandonment;
- Deprivation of contact;
- Humiliation or blaming;
- Controlling;
- Intimidation;
- Cyber bullying;
- Coercion;
- Indifference;
- Harassment;
- Verbal abuse (including shouting or swearing); and
- Isolation or withdrawal from services or support networks.

Potential indicators of psychological abuse include:

- Untypical ambivalence, deference, passivity, resignation;
- Person appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Person exhibits low self-esteem;
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Person is not allowed visitors/phone calls;
- Person is locked in a room/in their home;
- Person is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Person's access to personal hygiene and toilet is restricted;
- Person's movement is restricted by use of furniture or other equipment;
- Bullying via social networking internet sites and persistent texting.

3.5. Financial or Material Abuse

Financial abuse is the main form of abuse by the Office of the Public Guardian both amongst adults and children at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Whilst this is not always the case, staff and volunteers need to be aware of and vigilant to this.

Examples of Financial/Material Abuse include:

- Fraud;
- Exploitation;
- Pressure in connection with wills, property or inheritance or financial transactions; or
- The misuse or misappropriation of property, possessions or benefits.

It also includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

Staff borrowing money or objects from a service user is also considered financial abuse.

Potential indicators of financial/material abuse include:

- Lack of heating, clothing or food;

- Inability to pay bills/unexplained shortage of money;
- Change in living conditions
- Unexplained withdrawals from accounts;
 - Unexplained loss/misplacement of financial documents;
 - The recent addition of authorised signers on a client or donor's signature card;
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the person lacks the Capacity to make this decision;
- Sudden or unexpected changes in a will or deeds/title of house or other financial documents;
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money;
- Service user not in control of their direct payment or individualised budget;
- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal money-lending.

Financial abuse has the potential to significantly threaten an adult's health and well being.

Most financial abuse is also capable of amounting to theft or fraud and so would be a matter for the police to investigate. It may also require attention and collaboration from a wider group of organisations, including shops and financial institutions such as banks.

Where the abuse is by someone who has the authority to manage an adult's money, the relevant body should be informed, for example, the Office of the Public Guardian for deputies and **Department for Work and Pensions (DWP)** in relation to appointees.

If there are concerns that a DWP appointee is acting incorrectly, the DWP should be contacted immediately. In addition to a name and address the DWP can act more quickly if it also has a National Insurance number. If the DWP know that the person is also known to the local authority then they should also inform them.

3.5.1 Undue Influence

The concept of 'undue influence' applies where a person has capacity to conduct a financial or property transaction (usually related to gifts or wills), but they have been not just influenced, but unduly influenced by someone else. If there is evidence of coercion or undue pressure, this is known as 'express undue influence'. Usually there is no such evidence, but there may have been 'presumed undue influence.'

There are three initial points in relation to undue influence:

- a) The unduly influenced person has mental **Capacity** to take the decision in question;

- b) The person is influenced to enter into a transaction concerning a gift or will, in such a way that it is not of his or her own free will;
- c) There are two legal types of undue influence. One is called 'express' undue influence that applies to both gifts and wills; the other is called 'presumed' undue influence and applies to gifts only' Consent should not therefore always be accepted at face value, since some adults may need protection from emotional manipulation and exploitation.

In addition to undue influence, the courts can simply set aside gifts or wills on the grounds that the person lacked capacity at the relevant time.

3.6. Modern Slavery/ Human Trafficking

See also **Modern Day Slavery: The Hidden Agenda**
(<http://www.humantraffickingfoundation.org/sites/default/files/Booklet.pdf>)

Modern Slavery: How the UK is leading the fight, Home Office
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/328096/Modern_slavery_booklet_v12_WEB__2_.pdf)

Human Trafficking, Best Practice Guide, National Crime Agency
(<http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/best-practice-guide>)

Modern Slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Human trafficking is the movement of a person from one place to another, using methods of deception, coercion, the abuse of power or of someone's vulnerability and for the purposes of exploitation. It is possible to be a victim of trafficking even if their consent has been given to being moved. Human trafficking may occur across international borders or take place within one country.

According to the National Crime agency, there are three main elements:

1. The movement: recruitment, transportation, transfer, harbouring or receipt of people;
2. The control: threat, use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or the giving of payments or benefits to a person in control of the victim;
3. The purpose: exploitation of a person, which includes prostitution and other sexual exploitation, forced labour, slavery or similar practices, and the removal of organs.

3.7. Discriminatory Abuse

The principles of Discriminatory Abuse are embodied in legislation including the following:

Race Relations Act 1976 (Amendments) Regulations 2003
(<http://www.legislation.gov.uk/ukdsi/2003/0110461835/contents>)

Disability Discrimination Act 1995 (<http://www.legislation.gov.uk/ukpga/1995/50/contents>)

Human Rights Act 1998 (<http://www.legislation.gov.uk/ukpga/1998/42/data.pdf>)

This type of Abuse is motivated by discriminatory and oppressive attitudes towards people on the grounds of disability, gender and gender identity and reassignment, age, race, religion or belief, sexual orientation, and political beliefs.

It may be a feature of any form of abuse and manifests itself as physical abuse/assault, sexual abuse/assault, financial abuse/theft, neglect and psychological abuse/harassment. It includes verbal abuse and racist, sexist, homophobic or ageist comments, or jokes or any other form of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support.

Examples of Discriminatory Abuse include:

- Unequal treatment;
- Verbal abuse;
- Inappropriate use of language;
- Slurs;
- Harassment;
- Deliberate exclusion
- Anti-social behaviour - hate incidents and hate crime, see **Anti-social Behaviour Act 2003** (<http://www.legislation.gov.uk/ukpga/2003/38/contents>) and, **Other Forms of Abuse Procedure, Hate Crime.**

Potential indicators of Discriminatory Abuse include:

- A person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices;
- A person making complaints about the service not meeting their needs;
- Lack of respect shown to an individual;
- Signs of a sub-standard service offered to an individual;

- Repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status;
- Failure to follow the agreed care plans can result in the adult being placed at risk.

3.8. Organisational Abuse (previously known as Institutional Abuse)

Organisational Abuse includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment.

It may be a result of regimes, routines, practices and behaviours that occur in services that adults live in or use and which violate their human rights. This may be part of the culture of a service to which staff are accustomed and may pass by unremarked upon. They may be subtle, small and apparently insignificant, yet together may amount to a service culture that denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of individuals.

Organisational Abuse is most likely to occur when staff:

- Receive little support from management;
- Are inadequately trained;
- Are poorly supervised and poorly supported in their work;
- Receive inadequate guidance.

The risk of abuse is also greater in services:

- With poor management;
- With too few staff;
- Which use rigid routines and inflexible practices;
- Which do not use a person-centred approach;
- Where there is a closed culture;
- Where there are inadequate quality assurance and monitoring systems in place.

Potential indicators of Organisational Abuse include:

- Unnecessary or inappropriate rules and regulations;
- Lack of stimulation or the development of individual interests;

- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership;
- Restriction of external contacts or opportunities to socialise;
- Staff attitudes, where staff may view clients negatively, treating them like children, not involving them in making choices as they seem too confused or disabled. Staff may think that if clients do not appear to understand then they can talk in front of them as if they are not there.

3.9. Neglect and Acts of Omission

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult to provide the amount and type of care that a reasonable person would be expected to provide.

Behaviours that can lead to neglect include:

- Ignoring medical, emotional or physical care needs;
- Failure to provide access to appropriate health, care and support, or educational services;
- The withholding of the necessities of life, such as medication, adequate nutrition and heating (this may also constitute physical abuse if the person's physical health is adversely affected).

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Repeated instances of poor care may be an indication of more serious problems.

Neglect can be intentional or unintentional.

Potential indicators of Neglect and Acts of Omission include:

- Person has inadequate heating and/or lighting;
- Person's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Person is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Person cannot access appropriate medication or medical care;
- Person is not afforded appropriate privacy or dignity;
- Person and/or a carer has inconsistent or reluctant contact with health and/or care and support services;
- Callers/visitors are refused access to the person;

- Person is exposed to unacceptable risk.

4. Self-Neglect

This covers a wide range of behaviours including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Safeguarding partnerships can be a positive means of addressing issues of self-neglect. The Safeguarding Adults Board is a multi-agency group that is the appropriate forum where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly. Recent research has identified ways of working that can have positive outcomes for those who self neglect. See: **A Scoping Study of Workforce Development for Self-Neglect Work, Skills for Care, October 2013** (<http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/Self-Neglect-Final-Report-301013-FINAL.pdf>).

Below is a case study taken from the **Department of Health Guidance: Care and Support Statutory Guidance, October 2014** (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf) which demonstrates how agencies can work together, using a sensitive and caring approach to address the issue of hoarding:

5. Spotting Signs of Abuse and Neglect

Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards; leisure services, faith groups, and housing. GPs, in particular, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected. The role of the public and the community should not be dismissed in that they also can play a part in identifying concerns. (See Case Study below).

Findings from Serious Case Reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

The following case study, taken from The Department of Health Guidance: **Care and Support Statutory Guidance** (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf) issued under the Care Act 2014, October 2014 illustrates the important role that the community (in this case a neighbour) plays in identifying when an adult is at risk.

Mr A is in his 40s, and lives in a housing association flat with little family contact. His mental health is relatively stable after a previous period of hospitalisation, and he has visits from a mental health support worker.

He rarely goes out, but he lets people into his accommodation because of his loneliness. The police were alerted by Mr A's neighbours to several domestic disturbances. His accommodation had been targeted by a number of local people and he had become subjected to verbal, financial

and sometime physical abuse. Although Mr A initially insisted they were his friends, he did indicate he was frightened; he attended a case conference with representatives from adult social care, mental health services and the police, from which emerged a plan to strengthen his own self-protective ability as well as to deal with the present abuse.

Mr A has made different arrangements for managing his money so that he does not accumulate large sums at home. A community-based visiting service has been engaged to keep him company through visits to his home, and with time his support worker aims to help get involved in social activities that will bring more positive contacts to allay the loneliness that Mr A sees as his main challenge.

Anyone can witness or become aware of information suggesting that abuse and neglect is occurring. The matter may, for example, be raised by a worried neighbour (see above case study), a concerned bank cashier, a GP, a welfare benefits officer, a housing support worker or a nurse on a ward.

Primary care staff may be particularly well placed to spot abuse and neglect, as in many cases they may be the only professionals with whom the adult has contact. The adult may say or do things that hint that all is not well. It may come in the form of a complaint, a call for a police response, an expression of concern, or come to light during a needs assessment.

Regardless of how the safeguarding concern is identified, everyone should understand what to do, and where to go locally to get help and advice. It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect themselves. This will include:

- Knowing about different types of abuse and neglect and their signs;
- Supporting adults to keep safe;
- Knowing who to tell about suspected abuse or neglect; and
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

Awareness campaigns for the general public and multi-agency training for all staff will contribute to achieving these objectives.

6. Reporting and Responding to Abuse and Neglect

It is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals.

The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response. For example, it is important to recognise that abuse or neglect may be unintentional and may arise because a carer is struggling to care for another person. This makes the need to take action no less important, but in such circumstances, an appropriate response could be a support package for the carer and monitoring. However, the primary focus must still be how to safeguard the adult. In other circumstances where the safeguarding concerns arise from abuse or neglect deliberately intended to

cause harm, then it would not only be necessary to immediately consider what steps are needed to protect the adult but also whether to refer the matter to the police to consider whether a criminal investigation would be required or appropriate.

The nature and timing of the intervention and who is best placed to lead will be, in part, determined by the circumstances. For example, where there is poor, neglectful care or practice, resulting in pressure sores for example, then an employer-led disciplinary response may be more appropriate; but this situation will need additional responses such as clinical intervention to improve the care given immediately and a clinical audit of practice. Commissioning or regulatory enforcement action may also be appropriate.

Early sharing of information is the key to providing an effective response where there are emerging concerns. No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed.

7. What to do if you're worried about an adult

Staff and Members should follow the procedure on the back of this document, dependent on the situation.

- **Where there is a serious and immediate threat:** call 999
- **During office hours:** If an incident occurs or you have concerns you should contact your line manager. If they aren't available contact the council's Designated Safeguarding Officer, Sarah Astin, on ext. 1782 or Wayne Forrest, Deputy Designated Safeguarding Officer on ext. 1044.
- **Outside office hours:** If an incident occurs or you have concerns you should contact the council's emergency console on **(01282) 661999** (*For out-of-hours use only*)
- **Outside of work:** if someone has concerns they can contact Lancashire County Council Social Care Services directly
 - 8am – 8pm Monday to Friday: 0300 123 6720
 - 8pm – 8am Monday to Friday and anytime weekends and bank holidays: 0300 123 6722

How to record your concerns

If you are made aware of any instance of abuse, or have any concerns about it, it is important to note down the details in writing as soon as possible. This ensures the Council and Leisure Trust can maintain a full corporate record of all safeguarding issues encountered by staff, which will allow us to take action to reduce them in future.

Please then forward this form to Sarah Astin – sarah.astin@pendle.gov.uk
Records will be kept for an appropriate amount of time to comply with legislation.

8. Contacts and Communications

Internal

Designated Safeguarding Officer

Sarah Astin, Principal Policy Officer
(Sarah.Astin@pendle.gov.uk / ext.1782)

Senior Manager with responsibility for Safeguarding

Philip Mousdale, Corporate Director
(Philip.mousdale@pendle.gov.uk / ext. 1634)

Deputy Designated Safeguarding Officer

Wayne Forrest, Housing Needs Manager
(Wayne.Forrest@pendle.gov.uk / ext.1044)

Pendle Leisure Trust Lead

Vanessa Kelly – Human Resources Executive Manager
(Vanessa.Kelly@pendleleisuretrust.co.uk / ext. 1286)

Liberata Lead / Human Resources and Staff Issues

Lesley Ritchie – Human Resources Manager
(LesleyRitchie@liberata.com / tel. 298800)

External

Lancashire County Council Social Care Services

For any child protection queries, the appropriate team can be accessed via the Lancashire Contact Centre:

- 8am – 8pm Monday to Friday: local number 0300 123 6720
- 8pm – 8am Monday to Friday and anytime weekends and bank holidays: 0300 123 6722

Lancashire Safeguarding Adults Board: for info on the countywide approach & resources available
http://www3.lancashire.gov.uk/corporate/web/?Safeguarding_adults_website/13624

- Lisa Lloyd, Advanced Practitioner, Active Intervention and Safeguarding
07795541141 / Lisa.Lloyd@lancashire.gov.uk

Pan-Lancashire and Cumbria Adults Safeguarding Boards Policy (which this policy is based on):
http://www3.lancashire.gov.uk/corporate/web/?Safeguarding_adults_website/13624

Related Guidance

The Care Act 2014 (<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>)

Care and Support Statutory Guidance, DH, October 2014

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_2390277_7_Care_Act_Book.pdf)