



Tudor Medical
Matters

**Safeguarding Policy:
Vulnerable Adults**

**To be reviewed:
November 2019**

Introduction: Vulnerable Adults

Safeguarding:

Safeguarding also encompasses the protection of a vulnerable adult's rights to live in safety, free from abuse and neglect. **A vulnerable adult is a person aged over 18 years who is, or may need, community services because of their mental health, age, other disabilities or illnesses.** This definition also includes those who are unable to take care of themselves, those who cannot protect themselves against serious harm or being taken advantage of, or those with learning disabilities who live independently (without services). Any individual who commits abuse towards another may be very well known to the individual and could include a paid carer or volunteer, health worker, social care worker, relative, friend, neighbour, another resident or service user or people who deliberately exploit vulnerable people.

This policy is based on **The Six Principles of Safeguarding** that underpin all adult safeguarding work:

- 1) Empowerment** - adults are encouraged to make their own decisions and are provided with support and information. I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
- 2) Prevention** - strategies are developed to prevent abuse and neglect that promotes resilience and self-determination. I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
- 3) Proportionate** - a proportionate and least intrusive response is made balanced with the level of risk. I am confident that the professionals will work in my interest and only get involved as much as needed
- 4) Protection** - adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding. I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
- 5) Partnerships** - local solutions through services working together within their communities. I am confident that information will be appropriately shared in a way that considers its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
- 6) Accountable** - accountability and transparency in delivering a safeguarding response. I am clear about the roles and responsibilities of all those involved in the solution to the problem

The Care Act and guidance state that safeguarding:

- Is person led
- Engages the person all the way through the process and addresses their needs
- Is outcome-focused
- Is based upon a community approach from all partners and providers

Safeguarding has the highest priority across all organisations. There is a shared value of placing safeguarding within the highest of corporate priorities. Values include:

- People can access support and protection to live independently and have control over their lives;
- Appropriate safeguarding options should be discussed with the adult at risk according to their wishes and preferences. They should take proper account of any additional factors associated with the individual's disability, age, gender, sexual orientation, 'race', religion, culture or lifestyle;
- The adult at risk should be the primary focus of decision making, determining what safeguards they want in place and provided with options so that they maintain choice and control;
- All action should begin with the assumption that the adult at risk is best- placed to judge their own situation and knows best the outcomes, goals and wellbeing they want to achieve;
- The persons views, wishes, feelings and beliefs should be paramount and are critical to a personalised way of working with them;
- There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, to make decisions about their safety, decision making will be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice;
- Adults at risk will have access to supported decision making to achieve their desired outcomes involving their representative/advocate where appropriate
- Adults at risk should be given information, advice and support in a form that they can understand and be supported to be included in all forums that are making decisions about their lives. The maxim 'no decision about me without me' should govern all decision making;
- All decisions should be made with the adult at risk and promote their wellbeing and be reasonable, justified, proportionate and ethical;

- Timeliness should be determined by the personal circumstances of the adult at risk;
- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law and have full access to the criminal justice system when a crime has been committed.

Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

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;
- 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 adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult; and
- Address what has caused the abuse.

The term 'vulnerable adult applies to:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities
- Adults who manage their own care and support through personal or health budgets
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support
- Adults who fund their own care and support

Abuse

Abuse can occur when another person does something to an individual which makes them hurt, frightened or upset, and includes all bullying behaviours. **The signs of abuse are not always obvious.** A victim may be reluctant to share what they are experiencing in case the abuser finds out or the abuse gets worse, or if they think they won't be believed. Sometimes individuals won't realise that what is happening to them can be classed as abuse but can have long-term consequences on the health and wellbeing of the individual.

Types of abuse

Domestic abuse:

Includes any type of controlling, bullying, threatening or violent behaviour between people in an intimate relationship. Domestic abuse encompasses emotional, physical, sexual, financial or psychological abuse. Abuse can include (but not limited to) punching, cutting, hitting with an object, kicking, sexual abuse and rape, withholding money or preventing someone from earning money, not letting someone out of the house, reading emails, texts messages or letters or threatening to harm or kill them, a relative or pet.

Forced marriage:

Forced marriage is a form of domestic abuse and should be treated as such. Forced marriage affects people from many communities and cultures. Cases should be tackled using existing structures, policies and procedures designed to safeguard children, adults with support needs and victims of domestic abuse. Forced marriage cannot be justified on religious grounds, every major faith condemns it and freely given consent to marriage is a prerequisite of Christian, Jewish, Hindu, Muslim and Sikh marriages. 'Forced marriages' is an abuse of human rights. It can happen to both men and women although most cases involve young women and girls aged between 13 and 30. There is no "typical" victim of forced marriage. Some may be under 18 years old, some may be over 18 years old, some may have a disability, some may have young children and some may be spouses from overseas.

A clear distinction must be made between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether to accept the arrangements remains with the adult or young person. In forced marriage one or both spouses do not consent to the marriage and some element of duress is involved. In some cases people may be taken abroad without knowingly that they are to be married. When they arrive in the country their passports may be taken by their family to try and stop them from returning home.

Sexual abuse:

This can occur when an individual is forced or persuaded to take part in sexual activities which may happen physically, or even online. As with other types of abuse, victims may be afraid to speak out, not even realising that what they are experiencing is abuse.

Sexual abuse can be divided into two categories:

1) Contact abuse

(touching activities where an abuser makes physical contact with a victim, including penetration)

- . Sexual touching of any part of the body
- . Rape or penetration (putting an object or body part inside the mouth, vagina or anus)
- . Forcing or encouraging the victim to take part in sexual activity
- . Making the victim take their clothes off, touch someone else's genitals or masturbate.

2) Non-contact abuse

(non-touching activities, such as grooming, exploitation, persuading the victim to perform sexual acts over the internet and flashing)

- . Encouraging the victim to watch or hear sexual acts
- . Meeting following sexual grooming with the intent of abusing them
- . Online abuse including making, viewing or distributing abuse images
- . Allowing someone else to make, view or distribute abuse images
- . Sexually exploiting a vulnerable adult for money, power or status (exploitation)

Psychological/Emotional Abuse:

Emotional abuse is the ongoing emotional maltreatment of individual which can seriously damage emotional health. Signs of emotional abuse aren't always obvious. Emotional abuse can include threats to hurt or abandon the individual, preventing someone from seeing their friends, humiliating, blaming, controlling, intimidating or harassing the vulnerable individual or verbally abusing them. Abuse can also occur online through cyberbullying, or a perpetrator could unreasonably/unjustifiably withdraw the vulnerable individual from services or support networks.

Financial abuse:

A form of domestic violence through controlling a person's ability to acquire, use and maintain their own money and financial resources. Examples of financial abuse can include stealing money from another person, putting debts in a partner's name, stopping another person from going to work or preventing them from accessing their own (or joint) account, insisting benefits are in their name, or damaging possessions that will need to be replaced. Financial abuse can also occur when friends take advantage of another person, getting the other person to pay for everything all the time.

Neglect:

Neglect is the ongoing failure to meet an individual's basic needs, for instance leaving a child, young person or vulnerable adult hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. They may suffer other abuse as well. Neglect might include not being allowed to access medical care or a failure to provide medication, preventing the adult from having social life or having enough food or drink, or not being kept clean and comfortable. Neglect can include the individual not being treated as an equal and others not considering their feelings or dignity, and can involve a parent, relative, friend or carer.

Howarth (2007) describes the following types of neglect:

Physical neglect: failing to provide basic needs such as food, clothing, shelter or supervision to provide for the individual's safety

Educational neglect: failing to ensure an individual receives an education

Emotional neglect: failing to meet an individual's needs for nurture, stimulation and social interactions (ignoring, humiliating, isolating or intimidating them)

Medical neglect: failing to provide appropriate health care (including dental care, ignoring medical recommendations, withholding medications and refusing care)

Physical abuse:

Deliberately hurting another or causing injuries such as bruises, broken bones, burns or cuts. There isn't one sign or symptom to say that an individual is being abused, but either a pattern of injuries, or the explanation doesn't match the injury then this needs to be investigated.

Potential indicators:

Bruises

Commonly on forearm, upper arm, back of the leg, hands or feet, on the head, ear or soft areas such as the abdomen, back and buttocks. Bruises in the shape of a hand or object.

Burns or scalds

From hot liquids, hot objects, flames, chemicals or electricity which may be on the hands, back, shoulders or buttocks, lower limbs, both arms and/or both legs. Burns might be in the shape of a cigarette burn for example.

Bite marks

Usually oval or circular in shape, sometimes visible with indentations or bruising from individual teeth

Fractures or broken bones

To the ribs or leg bones in babies, or multiple fractures or breaks at different stages of healing.

Other injuries and health problems

Including scarring, effects of poisoning or respiratory problems from drowning, suffocation or poisoning.

Signs of a head injury

Swelling, bruising, fractures, being comatose, respiratory problems, seizures, vomiting or unusual symptoms such as irritability, poor feeding, being lethargic or unresponsive.

Organisational Abuse:

The mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

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.

Modern Slavery:

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

A person commits an offence if:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or
- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

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 placed on his/her freedom of movement; and
- Human Trafficking Contemporary slavery takes various forms and affects people of all ages, gender and races.

Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains.

Discriminatory abuse:

This type of abuse includes forms of harassment, slurs or unfair treatment relating to a person's:

- Race
- Gender
- Gender identity
- Age
- Disability
- Sexual orientation
- Religion

Patterns of abuse

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

Prevent

Prevent is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism. It seeks to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views;
- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support;
- Work with a wide range of sectors where there are risks of radicalisation which we need to address, including education, criminal justice, faith, charities, the internet and health.

Prevent addresses all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. Work is conducted with local authorities, a wide range of Government Departments, with community organisations and with many countries overseas. The police also play a significant role.

Channel (Lancashire only)

Channel is a multi-agency safeguarding programme run in every local authority in England and Wales. It works to support vulnerable people from being drawn into terrorism and provides a range of support such as mentoring, counselling, assistance with employment etc. Channel is about early intervention to protect vulnerable people from being drawn into committing terrorist-related activity and addresses all types of extremism.

- Participation in Channel is voluntary. It is up to an individual, to decide whether to take up the support it offers. Channel does not lead to a criminal record. In a few cases, an individual may move beyond being vulnerable to extremism to involvement or potential involvement in supporting or following extremist behaviour. Where this is identified as a potential risk, further investigation by the police will be required, prior to other assessments and interventions;

- Any member of staff who identifies such concerns, for example because of observed behaviour or reports of conversations to suggest an adult at risk supports terrorism and/or extremism, must report these concerns to the named or designated safeguarding professional in their organisation or agency, who will consider what further action is required;
- Staff should exercise professional judgement and common sense to identify whether an emergency situation applies; examples in relation to violent extremism are expected to be very rare but would apply when there is information that a violent act / life threatening act is imminent or where weapons or other materials may be in the possession of a young person, another member of their family or within the community or imminent to travel to a conflict zone. In this situation, a 999 call should be made
- **If you have any concerns about someone and would like more advice ring 101/999 if urgent, if not then email concern@lancashire.pnn.police.uk.** Any information, advice or concern will be handled with sensitivity and where possible anonymity will be maintained. Referrals can be made directly to the email inbox by any individual or organisation and will be dealt with discretion.

More information:

NHS England: <https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/abuse-and-neglect-vulnerable-adults/>

Lancashire County Council: <https://www.lancashire.gov.uk/lancashire-insight/health-and-care/social-care/safeguarding-adults/>

Lancashire Safeguarding Adults board:

<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults.aspx>

<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/resources/guidance-forsafeguarding-concerns.aspx>

Blackburn with Darwen:

<http://www.lsab.org.uk/policies/>

Considering Mental Capacity

Mental capacity is the ability to make your own decisions. Someone who lacks capacity, due to an illness or disability such as a mental health problem, substance or alcohol misuse, brain injury, dementia or a learning disability cannot do one or more of the following four things:

- 1) Understand information given to them about a decision
- 2) Retain that information for long enough to make a decision
- 3) Weigh up the information available to make the decision
- 4) Communicate their decision

To lose mental capacity can be temporary or permanent, for instance an individual with a mental health problem may lack capacity whilst they are unwell but are able to make decisions when they are well. Equally, an individual with dementia may lose their ability to make decisions as the dementia gets more advanced and severe.

The **Mental Capacity Act (MCA) (2005)** applies to decision making of all types in individuals over 16 years of age, including major decisions (about personal finance, social care, medical treatment) or everyday decisions (decisions on what to wear and what to eat). The act works on the principle that everyone is assumed to have capacity to make decisions for themselves if they are given enough information, support and time, and protects an individual's right to make decisions.

At Tudor Medical Matters, the MCA (2005) will be followed to empower people to make decisions for themselves wherever possible and to protect those who lack capacity. Staff at Tudor Medical Matters will follow these principles of the MCA (2005):

Principle 1: A presumption of capacity - do not assume that someone lacks capacity because they have a medical condition or disability.

Principle 2: Individuals being supported to make their own decisions - give individuals all practicable help before they are treated as unable to make their own decisions – if a lack of capacity is established, you must still involve the person as far as possible in the decision-making process.

Principle 3: Unwise decisions - people have the right to make decisions that others might regard as unwise or eccentric and you must not treat someone as lacking capacity for this reason.

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 options - someone acting on behalf of a person who lacks capacity (eg. a relative) should be helped to consider whether it is possible to decide/act in a way that would interfere less with the person's rights or freedom of action, or whether there is a need to decide or act at all. This might mean proving the relatives and individual time to think about their decision as a lack of mental capacity might only be temporary. Alternatively, it might mean offering several options to the relatives making decisions on behalf of the individual.

Purpose of this policy

Staff at Tudor Medical Matters may work or interact with **vulnerable adults** as part of their day-to-day activities, which includes GP services such as consultations, home visits, prescriptions etc.

This policy aims to protect **vulnerable adults** who receive care at Tudor Medical Matters. Tudor Medical Matters also wishes to provide relatives, carers, staff and volunteers with information and principles that guide our approach to safeguarding of vulnerable adults. This policy statement applies to anyone working on behalf of Tudor Medical Matters, encompassing both reception and clinical staff.

We believe that vulnerable adults should never experience abuse of any kind, and we have a responsibility to promote their welfare to keep them safe and to practise in a way that protects them.

At Tudor Medical Matters we recognise that:

- The welfare of vulnerable adults is paramount
- All vulnerable adults, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse
- Some adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership vulnerable adults, their families, carers and other agencies is essential in promoting their welfare.

Keeping our patients safe:

We will seek to keep vulnerable adults safe by:

- Valuing, listening to and respecting them
- Using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving vulnerable adults and their families and carers appropriately
- Using our procedures to manage any allegations against staff and volunteers appropriately
- To allocate a safeguarding lead (Dr Gary Tudor)
- Ensuring that we have effective complaints policy in place
- Ensuring that we provide a safe physical environment for our vulnerable adults and staff, by applying health and safety measures in accordance with the law and regulatory guidance
- Recording and storing information professionally and securely.

Staff responsibilities

Adult safeguarding

Tudor Medical Matters staff and associated personnel must not:

- Abuse or exploit at risk adults
- Subject an at-risk adult to physical, sexual, emotional or psychological abuse, or neglect

Protection from sexual exploitation and abuse

Tudor Medical Matters staff and associated personnel must not:

- Exchange money, employment, goods or services for sexual activity. This includes any exchange of assistance that is due to beneficiaries of assistance
- Engage in any sexual relationships with beneficiaries of assistance, since they are based on inherently unequal power dynamics

Additionally, Tudor Medical Matters staff and associated personnel are obliged to:

- Contribute to creating and maintaining an environment that prevents safeguarding violations and promotes the implementation of the Safeguarding Policy
- Report any concerns or suspicions regarding safeguarding violations by a Tudor Medical Matters staff member or associated personnel to the appropriate staff member

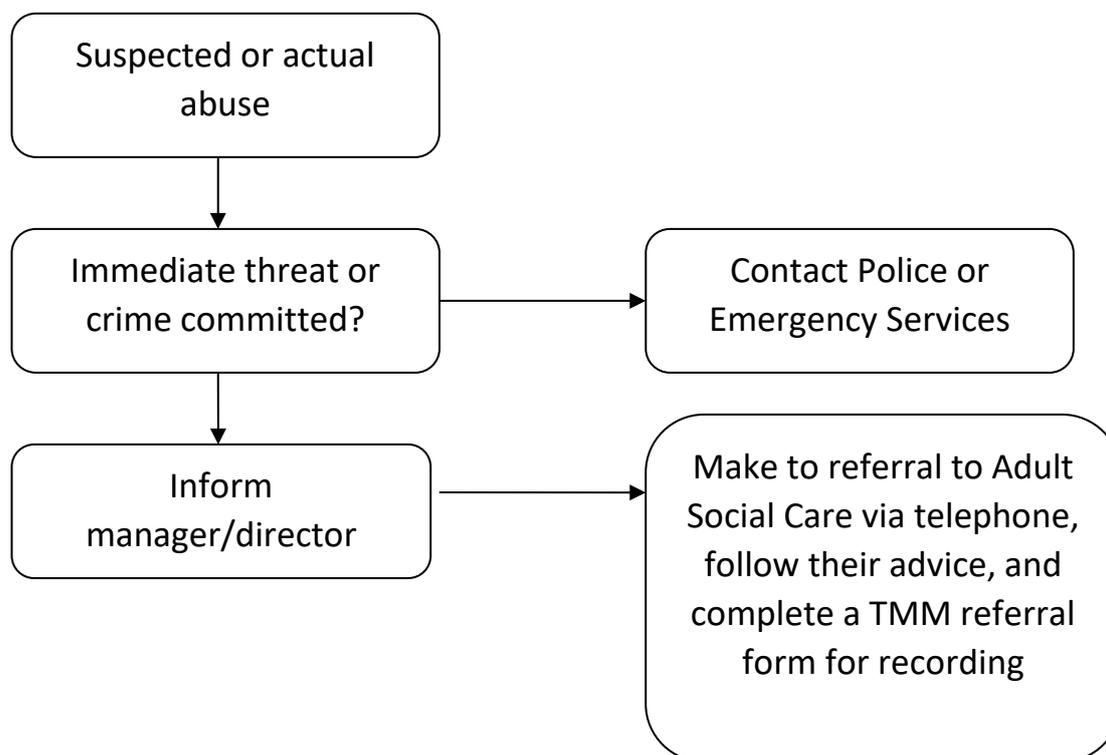
Raising concerns:

Safeguarding adults from abuse and neglect is everyone’s responsibility and it is important that professionals (and the public) are aware that it is their responsibility to raise a concern/alert if they identify abuse and how to do this. If you have concerns that an incident has occurred, it should be reported to your local authority for consideration under safeguarding procedures. Emergency services must be contacted if medical attention is required, the alleged abuser is a threat to others or a crime is suspected. This is in addition to raising a concern.

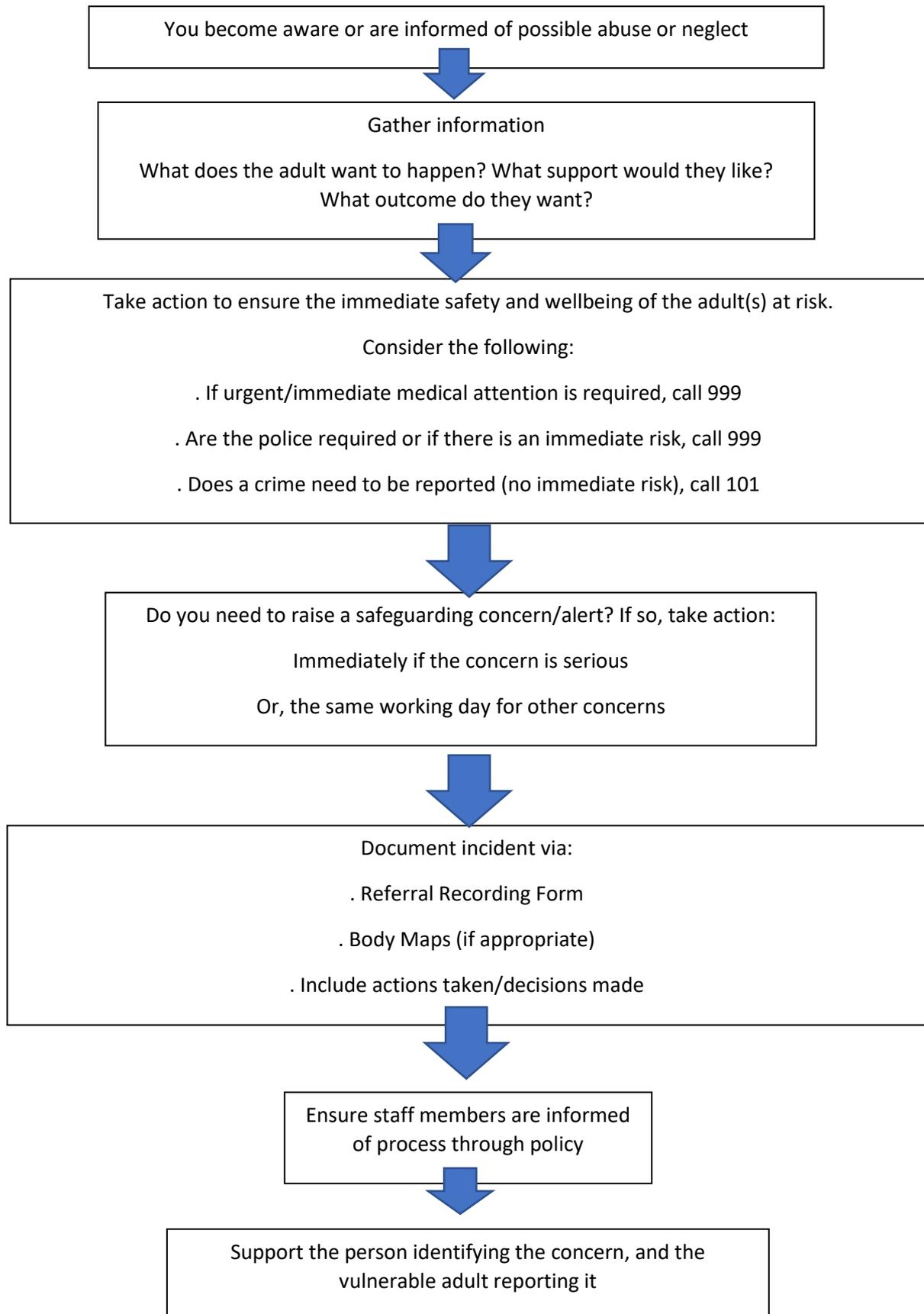
The Care Act 2014 states that safeguarding duties apply to an adult aged over 18 who has needs for care and support (whether the authority is meeting any of those needs) and is experiencing, or is at risk of, abuse or neglect, and is unable to protect himself or herself against the abuse or neglect or the risk of it.

Staff members who have a complaint or concern relating to safeguarding should report it immediately to the safeguarding lead/manager (**Dr Gary Tudor**) or director (**Mrs Jane Tudor**). If the staff member does not feel comfortable reporting to the manager (for example if they feel that the report will not be taken seriously, or if that person is implicated in the concern) they may report to any other appropriate staff member.

If appropriate, seek consent from the vulnerable adult disclosing information for referral to safeguarding services – **HOWEVER do not discuss with abuser directly or seek consent if discussion would put the vulnerable individual in danger or worsen abuse.**



Flowchart showing process of information gathering and raising a concern.



Sharing Information:

Information sharing between agencies is essential to safeguarding adults at risk of abuse and neglect. This includes statutory and non-statutory organisations. Decisions of what to share and when will be made on a case by case basis and whether this is with or without consent. Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

Information Sharing Checklist

1. Remember that the **Data Protection Act** is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately;
2. **Be open and honest with the person** (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;
3. **Seek advice if you are in any doubt**, without disclosing the identity of the person where possible; 4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case;
5. **Consider safety and well-being**: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions;
6. **Necessary, proportionate, relevant, accurate, timely and secure**: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely;
7. **Keep a record of your decision and the reasons for it** – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. Use the Referral Recording Form to document concerns and your decision.

Ask the following questions before sharing information:

- How reliable and complete is the information I am considering sharing?
- How will disclosure contribute to risk reduction?
- How much information needs to be disclosed, and to whom?
- Have I sought, considered and recorded the views of the source and/or subject of the information about proposed disclosure?
- If consent is not forthcoming, or is refused, are there pressing reasons to disclose?
- Have I balanced rights to privacy and confidentiality against the scale of the assessed risk?

Sharing information early is key to helping effectively where there are emerging concerns. A professional should never assume that someone else will pass on information which they think may be critical to the safety and well-being of an adult at risk of abuse or neglect. If a professional has concerns about an adult's welfare in relation to abuse and neglect they should share the information with the local authority.

People in the wider community can also help by being aware of signs of abuse and neglect, how they can respond and how to keep people safe. If a criminal act is committed the statutory guidance advises that sharing information does not rely on the consent of the victim. Criminal investigation by the police takes priority over all other enquiries but not over the adult's well-being and close co-operation and co-ordination among the relevant agencies. This is critical to ensure safety and well-being is promoted during the criminal investigation.

Contacts to use when raising a concern:

**If the vulnerable adult is in immediate danger – call police on
101/999**

Lancashire County Council -

Safeguarding Adults: 0300 123 6721 (8am - 8pm)

Out of Hours: Emergency Duty: 0300 123 6722 (8pm - 8am)

Lancashire County Council Online Alert Form:

https://lancashire-self.achieveservice.com/service/Lancashire_Safeguarding_Adults_Process?F.Name=CZKJHJDpme2&HideToolbar=1

East Lancashire Hospitals NHS Trust Safeguarding Team -

Safeguarding Adults: 01254 732848

Out of Hours: 01254 263555

Blackburn with Darwen Borough Council Safeguarding Teams -

Safeguarding Adults: 01254 585949

Out of hours: Emergency Duty Team: 01254 587547

The associated referral recording form and body map documents should be filed away in the patient's confidential notes and locked in the secure patient record cabinet. This information should only be shared on a need-to-know basis and is highly sensitive.



HIGHLY CONFIDENTIAL

SAFEGUARDING REFERRAL RECORDING FORM

Referrer

Name:

Position:

Telephone number:

Email address:

Who were you concerned about?

Name:

DOB:

What were your concerns? Please continue on a separate sheet if necessary.

How did you address these concerns? Please continue on a separate sheet if necessary.

Agency contacted? (include telephone number):

Time and Date contacted:

Follow up required? (Please circle) - Yes/No (if yes, please detail)

Consent for referral obtained? (Please circle) – Yes / No. If no, why not?

Signed:

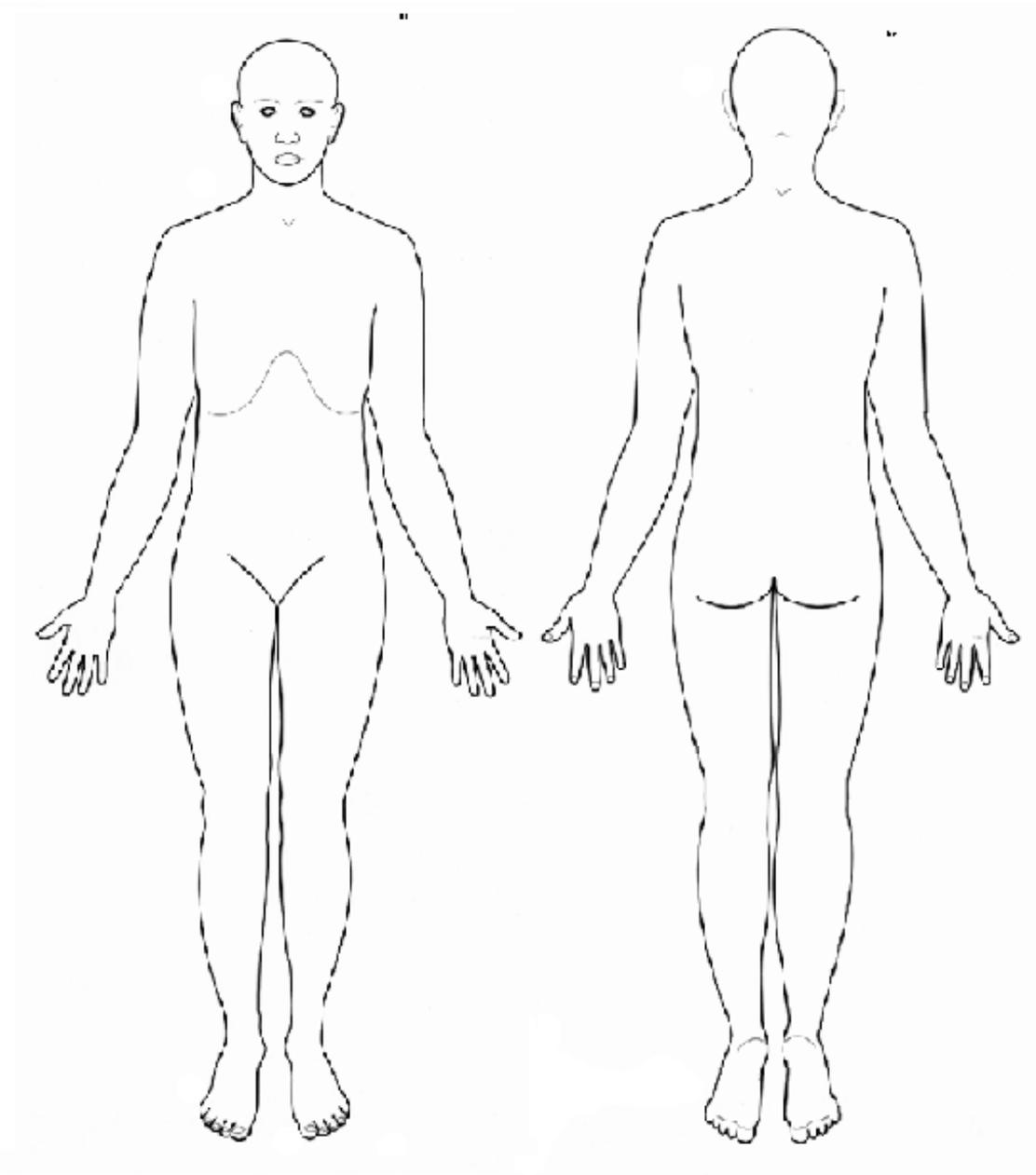
Dated:

For Office Use Only -

Date received:

Number:

Body map – Page 1: *HIGHLY CONFIDENTIAL*



Name of adult:

DOB or ID code:

Date and time form completed:

Date and time injury witnessed:

Signature(s):

Name of worker(s):

Job title(s):

Body Map – Page 2: *HIGHLY CONFIDENTIAL*

Name of adult:

DOB or ID code:

Date and time form completed:

Date and time injury witnessed:

Referral completed:

This body map and description links to ‘Safeguarding Referral Reporting Form’ reference number:

Signature(s):

Name of worker(s):

Job title(s):

Description of injury/injuries:

(Continue on a separate sheet if necessary)