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# Safeguarding: Policy and Procedure 2017

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A guide to safeguarding adults in Elmbridge  
Borough Council



**Elmbridge**  
Borough Council

*... bridging the communities ...*

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## Document Control

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## Introduction

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A life that is free from harm, abuse, and neglect is a basic right of every person. The objective of safeguarding is to prevent and reduce the risk of harm to adults and children from abuse or other types of exploitation and impairment of development, whilst supporting individuals to maintain control over their lives and enabling them to make informed decisions without coercion. While safeguarding is recognised as a key responsibility of local authorities, safeguarding is still everybody's business, and as neighbours, citizens, and community members we need to be alerted to neglect and abuse, and be committed to reporting our concerns.

This is the policy for safeguarding at Elmbridge Borough Council. The policy is governed by a set of key principles and themes, designed to ensure that people who are at risk experience the process in such a way that it is sensitive to individual circumstances, is person-centred and is outcome-focused. It is vital for successful safeguarding that the procedures in this section are understood and applied consistently at the individual, managerial, and organisation level.

The aims of safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect.
- Stop abuse or neglect wherever possible.
- Prevent impairment of development and enable individuals to have the best outcomes.
- Safeguard individuals in such a way that supports them in making choices and having control over how they want to live.
- Promote an approach that concentrates on improving life for the individual.
- Raising public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide accessible information and support to help people understand what constitutes abuse and neglect, and how to respond.
- Address what has caused the abuse or neglect.

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## Legal Framework

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This Safeguarding policy is underpinned by a range of legislation including, but not limited to:

### The Care Act 2014

*The Care Act 2014* sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect. New duties include the Local Authority's duty to make enquiries or cause them to be made, to establish a Safeguarding Adults Board; statutory members are the local authority, Clinical Commissioning Groups and the police. Safeguarding Adults Board must arrange Safeguarding Adult Reviews (SARs) as per defined criteria, publish an annual report and strategic plan. All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

*Table 1. The responsibilities of local authorities as identified in the Care Act 2014*

<b>What must be done by all Borough and District Councils</b>	Paragraph in Care Act 2014
To ensure effective safeguarding arrangements all organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the Safeguarding Adults Board; this could be via an Information Sharing Agreement to formalise the arrangements.	Paragraph 14.43
In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role, must understand their own role and responsibility and have access to practical and legal guidance, advice and support. This will include understanding local inter-agency policies and procedures.	Paragraph 14.51
Local authorities must cooperate with each of their relevant partners, as described in section 6(7) of the Care Act, and those partners must also cooperate with the local authority, in the exercise of their functions.	Paragraph 14.63
When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, CQC and CCG where the latter is the commissioner.	Paragraph 14.69
Everyone involved in a safeguarding adults enquiry must focus on improving the adult's well-being and work together to that shared aim.	Paragraph 14.93
It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.	Paragraph 14.95
Employers must ensure that staff, including volunteers, are trained in recognising the symptoms of abuse or neglect, how to respond and where to go for advice and assistance.	Paragraph 14.102

Employers must also ensure all staff keep accurate records, stating what the facts are and what are the known opinions of professionals and others and differentiating between fact and opinion. It is vital that the views of the adult are sought and recorded.	Paragraph 14.103
Employers who are also providers or commissioners of care and support not only have a duty to the adult, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them.	Paragraph 14.116
When a person's conduct towards an adult may impact on their suitability to work with or continue to work with children, this must be referred to the local authority's designated officer.	Paragraph 14.124
Employers, student bodies and voluntary organisations should have clear procedures in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made.	Paragraph 14.126
If an organisation removes an individual (paid worker or unpaid volunteer) from work with an adult with care and support needs (or would have, had the person not left first) because the person poses a risk of harm to adults, the organisation must make a referral to the Disclosure and Barring Service.	Paragraph 14.127
Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing and wherever possible, the appropriate Caldicott Guardian should be involved. *	Paragraph 14.188
Operational front-line staff are responsible for identifying and responding to allegations of abuse and substandard practice.	Paragraph 14.198
Concerns about abuse or neglect must be reported whatever the source of harm is. It is imperative that poor or neglectful care is brought to the immediate attention of managers and responded to swiftly, including ensuring immediate safety and well-being of the adult.	Paragraph 14.200
The SAB should ensure that relevant partners provide training for staff and volunteers on the policy, procedures and professional practices that are in place locally, which reflects their roles and responsibilities in safeguarding adult arrangements. Employers, student bodies and voluntary organisations should also undertake this, recognising their critical role in preventing and detecting abuse.	Paragraph 14.225
The Care Act 2014 requires that Safeguarding Adults Boards should establish and agree a framework and process for any organisation to respond to allegation against anyone who works (in either a paid or unpaid capacity) with adults with care and support needs. All partners agencies of the SSAB appoint an individual within their organisation to ensure that they respond appropriately to allegations against people who whether an employee, volunteer or student, paid or unpaid, works with or cares for adults with care and support needs. These individuals are known as People in a Position of Trust (PiPoT).	

\* The contact details for the Caldicott Guardian for Adult Social Care can be found in Appendix 1.

## **The Mental Capacity Act 2005**

*The Mental Capacity Act 2005* provides a statutory framework for people who lack the capacity to make decisions themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. The Act sets out who can make decisions, in which situations, and how they should go about doing so.

The following principles apply for the purpose of this Act.

1. A person has full legal capacity to make decisions themselves unless it can be shown that they lack capacity.
2. A person is not to be treated as unable to make decisions unless all practicable steps to help him/her to do have been taken without success
3. A person is not to be treated as unable to make decisions merely because he/she makes an unwise choice
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests
5. Before an act is done, or decision made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the persons rights and freedom of action

Additional safeguards have been introduced in law in *Deprivation of Liberty Safeguards*, to protect the rights of individuals at risk who lack the capacity to consent to treatment/care in hospitals and care homes and to ensure the treatment or care is in their best interests.

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## Principles and Values

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Safeguarding is underpinned by key principles and values that guide how we respond when alerts are raised.

### The Key Principles of Adult Safeguarding

The Care Act 2014 introduced six principles of safeguarding which are listed below.

Empowerment	People being supported and encouraged to make their own decisions and informed consent
Prevention	It is better to take action before harm occurs
Proportionality	Take the least intrusive response appropriate to the risk presented.
Protection	Provide support and representation for those in the greatest need.
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability	Ensure there is accountability and transparency in safeguarding practices.

### Making safeguarding personal

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded.

It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process.

The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, at the end, the extent to which desired outcomes have been realised.

## Wellbeing principle

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as “the wellbeing principle” because it is a guiding principle that puts wellbeing at the heart of care and support.

The wellbeing principle applies in all cases where carrying out any care and support function, or making a decision, or safeguarding. When safeguarding adults, it applies equally to adults with care and support needs and their carers.

Promoting “wellbeing” means actively seeking improvements, at every stage in relation to the individual, and where applicable their carer. It is a shift from providing services to the concept of “meeting needs”. To promote “wellbeing” it should be assumed that individuals are best placed to judge their own wellbeing, their individual views, beliefs, feelings, wishes are paramount and individuals should be empowered to participate as fully as possible.

Wellbeing in relation to an individual relates to the following:

1. Personal dignity (including treatment of individual with respect)
2. Physical and mental health and emotional wellbeing
3. Protection from abuse and neglect
4. Control by individual over day to day life (including over care and support)
5. Participation in work, education, training or recreation
6. Social and economic wellbeing
7. Domestic, family and personal relationships
8. Suitability of living accommodation
9. The individuals’ contribution to society

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## Definitions

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### Who is an adult at risk of abuse and neglect who may require safeguarding?

The safeguarding duties apply to an adult (someone aged 18 or over) who:

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

An adult at risk is someone who may have the following characteristics:

- Is elderly and frail due to ill health disability or cognitive impairment
- Has a learning disability
- Has a physical disability or sensory impairment?
- Has mental health needs including dementia or personality disorder
- Has a long-term illness/condition?
- Misuses substances or alcohol
- Is a carer, where the person meets the definition?
- Is unable to demonstrate capacity to make a decision and is in need of care and support

### What is the definition of abuse/neglect?

Defining abuse or neglect is complex and rests on many factors. The term “abuse” can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

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. Repeated instances of poor care may be an indication of serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Abuse or neglect can take many different forms. The Care Act guidance identifies the common types of abuse or neglect as detailed in appendix 2:

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## Roles and responsibilities

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### Elmbridge Borough Council

#### The Council as an organisation

The Council is committed at senior and committee level to safeguarding adults at risk. The Council recognises its responsibilities under the Care Act 2014. Safeguarding is on the agenda ensuring:

- Representation at the Surrey Safeguarding Adults Board and the completion of standard returns for this board;
- Appointment of a Lead Adult Safeguarding Officer
- Sign up to protocols and policies;

#### The Council as an employer

In its role as an employer the Council incorporates safeguarding measures in its recruitment procedure and provides mandatory safeguarding training for all employees.

#### Recruitment procedures

Elmbridge is committed to safer recruitment. All new members of staff are required to undergo a DBS check to obtain a Basic Disclosure certificate. Basic disclosures verify identity and show details of all convictions considered to be unspent under the Rehabilitation of Offenders Act 1974 or state that there are no such convictions. New employees who are taking up a position which involves working closely with children or adults at risk (in a voluntary or paid capacity) will be required to acquire an Enhanced DBS Disclosure. Enhanced DBS Disclosures provide additional detail about unspent and spent convictions, cautions, reprimands, final warnings plus any additional information held locally by police. All staff working with vulnerable adults will be required to undertake an enhanced DBS disclosure.

#### Training

All employees will be required to undertake safeguarding training and become familiar with the Safeguarding Policy as part of their induction. Training will be provided at four levels:

- Level 1 Awareness of Safeguarding Adults
- Level 2 Supporting Safeguarding Adults Pathways
- Level 3 Implementing Safeguarding Adults Pathways
- Level 4 Managing Safeguarding Adults

Level	Course name
Level 1	Safeguarding Awareness (1 day)
Level 1	Care Act briefings- Making Safeguarding Personal (1/2 day)

Level 2	Supporting the Process (1 day) Self-Neglect Awareness (1/2 day)
Level 2	Modern Slavery and Human Trafficking (1/2 day)
Level 3	Managing Safely (1 day) Provider Led Enquiries (1 day)
Level 4	Internal Management Reviews (1 day)

*Citizen level 1:* This training is designed for all members of staff to educate them on what safeguarding is, forms of abuse, and how to report any concerns they may have.

*Advanced level 2:* This training is aimed at those employees who have a role that involves direct contact with vulnerable adults. These employees will take part up to 2 modules to develop a greater knowledge of signs to be aware of where adults may be at risk.

*Safeguarding officer level 3 and 4:* The leads for safeguarding, Safeguarding Officers, will undertake additional training as organised and recommended by the Surrey Safeguarding Adults Board to ensure their knowledge is up to date and is reflected in Elmbridge policies and procedures.

### **Council employees**

All Council employees are required to participate in safeguarding training to a level appropriate to their role and adhere to the Safeguarding Policy and Procedure. It is expected that employees will maintain professional standards at all times and in their dealings with the public will never:

Engage in rough, physical or sexually provocative games including horseplay;

- Allow or engage in inappropriate touching of any form;
- Make sexually suggestive comments, even in fun;
- Let allegations an adult at risk makes go unchallenged, unrecorded or not acted upon;
- Do things of a personal nature for a person that they can do for themselves.

### **The Council as a Licensing Authority**

The Council is a licensing authority for services such as taxi drivers, public events, alcohol and entertainment, charity collections, gambling, animal licensing, boot fairs, street trading and other licences such as firework events. The Council needs to ensure that all relevant checks are carried out prior to issuing licences and if a safeguarding concern is raised at any time during the process, the Councils safeguarding policy and procedure must be followed, including the notification of other government or national bodies.

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## Surrey Safeguarding Boards

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In Surrey, there are statutory Safeguarding boards responsible for providing local agencies with guidance and holding local agencies to account for their action. There are two separate safeguarding boards, one for safeguarding children, and one for safeguarding adults at risk. Elmbridge Borough Council is represented at board meetings for both.

### ***Representation on Safeguarding Boards***

The Children Act 2004 and Care Act 2014 together with associated statutory guidance sets out which organisations are required to sit on both boards and comprises all relevant statutory and key voluntary agencies. Elmbridge Borough Council has a representative nominated by Surrey Chief Executives Group to represent them on each board.

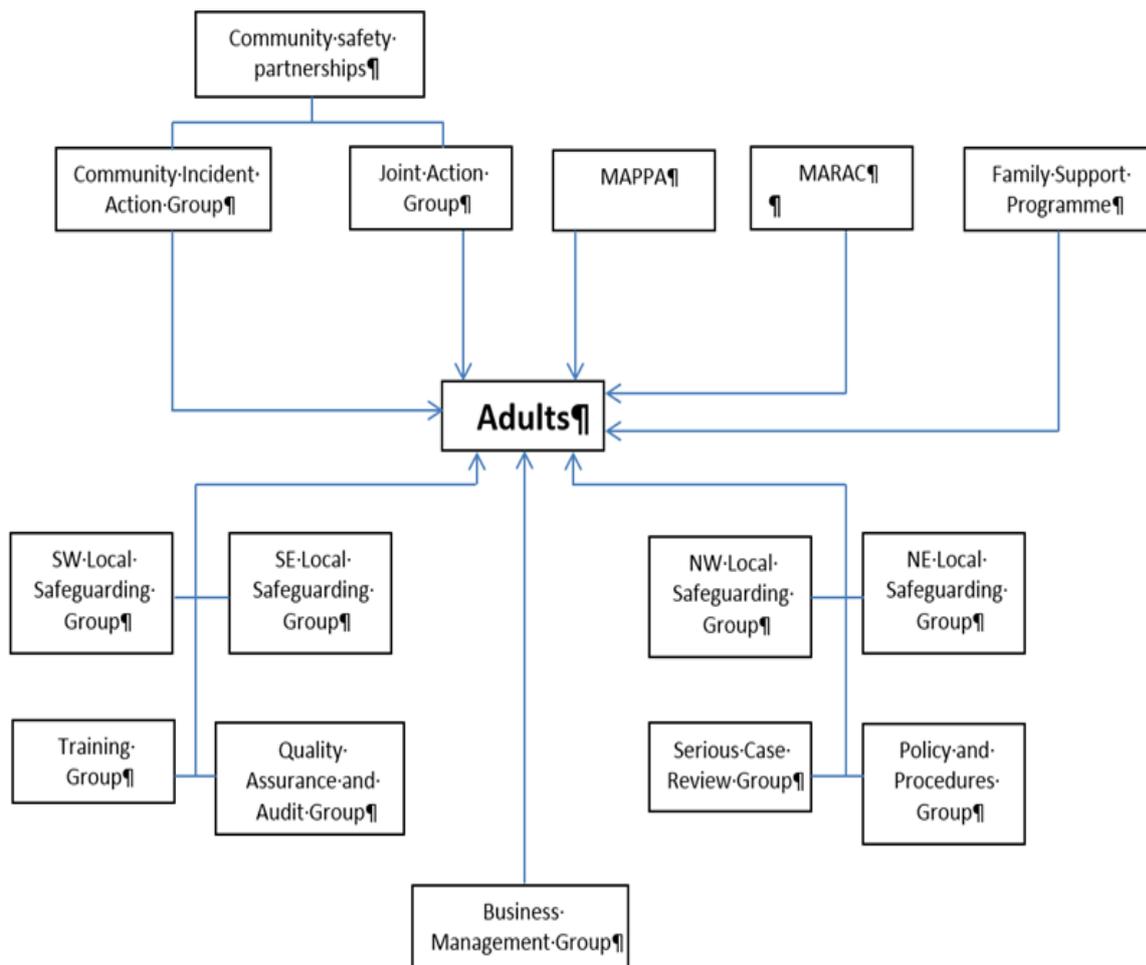
### ***Performance and Quality Assurance***

Organisations on the board are responsible for ensuring they provide any data that is required by the board for their respective performance and quality assurance frameworks and are expected to complete any returns and comply with audit requirements.

### **Surrey Safeguarding Adults Board (SSAB)**

The Surrey Safeguarding Adults Board is an inter-agency forum that incorporates Surrey County Council, health workers, the police, and other relevant groups in the community. The purpose of the board is to ensure effective safeguarding and promotion of welfare of adults at risk in Surrey who are experiencing, or are at risk of abuse and/or neglect. Further details can be found at: <https://www.surreycc.gov.uk/social-care-and-health/contacting-social-care/surrey-safeguarding-adults-board>

Elmbridge is part of the NE Local Area Safeguarding Group. The structure of the board can be viewed in the figure below:



MAPPA - Multi-Agency Public Protection Arrangements. It is the process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public.

MARAC - Multi-agency risk assessment conference - It is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors and other specialists from the statutory and voluntary sectors

## Surrey Safeguarding Adult Priorities

### The SSAB has 3 core duties:

- It must publish a strategic plan that sets how it will meet its main objective and what the members will do to achieve this
- It must publish an annual report detailing what the SSAB has done during the year to achieve its main objective and implement its strategic plan
- It must conduct any safeguarding adult's reviews in accordance with the Care Act

### The functions that support its objectives and duties are:

- Developing a framework of multi-agency policies, protocols and procedures
- Requiring member agencies to provide assurance on their safeguarding activities
- Quality assuring the safeguarding of member agencies
- Implementing a multi-agency Competency Framework and training programme
- Undertaking Safeguarding Adults Reviews and learning lessons from them
- Learning lessons from other reviews including Domestic Homicide Reviews.
- Undertaking activities to raise awareness of safeguarding and to support the prevention of abuse and neglect.

# Raising a concern

## Safeguarding children/adult referral process

It is believed, suspected or alleged that a child/adult is suffering, or likely to suffer from significant harm, or a child's health or development may be impaired

Is the child/adult in immediate danger?

Yes



Contact 999 immediately

No

**Discuss the issue** with your manager and the nominated safeguarding officer. If a nominated safeguarding officer is unavailable, proceed to the next step but make sure a line manager is aware and let the lead safeguarding officer know as soon as possible.

Report concern to **Multi-Agency Safeguarding Hub (MASH)** on **0300 470 9100** within 48 hours.

Outside of office hours, contact the emergency duty team on: **01483 517898**.

Follow up with a **Multi-Agency Referral Form (MARF)** available from [surreycc.gov.uk](http://surreycc.gov.uk) and send to the lead safeguarding officer.

Safeguarding officer will log the form and send to **MASH** via **Egress**.

The **MASH** will acknowledge receipt within 24 hours. All communication regarding the case should be passed to a safeguarding officer and logged in the secure area.

**It is not our responsibility to decide if the allegation is true. Enquiries must not be initiated without the authority of children's/adult's services or the police.** Make notes of all concerns or allegations, while things are fresh in your mind and keep a record of the time and date.



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Referrals regarding significant harm should be made in one of the following ways:

For all emails including personal details, it is crucial that the information is sent via secure email e.g. from one “Egress” account to another. The Chair of the Information Governance Group will be able to help with any enquiries regarding Egress.

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## Responding to a person who discloses a concern of abuse

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<ul style="list-style-type: none"><li>• In an emergency ring 999</li><li>• Do ensure the safety of the individual and others if in immediate danger, contact the relevant emergency service.</li><li>• Do <b>not</b> be judgemental or jump to conclusions.</li><li>• Do listen carefully.</li><li>• Do provide support and information to meet their specific communication needs.</li><li>• Do use open questions.</li><li>• Do tell them that they did a good/right thing in telling you.</li><li>• Do tell them you are treating the information seriously.</li><li>• Do tell them it was not their fault.</li><li>• Do ask them what they need to keep themselves safe.</li><li>• Do <b>not</b> make promises you cannot keep</li><li>• Do <b>not</b> promise to keep secrets</li></ul>	<ul style="list-style-type: none"><li>• Do seek consent to share the information with your lead for safeguarding, however lack of consent should not prevent you from reporting your concerns.</li><li>• Do explain that you have a duty to tell your lead for safeguarding.</li><li>• Do provide support and information to meet their specific communication needs.</li><li>• Do <b>not</b> confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses.</li><li>• Do explain that you will try to take steps to protect them from further abuse or neglect.</li><li>• Do support and reassure the person.</li><li>• Do preserve any forensic or other evidence.</li></ul>
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**Action after the concern of abuse has been recognised:**

**(to be taken as soon as possible or within 4 hours)**

- Report concerns to a lead for safeguarding or another designated person.
- Record your concerns and how they came to light, any information given by the person, information about any witnesses, the individual's wishes, actions taken, who was present at the time, dates and times of incident(s).
- Record details of the person alleged to have caused harm.
- Do record any concerns about the person's capacity to make any decisions and the reasons for the concerns.

- Do record whether the person is aware that the concerns have been reported.
- Do record their perspective.
- Do record any previous concerns about the person.
- Do **not** breach confidentiality for example by telling friends, other work colleagues.
- Do use Whistleblowing Procedures if you feel that you will not be believed, taken seriously or believe that your manager or lead for safeguarding may be causing the risks of abuse to the adult.

**Ongoing action:**

- Ensure that you receive support from your employer/organisation
- You may be required to give evidence to Police
- You may be required to give evidence in a Coroner's Inquest

- You may be required to be interviewed as part of a disciplinary investigation
- You may be required to participate in a section 42 enquiry
- You may be required to attend safeguarding meetings

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## How to respond: Information sharing and record keeping

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Safeguarding relies on good practice in order to be effective. In order to gain an accurate view of a situation, it may require putting pieces of information together. It is therefore essential that high standards of record keeping and information sharing are employed.

### Information sharing

Information sharing is crucial to delivering better and more efficient services that are coordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding, for promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all. Nevertheless, it is important to understand that most people want to be confident that their personal information is kept safe and secure and that practitioners maintain their privacy, while sharing appropriate information to deliver better services. All information sharing should be in line with the agreed set of principles about sharing personal or confidential information in the Surrey Multi-Agency Information Sharing Protocol (MAISP). Further information can be found at [www.surreycc.gov.uk/information--sharing-protocol](http://www.surreycc.gov.uk/information--sharing-protocol)

### Record keeping

Good record-keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to individuals' care and safety. If records are inaccurate, future decisions may be wrong and harm may be caused to the individual. Where an allegation of abuse is made, all agencies have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

### A guide to making a record

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written report. The written report will need to include:

- the date and time when the disclosure was made, or when you were told about / witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- 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 adult,
- 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, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible,
- make sure the written report is legible, written or printed in black ink, and is of a quality that can be photocopied,

- make sure you have printed your name on the report and that it is signed and dated,
- keep the report factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
- keep the report/s confidential, storing them in a safe & secure place until needed.

More information about record keeping can be found at: <http://www.surreycc.gov.uk/social-care-and-health/safeguarding-boards/surrey-safeguarding-adults-board/surrey-safeguarding-adults-board-information-for-professionals/protocols-forms-and-guidance>

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## Other related policies

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### Prevent Strategy

The purpose of the Prevent Strategy is to stop people becoming terrorists or supporting terrorism. It aims to identify individuals at risk of radicalisation and being drawn into extremist activity. The strategy is delivered through the Community Safety Partnership and a separate Prevent Partnership Group, which has representation from the Boroughs and Districts. Workshops have been held to raise awareness.

### Domestic Abuse

Domestic abuse can be any incident of threatening behaviour, violence or abuse between adults who are, or have been, intimate partners, family members or members of the same household regardless of gender or sexuality. Domestic abuse is not limited to violent abuse; it can be physical, psychological, sexual, emotional or financial. More information including contacts for agencies that can offer support and practical advice can be found on [www.surreyagainstda.info](http://www.surreyagainstda.info)

### Missing Persons Protocol

This is in place to ensure that there is a coordinated response from agencies when a vulnerable adult goes missing. This includes Surrey Police, Surrey & Borders Partnership Trust, Surrey Care Association, Surrey County Council Adult Social Care Services and Surrey Care providers and associated agencies. It provides guidelines to all parties as to what actions should be taken when a person receiving care goes missing. More information can be found on the Surrey Safeguarding Adults Board website.

### Surrey Multi-Agency Information Sharing Protocol

The MAISP is an agreed set of principles about sharing personal or confidential information. It enables each organisation signed up to the protocol to understand the circumstances in which it should share information and what its responsibilities are. The MAISP has been developed in partnership with Surrey County Council, all the borough and districts as well as the health services and Surrey Police.

### Policies specific to individual boroughs or districts

### Whistleblowing policy

The Council has in place a Confidential Reporting (Whistleblowing) Policy to ensure serious concerns are reported, investigated, and dealt with. The Code forms part of the Council constitution and sets out how to raise serious concerns about any aspect of the Council's work. It also clarifies the legal protection under the Public Interest Disclosure Act against reprisals. The Code is available on the Intranet.

If a member of staff believes that a reported allegation or safeguarding concern is not being dealt with appropriately by their organisation, there are clear communication channels within the Council to raise concerns (see named senior officers as set out in the Confidential

Reporting Code). If you are not satisfied with any action taken internally and you would prefer to take the matter outside the Council, there are a number of possible contact points as set out in the policy.

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## Appendix 1: Leads for Safeguarding and other useful contacts

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<b>Name</b>	<b>Role</b>	<b>Team</b>	<b>Contact details</b>
Ray Lee	Safeguarding Sponsor	Services Directorate	rlee@elmbridge.gov.uk
Nikki Bird	Lead Adult Safeguarding Officer	Community Services	nbird@elmbridge.gov.uk
Julie Cook		Housing	jcook@elmbridge.gov.uk
Annabel Crouch	Recruitment and Training	Organisational Development	acrouch@elmbridge.gov.uk
Catriona Herbert	Data protection	Legal	cherbert@elmbridge.gov.uk
Kate Wilson		Leisure Development	kwilson@elmbridge.gov.uk
Ian Burrows		Leisure and Development	iburrows@elmbridge.gov.uk
Sian Kiely	Lead Children's Safeguarding Officer	Play and Development	skiely@elmbridge.gov.uk

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## Appendix 2: Forms of abuse and indicators of abuse

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### Physical abuse

Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

### Possible indicators

- Unexplained or inappropriately explained injuries;
- 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;
- Flinches at physical contact;
- Appears frightened or subdued in the presence of particular people;
- Asks not to be hurt;
- May repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you');
- Reluctance to undress or uncover parts of the body;
- Wears clothes that cover all parts of their body or specific parts of their body;
- An adult without capacity not being allowed to go out of a care home when they ask to;
- An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

### Domestic abuse

Domestic abuse includes psychological, physical, sexual, financial, emotional abuse, and so called 'honour' based violence.

In 2013, the Home Office announced changes to the definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality
- Includes: psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, Female Genital Mutilation, forced marriage.
- Age range extended down to 16.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact

is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.

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

In a situation where there is concern that an adult with care and support needs is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

The Anti-Social Behaviour, Crime and Policing Act 2014 means it is now a criminal offence to force someone to marry. In addition, the Forced Marriage (Civil Protection) Act 2007 may be used to obtain a Forced Marriage Protection Order as a civil remedy.

Honour-based violence is a crime, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Many of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.

Safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports. If an safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.

Female genital mutilation (FGM) involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (FGMA) was introduced in 2003 and came into effect in March 2004. The Act makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country. It also makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad.

## **Sexual abuse**

Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops where one person is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse (see section on position of trust).

### **Possible indicators**

- Urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;
- Appears unusually subdued, withdrawn or has poor concentration;
- Exhibits significant changes in sexual behaviour or outlook;
- Experiences pain, itching or bleeding in the genital/anal area;
- Underclothing is torn, stained or bloody;
- A child or a woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant;
- Sexual exploitation.

The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the individual have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

### **Psychological abuse**

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing a person from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

## **Possible indicators**

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

## **Financial or material abuse**

This includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

### **Possible indicators**

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Lack of money, especially after benefit day;
- Inadequately explained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signatories on accounts or cards
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the adult lacks the capacity to make this decision;
- Recent changes of deeds/title of house or will;
- 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;
- Miss-selling/selling by door-to-door traders/cold calling;
- Illegal money-lending.

## **Modern slavery**

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

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

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.

Contemporary slavery takes various forms and affects people of all ages, gender and races. Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.

If an identified victim of human trafficking is also an adult with care and support needs, the response will be co-ordinated under the adult safeguarding process. The police are the lead agency in managing responses to the victims of human trafficking. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

### **Possible Indicators:**

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Whilst by no means exhaustive, this is a list of some common signs:

- Not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else;
- Has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- Looks malnourished, unkempt, or appears withdrawn
- Have few personal possessions and often wear the same clothes
- What clothes they do wear may not be suitable for their work.
- Withdrawn or appears frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live
- They appear under the control/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English
- Fear of authorities
- Perceives themselves to be in debt to someone else or in a situation of dependence.

### **Environmental indicators**

- Outside the property- there are bars covering the windows of the property or they are permanently covered on the inside. Curtains are always drawn. Windows have reflective film or coatings applied to them. The entrance to the property has CCTV cameras installed. The letterbox is sealed to prevent use. There are signs the electricity may have been tacked on from neighbouring properties or directly from power lines?
- Inside the property- access to the back rooms of the property is restricted or doors are locked. The property is overcrowded and in poor repair.

### **Discriminatory abuse**

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist

comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

### **Possible Indicators**

- Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.
- May reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
- Making complaints about the service not meeting their needs.

### **Organisational abuse**

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

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

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of the individuals.

Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that 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;
- or where there is:
- 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.

### **Neglect and acts of omission**

These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. 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. Neglect of this type may happen within a person's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

### **Possible indicators**

- Inadequate heating and/or lighting;
- Physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Cannot access appropriate medication or medical care;
- Not afforded appropriate privacy or dignity;
- Has inconsistent or reluctant contact with health and social services;
- Callers/visitors are refused access to the person;
- Person is exposed to unacceptable risk.

### **Self-neglect**

Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect it is also defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community.

### **Indicators of self-neglect may be:**

- living in very unclean, sometimes verminous, circumstances;
- poor self-care leading to a decline in personal hygiene;
- poor nutrition;
- poor healing/sores;
- poorly maintained clothing;
- long toenails;
- isolation;
- failure to take medication;
- hoarding large numbers of pets;
- neglecting household maintenance;
- portraying eccentric behaviour/lifestyles;
- NOTE: Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.

### **Abuse by a person in position of trust**

There is particular concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and uses their position of trust to the detriment of the health and wellbeing of a person at risk or who may be dependent on their care. There is a requirement that all adult safeguarding boards should establish a framework and process for any organisations to respond to allegations against anyone who works (either a paid or unpaid capacity) with adults who have care and support needs

## **Where does abuse take place?**

Abuse can take place anywhere. For example:

- the person's own home, whether living alone, with relatives or others;
- day or residential centres;
- supported housing;
- work settings;
- educational establishments;
- care homes;
- clinics hospitals;
- prisons;
- other places in the community.

## **Who might abuse?**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the child or adult with care and support needs. A wide range of people may harm others.

These include:

- a spouse/partner;
- an adult with care and support needs;
- other family members;
- neighbours;
- friends;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals: and
- volunteers and strangers.