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# **POLICY FOR THE SAFEGUARDING OF VULNERABLE ADULTS/ADULTS AT RISK**

## **Foreword:**

The Trustees are committed to ensuring good practice among all who have contact with Vulnerable Adults or Adults at Risk. Safeguarding and good working practice are regarded as a priority. The Trustees are committed to ensuring that the agency follows statutory and specialist guidelines in working with vulnerable adults.

As a community counselling agency, the Trustees are concerned with the wholeness of each individual. All clients are safeguarded regardless of age, gender, sexuality, social status or faith. It is the responsibility of everyone in the agency to maintain this safeguard. The agency recognises the unique and individual worth of each client. The agency is committed to nurturing, protecting and safeguarding all clients in its care.

It is the duty of all those employed by, or involved in the organisation to prevent any maltreatment or abuse, as defined in this policy, of all vulnerable adults with whom they come into contact. Any abuse suspected or discovered must be reported. In the event of a safeguarding issue being raised at the Charity, that might be determined '**a serious issue**' by the Charity Commission, the Charity will inform and report this to the Charity Commission and carry out their procedure for such events. The Light House is committed to providing adequate training and supervision for all counsellors working with vulnerable adults. The training needs of all those working at the agency are reviewed on a continual basis.

This policy is designed to reduce to a minimum those situations where it may be possible for vulnerable adults to be mistreated or abused. For example, all staff and volunteers are vetted via an Enhanced Disclosure check with the Disclosure & Barring Service (DBS). All staff and volunteers have been involved in a recruitment process requiring a minimum of 2 confidential references and evidence of their right to work in the UK. All have been interviewed and qualifications (as appropriate) substantiated before commencing work at the agency. A photograph of all those involved at The Light House is kept in the central office and individual personnel files.

This policy shall be brought to the attention of all existing and new staff and volunteers. It will be maintained as a constant guide to all the activities of the agency and will be reviewed on a regular basis by staff and Trustees. The policy shall be implemented with the arrival of each new employee or volunteer. The staff Team Meeting will be the forum where issues can be raised regarding either the policy and/or its implementation in the situation that has arisen.

## Context

The Light House has a team of Counsellors who work with clients that may be deemed vulnerable adults or adults at risk. An adult at risk is defined in the Care Act 2014 as:

*An “**Adult at Risk**” is defined as any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.*

Although the following list is not exhaustive, an adult at risk may be a person who:

- Is frail due to age, ill health, physical disability or cognitive impairment, or a combination of these
- Has a learning disability
- Has a physical disability and /or a sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long-term illness/condition
- Misuses substances or alcohol
- Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- Is unable to demonstrate the capacity to make a decision and is in need of care and support

It is important to remember that just because someone is ill, frail or has a disability, this does not mean they are inevitably ‘at risk’. For example, a person with a disability who has mental capacity to make decisions about their own safety may be perfectly able to make informed choices and protect themselves from harm. In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and the extent to which they can protect themselves from abuse, neglect and exploitation. It is equally important to note that people with capacity can also be vulnerable.

## What is Safeguarding adults?

*‘Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted, including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.’*

*Care and Support Statutory Guidance, Department of Health, updated February 2017*

All adults should be able to live free from fear and harm. But some may find it hard to get the help and support they need to stop abuse.

An adult may be unable to protect themselves from harm or exploitation due to many reasons, including their mental or physical incapacity, sensory loss or physical or learning disabilities. This could be an adult who is usually able to protect themselves from harm but maybe unable to do so because of an accident, disability, frailty, addiction or illness.

The Light House adheres to following the six key principles that underpin safeguarding work (See Care Act guidance)

- **Empowerment:** People being supported and encouraged to make their own decisions and informed consent.
- **Prevention:** People being supported and encouraged to make their own decisions and informed consent.
- **Proportionality:** The least intrusive response appropriate to the risk presented
- **Protection:** Support and representation for those in 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:** Accountability and transparency in delivering safeguarding

The Light House will not tolerate the abuse of adults, and staff and volunteers should ensure that their work reflects the principles above and ensure the adult with care and support needs is involved in their decisions and informed consent is obtained. The Light House should ensure that the safeguarding action agreed is the least intrusive response to the risk. Partners from the community should be involved in any safeguarding work in preventing, detecting and reporting neglect and abuse. The Light House should be transparent and accountable in delivering safeguarding actions.

### **What is Making Safeguarding Personal (MSP)?**

MSP means a case should be person-led and outcome-focused. The individual should be involved in identifying how best to respond to their safeguarding situation by giving them more choice and control as well as improving quality of life, wellbeing and safety.

The Light House will not tolerate the abuse of adults and will ensure that adults are involved in their safeguarding arrangements and each individual is dealt with on a case by case basis. As adults may have different preferences, histories and lifestyles, the same process may not work for all.

### **Abuse**

For the purpose of this policy and procedure the term abuse is defined as:

*A violation of an individual's human and civil rights by any other person or persons which may result in significant harm. (DH No Secrets 2000)*

Abuse may be:

- A single act or repeated acts
- An act of neglect or failure to act
- Multiple acts (e.g., an adult at risk may be neglected and financially abused)

Abuse is about the misuse of the power and control that one person has over another, it can take place anywhere and can be carried out by anyone. A number of abusive acts are crimes and informing the police will be a key consideration in the agency's safeguarding process.

In determining what justifies intervention and what sort of intervention is required, *No Secrets* uses the concept of 'significant harm'. This refers to:

- Ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- The impairment of, or an avoidable deterioration in, physical or mental health, and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.

The importance of this definition is that, in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also the risk of future, longer-term harm.

Seriousness of harm, or the extent of the abuse, is not always clear at the point of the alert or referral. All reports of suspicions or concerns should be approached with an open mind and awareness that it could give rise to action under this Safeguarding policy and procedure.

*No Secrets* puts forward the following factors to be taken into account when making an assessment of the seriousness of risk to the person:

- Vulnerability of the person
- Nature and extent of the abuse or neglect
- Length of time the abuse or neglect has been occurring
- Impact of the alleged abuse on the adult at risk
- Risk of repeated or increasing serious acts of abuse or neglect
- Risk that serious harm could result if no action is taken
- Illegality of the act or acts.

Abuse can be viewed in terms of the following categories (although this is not an exhaustive list):

- Physical
- Sexual
- Psychological/emotional
- Domestic Abuse
- Financial and material
- Neglect and acts of omission (including self-neglect)
- Discriminatory (could also be hate crime)
- Forced Marriage
- Modern Slavery and Human Trafficking
- Institutional/Organisational

Many abusive behaviours constitute a criminal offence. All suspected abuse must be investigated.

## Light House practice re safeguarding

Light House is committed to ensuring the safety of all clients who come to our premises for counselling and upholds the guidance in the Department of Health Document *No Secrets* and the *Safe Guarding Adults: Multi-Agency Policy and Procedures for the West Midlands* Version 2.0 (Nov 2019) upon which this policy is based.

To ensure the safety of clients all Counsellors on this team are appointed through an interview process, where qualifications are checked, and references taken up. All members of the Agency (staff and volunteers) are required to have a DBS check at enhanced level, which is renewed every 3 years. Upon acceptance as a member of the team they are subject to our formal induction process, which is carried out with a member/s of the staff team to ensure that they understand, agree with and will work according to all of the policies and procedures of the Light House. This is usually their Line Manager and Supervisor.

The priority of all Light House staff and volunteers must always be to ensure the safety and protection of the adult at risk. This requires them to have an awareness of the multi-agency and local safeguarding policy and procedures, which this policy is based upon and have a responsibility to be aware of issues of abuse, neglect or exploitation. All staff and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult who is at risk is being, or is at risk of being, abused, neglected or exploited and to ensure that the situation is assessed and investigated.

Counsellors must be qualified to at least Diploma level (Level 4) and student counsellors on placement at The Light House will be working towards a Diploma, Foundation Degree or a Degree in Counselling/Psychotherapy. Students are supported and monitored closely by their Supervisor and Line Manager. All counsellors including students are required to have a minimum of 1.5 hours per month of clinical supervision of their counselling practice to ensure that they are working ethically and safely and are offering their clients best practice. They are also required to have on-going CPD (a minimum of 20 – 40 hours per year) to ensure that they are keeping up to date with training as per their professional body's requirements. An experienced counsellor assesses every client and the matching of clients with counsellors is discussed at staff Team Meetings on a weekly basis, where the most vulnerable clients are placed with the most experienced counsellors.

1. Clients may be counselled by practitioners of either gender, as appropriate. However, client's preference for a counsellor of a specific gender will always be taken into account and accommodated wherever possible.
2. Sessions with clients will take place at the Light House, where another counsellor would usually be on the premises. If the counsellor is alone he/she will adhere to the Light House Working Alone Policy.
3. The Light House will invite any potential client to participate in an Initial Assessment. This Assessment will be carried out by an experienced counsellor and is designed to gauge whether counselling will be appropriate. The Assessment will aim to establish the following:
  - a. The client understands the nature and benefits of counselling and wishes to receive it.
  - b. If the client has any special needs (physical, learning, language or dietary) and what the implications of these are for the counselling.

- c. If it is necessary or appropriate to have contact with other agencies regarding the client. (N.B. Client's written permission will be obtained prior to contacting external sources)
  - d. If there are any health-related issues that may require interventions or a medical emergency.
  - e. If the client has a history of suicide attempts and/or self-harm (a no self-harm contract completed with the client)
  - f. Information on any prescribed medication currently being taken.
  - g. The emergency contact details of a person nominated by the client.
  - h. The contact details of the client's GP.
  - i. If the client is already under the care of a psychiatrist, in which case the client needs to give written permission for the Light House to contact the psychiatrist prior to the commencement of counselling.
  - j. On receipt of this permission, the Light House will write to the client's psychiatrist to inform them that their patient has referred for counselling and to check that there are no objections/contra-indications re their patient receiving counselling from the agency. The clients Psychiatrists/Psychologists are requested to reply within a given time frame if there are reasons why they do not think it is appropriate for their patient to receive counselling at this time. In this letter it clarifies that if a reply is not received it will be assumed that there are no objections/contra-indications to the client receiving counselling and counselling will commence.
- 5) The counsellor implementing the Initial Assessment will complete a Risk Assessment and notify the Safeguarding Lead or a Staff Counsellor if there are issues of concern.
  - 6) The client completes a CORE, PHQ9 & GAD 7 assessment, (and the results are recorded with the client's records). This is evaluated in conjunction with the counsellor's Risk Assessment to judge the status of the client's own safety.
  - 7) Particular attention will be paid in the Initial Assessment to ensuring that the client understands and accepts the boundaries of confidentiality that can be offered.
  - 8) At the conclusion of this session, the counselling staff team will assess the information collected and accordingly will allocate the client to an appropriate Counsellor who will then initiate contact with the client to arrange counselling.
  - 9) At the commencement of counselling the Counsellor will reiterate the contents of the Agreement to Counselling, checking the client's understanding and then both parties will sign the document, indicating their consent to the counselling process.
  - 10) If a client discloses any matter which may raise Child Protection/Adult at Risk issues in relation to themselves or another, then the Counsellor will consult, as soon as reasonably possible after the end of the counselling session (and no later than 24hrs), with the Light House Safeguarding Lead or a Staff Counsellor to ensure appropriate action is taken.
  - 11) If the status of the client's own safety becomes at risk (contemplating suicide), then the Counsellor will encourage the client to contact his/her GP or other appropriate means of help e.g. Crisis team, whilst the counsellor is present. If the client will not agree to do this then the Counsellor will ask for the client's permission to do this on his/her behalf. If the client will not give his/her permission, the counsellor will remind him/her of the limits of

confidentiality as per the Agreement to Counselling and that he/she will be kept informed of any action that Light House may take in order to secure his/her safety. The Counsellor will seek advice from the Light House Safeguarding Lead or a Staff Counsellor who may contact the Coventry Safe-guarding team where necessary (if client is at risk of harm or abuse), the client's GP or enlist the assistance of the crisis team or other appropriate agency.

- 12) Re the above and obtaining consent of the client (adult at risk) the mental capacity of the adult at risk and their ability to give their informed consent to an alert being made and action being taken under this Safe-guarding procedure is significant but is not the only factor in deciding what action to take. The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions:

- About an alert
- About actions that may be taken under multi-agency policy and procedures
- About their own safety, including an understanding of the potential for longer term harm as well as immediate effects and
- An ability to take action to protect themselves from future harm.

### **Alerting without consent**

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, an alert must be made. This includes situations where:

- Other people or children could be at risk from the person causing harm
- It is necessary to prevent crime or if a serious crime may have been committed
- There is a high risk to the health and safety of the adult at risk
- The person lacks capacity to consent

The adult at risk would normally be informed of the decision to alert and the reasons for this, unless telling them would jeopardise their safety or the safety of others.

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to an alert being made, the Light House Safeguarding Lead or a Staff Counsellor will make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

The key issue in deciding whether to make an alert is the harm or risk of harm to the adult at risk and any other adults who may have contact with the person causing harm or with the same organisation, service or care setting.

If there is uncertainty whether to alert the Light House Safeguarding Lead or Staff Counsellor will contact the local Safeguarding Adults referral point for advice.

### **Raising an Alert: Stage 1**

Where there is suspicion that an adult at risk is being **abused** then it is necessary to raise an alert, which is a report to the local safeguarding agency that an adult at risk may have been, is, or might be abused. An alert may arise as a result of a disclosure, an incident, or



other signs or indicators. The Light House follows the guidelines laid down in the *Safeguarding Adults: multi agency policy and procedures for the West Midlands Version 2.0* for raising an alert, which is to bring the concern to the attention of the lead agency for the safeguarding process, which are as follows:

An alert should be made when there is concern that:

- an adult is at risk of harm and
- is being abused and
- risks significant harm.

### **Roles and responsibilities**

It is the responsibility of the counsellor who suspects that an adult is at risk of harm or abuse to speak to the Light House Safeguarding Lead or a Staff Counsellor immediately after the end of their session to voice their concerns. If for any reason they are not available, then the counsellor should raise the alert themselves with the safeguarding agency.

### **Timescales**

Immediate action may be required to safeguard the adult at risk, when they request this or when they cannot safeguard themselves.

Alerts must be notified to the local lead agency for safeguarding within the same working day.

### **Process**

#### *Acting to protect the adult at risk and deal with immediate needs*

- Make an immediate evaluation of the risk and take steps to ensure that the adult at risk is in no immediate danger. Consider whether a protection plan is required. Are there any other adults at risk who need safeguarding? Evaluate the risk to them and the need for a protection plan. Where appropriate, dial 999 for an ambulance if there is need for emergency medical treatment.
- Consider supporting and encouraging the adult at risk to contact the police if a crime has been or may have been committed.
- Do not disturb or move articles that could be used in evidence and secure the scene (e.g. by locking the door to a room).
- Contact the children and families department if a child is also at risk.
- If possible, make sure that other service users are not at risk.

#### *Responding to an adult at risk who is making a disclosure*

- Assure them that you are taking them seriously.
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage.



- Do not give promises of complete confidentiality.
- Explain that you have a duty to tell the Safeguarding Lead or other designated person, and that the adult at risk's concerns may be shared with others who could have a part to play in protecting them.
- Reassure them that they will be involved in decisions about what will happen.
- Explain that you will try to take steps to protect them from further abuse or neglect.
- If they have specific communication needs, provide support and information in a way that is most appropriate to them.
- Do not be judgemental or jump to conclusions.

#### *Reporting to Light House Safeguarding Lead*

- If you are concerned that a member of staff has abused an adult at risk, you have a duty to report these concerns.

#### *Taking immediate management action to identify and address the risk*

- The Light House Safeguarding Lead or a Staff Counsellor (in absence of the Safeguarding Lead) is designated to receive alerts and to make Safeguarding Adult referrals. Once the concern has been raised with the Light House Safeguarding Lead or a Staff Counsellor, they will decide without delay on the most appropriate course of action.

#### *Supporting immediate needs*

In line with information sharing considerations, the Light House Safeguarding Lead or a Staff Counsellor may need to take the following action:

- Make an immediate evaluation of the risk to the adult at risk.
- Take reasonable and practical steps to safeguard the adult at risk as appropriate.
- Consider referring to the police if the suspected abuse is a crime.
- If the matter is to be referred to the police, discuss risk management and any potential forensic considerations with the police.
- Arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police.
- If there is a need for an immediate protection plan, refer to the relevant adult social care services or mental health team, or the relevant adult care services emergency duty team if out of hours.
- If the person alleged to have caused the harm is also an adult at risk, inform the appropriate agency.
- Make sure that other people are not at risk.
- Take action in line with the Light House's disciplinary procedures, as appropriate, if a member of staff is alleged to have caused harm.

#### *Speaking to the adult at risk*

It may be appropriate for the Light House Safeguarding Lead or Staff Counsellor to speak to the adult at risk. In doing this, they should consider the following:

- Speaking to them in a private and safe place and informing them of any concerns. It is essential to ensure that the person alleged to have caused harm is not present.
- Getting their views on what has happened and what they want done about it.
- Giving them information about the Safeguarding Adults process and how that could help to make them safer.
- Explaining confidentiality issues, how they will be kept informed and how they will be supported.
- Identifying communication needs, personal care arrangements and access requests.
- Discussing what could be done to ensure their safety

If it is felt that the adult at risk may not have the capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

It is important to establish whether the adult at risk has the capacity to make decisions. This may require the assistance of other professionals. In the event of the adult at risk not having capacity, relevant decisions and/or actions must be taken in the person's best interests. The appropriate decision-maker will depend on the decision to be made.

#### *Considering the person alleged to have caused harm*

*The alerter* should not discuss the concern with the person alleged to have caused harm, *unless* the immediate welfare of the adult at risk makes this unavoidable.

*The Safeguarding Lead or a Staff Counsellor* will consider liaison with the police regarding the management of risks involved. However, if the person is a member of staff an immediate decision has to be made regarding appropriate formal action under disciplinary procedures, they may be suspended from work pending an investigation. The person also has a right to know in broad terms what allegations or concerns have been raised about them.

If the person causing harm is another service user, action taken may include removing them from contact with the adult at risk. In this situation, arrangements will be put in place to ensure that the needs of the person causing harm are also met.

The Safeguarding Lead will ensure that any staff or volunteer who has caused risk or harm is not in contact with service users and others who may be at risk (e.g. whistleblowers).

#### *Alerting and sharing information with the local authority*

If the alert is **raised** by a member of staff (or a volunteer), it will normally be **made** by the Safeguarding Lead. However, *anyone* can make an alert and should do so in situations where, for example, discussion with the Safeguarding Lead will involve delay in a high-risk situation or where the person has already raised concerns with the Safeguarding Lead, but no action has been taken.

As well as deciding whether or not to alert a Safeguarding Adults referral point, the Light House Safeguarding Lead or a Staff Counsellor will also decide whether to follow other

relevant organisational reporting procedures. Where an alert indicates that a member of staff may have caused harm, referral to the organisation's disciplinary procedures will also be considered.

An alert must always be made when the person is an adult at risk and there is a concern that they are being, or are at risk of being, abused or neglected, or are at risk of, or have experienced, significant harm

#### *Factors to consider*

- Is there any doubt about the mental capacity of an adult at risk to make decisions about their own safety? Please be aware that capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress.
- How vulnerable is the adult at risk? What personal, environmental and social factors contribute to this?
- What is the nature and extent of the abuse?
- Is the abuse a real or potential crime?
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the individual? What physical and/or psychological harm is being caused? What are the immediate and likely longer-term effects of the abuse on their independence and wellbeing?
- What impact is the abuse having on others?
- What is the risk of repeated or increasingly serious acts involving the person causing the harm?
- Is a child (under 18 years) at risk?

If there is any doubt the Light House Safeguarding Lead or a Staff Counsellor will make contact with the local safeguarding managing officer to discuss the situation.

#### *Obtaining consent*

The mental capacity of the adult at risk and their ability to give their informed consent to an alert being made and action being taken under these procedures is significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions:

- about an alert
- about actions that may be taken under multi-agency policy and procedures
- about their own safety, including an understanding of the potential for longer-term harm as well as immediate effects and
- an ability to take action to protect themselves from future harm.

#### *Alerting without consent*

If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, an alert *must* be made. This includes situations where:

- other people or children could be at risk from the person causing harm
- it is necessary to prevent crime or if a serious crime may have been committed
- there is a high risk to the health and safety of the adult at risk
- the person lacks capacity to consent.

The adult at risk would normally be informed of the decision to alert and the reasons for this, unless telling them would jeopardise their safety or the safety of others.

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to an alert being made, the Light House Safeguarding Lead or a Staff Counsellor will make a decision in their best interests in accordance with the provisions set out in the MCA 2005.

The key issue in deciding whether to make an alert is the harm or risk of harm to the adult at risk and any other adults who may have contact with the person causing harm or with the same organisation, service or care setting.

If the Light House Safeguarding Lead or a Staff Counsellor is unsure whether to alert, they will contact the relevant Safeguarding Adults referral point for advice.

#### *Evidence-gathering and victim care*

The police will always be responsible for the gathering and preservation of evidence to pursue criminal allegations against people causing harm and should be contacted immediately. However, other organisations and individuals can play a vital role in the preservation of evidence to ensure that vital information or forensics are not lost. The police are required to obtain oral (spoken) evidence in specific ways as defined by the Police and Criminal Evidence Act (PACE) 1984. For some vulnerable witnesses this means that their evidence has to be obtained in accordance with the YJCEA 1999, which is designed to help them to give evidence and provides a number of 'special measures' to enable them to do this.

#### *Preserving evidence*

The first concern is to ensure the safety and wellbeing of the alleged victim. However, in situations where there has been, or may have been, a crime and the police are called they will be responsible for the gathering of forensic and other evidence. The police will attend the scene, and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost. Please be aware that evidence may be present even if you cannot actually see anything.

- Try not to disturb the scene, clothing or victim if at all possible.
- If the allegation or disclosure concerns a possible rape or sexual assault, try to discourage the adult at risk from washing, showering or bathing, or from washing their clothes.
- Secure the scene (e.g. lock the door).

- Preserve all containers, documents and locations.
- If in doubt contact the police and ask for advice.

### *Recording*

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident either as a victim, suspect or potential witness. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

You must make an accurate record *at the time*, including:

- Date and time of the incident.
- The appearance and behaviour of the adult at risk.
- Any injuries observed.
- Exactly what the adult at risk said, using their own words (i.e. their account) about the abuse and how it occurred. Alternatively, this may take the form of exactly what has been reported to you.
- The views and wishes of the adult at risk.
- Any actions and decisions taken at this point.
- Exactly what you saw if you witnessed the incident.
- A record of what any witnesses said.
- The name and signature of the person making the record.

The record should be factual. 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.

### *Who else should be informed?*

Where relevant the Light House Safeguarding Lead will consider informing:

- the unit or service manager responsible for the management of the service
- the Safeguarding Adults lead in the organisation or service
- the police, if a crime has been, or may have been, committed
- the area CQC if the adult is living in a care home, receiving personal care or another registered resource or service
- the relevant children and families team if children are also at risk from harm.

### *Supporting staff*

The Light House Safeguarding Lead is responsible for:

- supporting any Light House member of staff or volunteer who raised the concern
- enabling and supporting relevant staff to play an active part in the Safeguarding Adults process

- ensuring that any staff delivering a service to the adult at risk are kept up to date on a need-to-know basis and do not take actions that may prejudice the investigation.

### **Anonymous alerts**

#### *Paid employees and volunteers*

While every effort will be made to protect the identity of staff or volunteers who are raising concerns, the anonymity of alerters cannot be guaranteed throughout the process. It is particularly important to be aware of the following:

- In cases where the police are pursuing a criminal prosecution, staff or volunteers may be required to give evidence in court.
- All information from the adult safeguarding and disciplinary investigations will be shared with the person identified as causing harm where a referral to the ISA is made.
- There is a possibility that a Light House worker may be asked to give evidence at an employment tribunal.
- Anybody can be requested to give evidence when the employer has referred a member of staff to a professional body such as the Nursing and Midwifery Council (NMC), the General Social Care Council (GSCC) or the General Medical Council (GMC).
- The person causing harm may request to see information held about them under the Data Protection Act (DPA) 2018, which fulfils the requirements of GDPR (EU)

### **Referral: Stage 2**

An alert becomes a referral when the details reported to the local Safeguarding Adults referral point by the designated alerting person(s) at the Light House lead to an adult safeguarding investigation / assessment by the Coventry Safeguarding Team. Accepting a referral begins a process of gathering facts, assessment of the allegation, assessment of the adult at risk's needs and a risk assessment to decide whether the Safeguarding Adults policy applies. If it does it will initiate action under the Safeguarding Adults Procedures laid down in the Safeguarding Adults: multi-agency policy and procedures for the West Midlands Version 3.0.

<https://www.coventry.gov.uk/downloads/file/31335/west-midlands-adult-safeguarding-policy-and-procedures>

### **Complete Disclosure Forms : Stage 3**

**These are found in Appendix 2 of this document.**

## **Appendix 1: Useful contact numbers**

**Light House: Safeguarding Lead – James Rose**

**Contact in emergency: Mobile: 07525778098**

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### **Coventry Safeguarding Team Contact Numbers:**

Multi-Agency **Safeguarding** Hub on **024 7678 8555**

If you wish to report an emergency matter always dial **999**. Social worker (out of office hours): **024 7683 2222**

To report your safeguarding concerns, you can also contact Adult Social Care Direct on 024 7683 3003 or email [ascdirect@coventry.gov.uk](mailto:ascdirect@coventry.gov.uk).

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### **Crisis Resolution and Home Treatment Teams**

24/7 Support and treatment for people experiencing a psychiatric crisis and are already open to mental health services. Home treatment is offered as an alternative to hospital admission. **drugs or alcohol.**

**Telephone number:** Available to Health Professionals only

Various locations across Coventry & Warwickshire

**Referral criteria:** Individuals open to IPU 3 - 8 via their allocated Care Co-ordinator

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### **Coventry Crisis Resolution and Home Treatment Team**

Caludon Centre, Clifford Bridge Road, Coventry, CV2 2TE

**Tel 111** and select mental health option

**Availability:** 24 hours/7 days



## Contact Numbers for Safeguarding children:

If you suspect or believe a child is suffering or is likely to suffer significant harm, including any form of mistreatment or abuse, you should report your concerns.

### ***Emergency***

If a child is in immediate danger or left alone, you should contact the police, you can call 101

West Midlands Police, Little Park Street

**0845 113 5000 or 101**

or call **999** in an emergency.

Or

Social worker (out of office hours): **Tel: 024 7683 2222**

<https://www.coventry.gov.uk/safeguardingchildren>

### ***Non Emergency***

If there is no immediate danger or you need advice or information, you should call the Coventry Multi-Agency Safeguarding Hub (MASH) on **024 7678 8555** or email [mash@coventry.gov.uk](mailto:mash@coventry.gov.uk)

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## **Advice/Information**

If you want to discuss your concerns or need advice e.g. if you are not sure whether your concerns are justified, you would like more information about issues like confidentiality or you would like to know what happens next (after you have reported your concerns), do one of the following:

**Call Childline** on 0800 1111

Call the **NSPCC** Helpline on 0808 800 5000

**Coventry Citizens' Advice Bureau** (advice not given over the phone)

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## **Advocacy**

### **Age UK (Older People's Advocacy)**

7 Warwick Road, Coventry, CV1 1EX

**Tel: 02476 231 999**

Website: <https://www.ageuk.org.uk/coventryandwarwickshire/>

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### **Grapevine (Advocacy for People with Learning Disabilities)**

123 Upper Spon Street, Coventry, CV1 3BQ

**Tel: 02476 631040**

E-mail: [admin@grapevinecovandwarks.org](mailto:admin@grapevinecovandwarks.org)

Website: <https://www.grapevinecovandwarks.org/>

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### **Independent Advocacy (Advocacy for People with Mental Health Problems)**

**Tel: 024 7669 7443**

E-mail: Form on website

Website: <https://www.independentadvocacy.org/>

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### **Carers' Trust Heart of England**

6 Queen Victoria Road, Coventry, CV1 3JH

**Tel: 02476 632972**

E-mail: [contactus@carerstrusthofe.org.uk](mailto:contactus@carerstrusthofe.org.uk)

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If they are not a service user of family carer but e.g., a member of the public they can seek support at:

## **Central England Law Centre (formerly 'Coventry Law Centre')**

Kirby House, 15 Little Park St, Coventry, CV1 2JZ

**Tel: 02476 223 053**

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### **Useful links**

#### **Care Act**

<http://www.legislation.gov.uk/ukpga/2014/23/contents>

#### **Carer and support statutory guidance-**

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

#### **Prevent**

<https://www.gov.uk/government/publications/prevent-duty-guidance>

#### **Information sharing**

<https://www.scie.org.uk/care-act-2014>

#### **West Midlands & Warwickshire Safeguarding Boards**

<https://westmidlands.procedures.org.uk/>

<https://www.safeguardingwarwickshire.co.uk/safeguarding-adults/i-work-with-adults/west-midlands-regional-safeguarding-information-hub>

#### **Data Protection Act**

<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

#### **Mental Capacity Act**

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

# The Light House: Disclosure/Suspicion of Adult Abuse

## Recording Proforma

### Section 1: Victim Details

Title	Surname	Forename	D.O.B.
Home Address		Current Address	
Post Code		Post Code	
GP		Next of Kin	Relationship
Surgery			
Tel:		Address	
Gender	Ethnicity	Tel:	
		Religious Cultural Needs	Communication Needs
Mental Capacity	Advocacy/Support Needed	Consent to referral	
Yes      No	Yes      No	Yes      No	

### Section 2: Your Details

Name		Job Title	
Address		Tel:	
		E-mail	
			Date

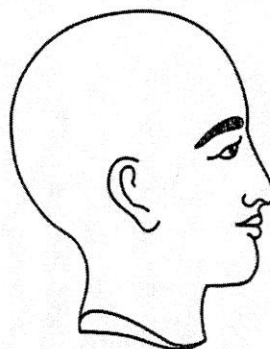
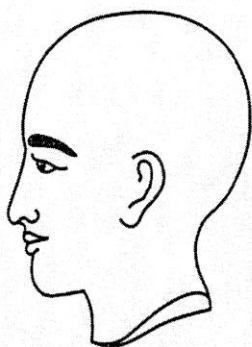
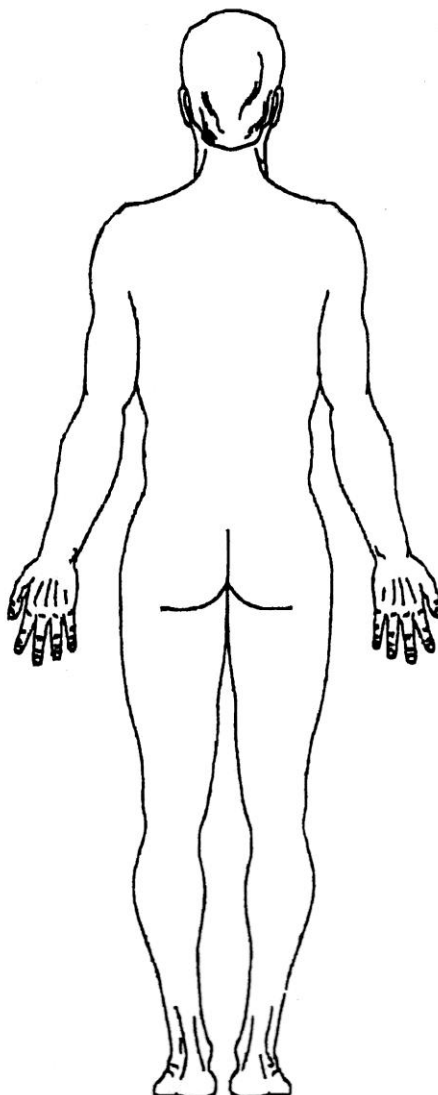
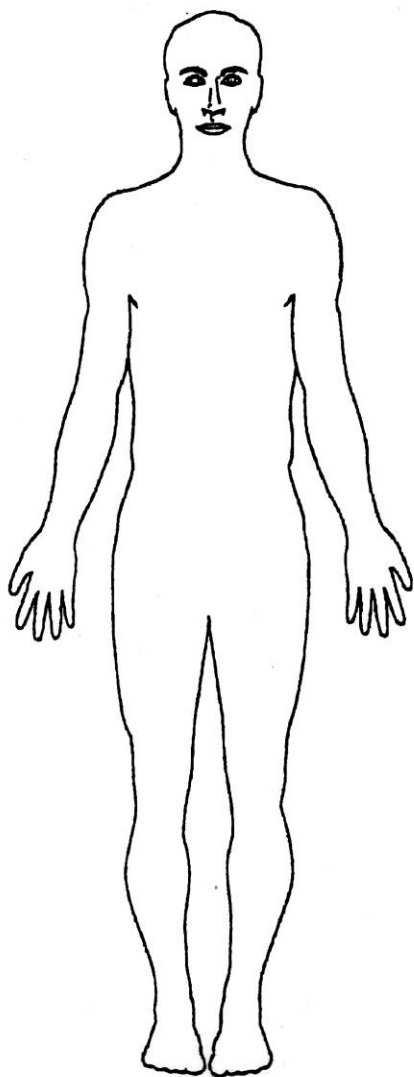
### Section 3: Disclosure Details

Disclosure Received/Suspicion had by:	Time	Location	
	Date		
Relationship to Victim		Tel:	
Date & Time of occurrence	---/---/20-- at	Location of Alleged Abuse	
Ongoing	Yes / No / Unsure		
Type of Alleged Abuse (see page 4/5)			
WHO ELSE KNOWS (PERSONS OR AGENCIES)?			
Names	Role	Organisation	Phone Number

**GIVE DETAILED ACCOUNT ON NEXT PAGE:**

Describe the incident:			
Apparent Injuries (cuts, bruises, etc) in detail including approximate size:			
Discussed with victim: Yes/No		Name of person who discussed incident with victim	
Observed or reported effect on victim:			
Name of alleged abuser	Job Title	Address	
Details of any action taken			
Names of People Present	Job title	Contact Details	Witness? Y or N
Action taken for immediate safety/treatment of injuries (incl First Aid/ Medical Aid/GP)			

**Body map** Please see details of allegation



**Name of person completing this form**

## REFERRAL PROCESSING CHECKLIST

- ☐ Have all sections of page 19 been completed?
- ☐ If no consent given what is the reason? \_\_\_\_\_
- ☐ Has positive action been taken?
- ☐ Has the type of abuse been identified on page 19?

Physical		Financial/Material	
Sexual		Discriminatory	
Verbal		Institutional	
Psychological/Emotional		Neglect or acts of omission	
Neglect		Modern Slavery	
Domestic Abuse		Forced Marriage	

- ☐ Have all sections of page 20 been completed
- ☐ Have all sections of page 21 been completed
- ☐ Has the person completing the form given their name at the foot of page 21?
- ☐ Has the Light House Safeguarding Lead been informed and in receipt of this information?