



Enriching Lives of People with Disabilities & Maximising Potential
#OneLifeLetsLiveIt

Safeguarding Adults at Risk Framework

Wirral Evolutions – Safeguarding Adults at Risk Framework

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1. Introduction

Wirral Evolutions Ltd was incorporated in 2015 as a private company limited by shares and trading as a Local Authority Trading Company (LATCo) to provide personalised day services and opportunities for adults with a wide range of learning and physical disabilities.

Our service aims to enrich the lives and opportunities for adults with disabilities through maximising their full personal potential. By placing the people at the heart of everything we do, we work hard to ensure that our service delivery is of the highest quality, enabling greater outcomes and benefits for the people we support.

A fundamental right of everyone is to live a life free from harm and abuse and safeguarding adults protects the right to live in safety. We are committed to proactively preventing abuse and neglect and recognising it is everyone's responsibility to work together to achieve this.

By integrating safeguarding in our overall approach Wirral Evolutions will play a critical role in promoting procedures and an organisational culture which keeps people safe, prioritising safeguarding within internal practices and reflects local safeguarding arrangements.

If abuse or neglect does occur it is our commitment to deal with concerns quickly, effectively and proportionately, with the individual placed at the centre and to be heard throughout the process. It is critical that values and systems are in place and the response underpins personalisation working towards maintaining a positive safeguarding culture.

Our Board ensures that corporate governance is adhered to and that there are policies and procedures in place, which balance the needs of the people we support, the business and our shareholders.

2. Policy Statement

Wirral Evolutions has developed this framework to describe the processes to be followed, when undertaking statutory functions to meet the care and support needs of adults. Each procedure reflects the over-arching commitment to put the people who we support, at the centre of all decisions which are made. The focus on personal wellbeing, information, choice and control is at the heart of how care and support is provided by Wirral Evolutions.

Wirral Evolutions adopts the North West Safeguarding Adults Policy, which has also been adopted by the Knowsley, Liverpool, Sefton and Wirral Safeguarding Adults

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Board and Wirral Practice Guidance on the Criteria for Safeguarding Referrals and Section 42 Enquiries.

All our work, whether voluntary or paid, is based on our core values and on supporting people to advocate for themselves as far as possible. Wirral Evolutions is committed to ensuring that its staff, volunteers and the people we support are aware of the issues surrounding abuse and their responsibilities and rights as part of the Safeguarding Adults at Risk Framework. The framework is mandatory and applies to all staff, volunteers and Board members.

Wirral Evolutions believes no adult should ever experience abuse of any kind. Our organisation provides a range of services for the people we support, their parents and carers. We recognise the vital role the organisation can play in safeguarding and promoting the welfare of them.

As a provider of services for adults, we acknowledge that the people we support are at an increased risk of experiencing abuse. Therefore, we have a duty of care to protect them from harm and to act on concerns where they come to our attention.

3. Principles

As a social care organisation, WE have a responsibility to follow the six safeguarding principles enshrined in the Care Act 2014. These six principles underpin all safeguarding work:

- **Empowerment** – personalisation and the presumption of person-led decision making and informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionate** – a proportionate and least intrusive response is made balanced with the level of risk
- **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

Promoting Wellbeing is a guiding principle relating to a broad range of aspects of a person's life including:

- personal dignity and respect

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- physical and mental health, and emotional wellbeing
- protection from abuse and neglect
- control by the individual over their day-to-day life

4. Definitions

1.1 An Adult at risk is:

A person aged 18 or over who needs care and support, regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

1.2 Abuse is:

The violation of an individual's human or civil rights by any other person or persons. Abuse may be a single act or a series of acts (No Secrets Act, 2000).

- Abuse can be a single event, a repeated act or a collection of acts.
- It is the feelings and consequences for the victim that determines if an act is abusive, not the intentions behind the act.
- An act that was intended to be abusive or experienced as being abusive must be treated as abuse.
- Abuse can occur in any situation where someone is dependent on another person for physical, emotional or social support.

1.3 Adult safeguarding means:

- Protecting the rights of adults to live in safety, free from abuse and neglect.
- People and organisations working together to prevent and stop both the risks and experience of abuse or neglect.
- People and organisations making sure that the adult's wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action.
- Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or wellbeing.

1.4 Capacity is:

The Mental Capacity Act 2005 is underpinned by five key principles:

- A presumption of capacity – every adult has a right to make his or her own decisions and must be assumed to have the capacity to do so unless it is proved otherwise.

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- Individuals being supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make his or her own decisions.
- Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric.
- Best interests – anything is done for or on behalf of a person who lacks mental capacity must be done in their best interest.
- Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all.

1.5 Local Safeguarding Adult Boards (LSAB) is:

Each local authority must have a LSAB to assure itself that local safeguarding arrangements and partners act to help and protect adults at risk. LSABs will oversee and lead adult safeguarding and will be interested in all matters that contribute to the prevention of abuse and neglect.

1.6 Safeguarding Adults Review (SAR) is:

Undertaken when an individual with care and support needs dies or suffers unnecessarily as a result of abuse or neglect and there is a concern that the local authority or a partner organisation could have done more to protect them.

1.7 Safeguarding Failures

Anyone can refer a case to be considered for SAR. The referral form can be accessed via the Merseyside Safeguarding Adults Board website:
www.merseysidesafeguardingadultsboard.co.uk

For more definitions, please see Appendix 1.

5. Responsibility of Designated Leads

All safeguarding concerns should be notified to Wirral Evolutions Designated Safeguarding lead, Head of Operations or deputy, who will notify the Non-Executive Director for Quality & Care as the Board member with designated responsibility for safeguarding.

The designated leads are responsible for:

- Offering consultation and support to staff and volunteers with an adult safeguarding concern.

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- Liaising with other organisations on individual cases of suspected or identified abuse.
- Acting as a contact for Wirral Evolutions.
- Co-ordinating action within Wirral Evolutions on safeguarding issues.
- Liaising with staff and volunteers on a need-to-know basis so that the adult's right to privacy is protected.
- Ensuring that staff and volunteers are aware of Wirral Evolutions Safeguarding Adults at Risk Framework.
- Raising awareness about safeguarding Adults at Risk through promoting training for staff and volunteers and ensuring their own professional knowledge and development is up to date.
- Regularly review safeguarding referrals and care concerns across the services to identify emerging trends, making recommendations adapting our approach to adults at risk of abuse. Evidence learning with a focus on qualitative reporting on outcomes in addition to quantitative measures.

6. Responsibility of Individual Staff or Volunteers

Wirral Evolutions strives to adopt a pro-active approach to safeguarding adults at risk. This means we will work to prevent abuse as well as to respond effectively when it occurs. When an allegation or suspicion of abuse does occur, our staff and volunteers have a responsibility to take the matter seriously and to deal appropriately with the issues by following the guidance in this framework.

Safeguarding is everyone's responsibility, and all staff and volunteers are given appropriate and mandatory levels of training and regular supervision to help ensure the safety of the people we support.

Wirral Evolutions well developed policies and procedures ensure the workforce know what is expected of them with respect to standards of behaviour and performance. In addition to compliance with laws and regulations, provides guidance for decision-making, improves service quality, transparency and accountability.

Detailed below are key points for staff and volunteers.

- Everybody involved with Wirral Evolutions has a responsibility when it comes to the prevention of abuse and the reporting of incidents of abuse.
- Everybody has a duty of care to report any incidents, suspicions or concerns of abuse. Someone does not have to be known to the local authority for alleged abuse to be reported.
- Those staff and volunteers who come into contact with children, young people, parents and carers in the course of their work also have a responsibility to

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safeguard and promote the welfare of children and young people. (Children identified as 'at risk' by the behaviour of their parents/carers should be referred by adult workers into Children's Services on 0151 606 2008, or if out of hours, 0151 677 6557; email IDF@wirral.gov.uk)

- Clear evidence of abuse may not be present and so raising concerns about possible abuse is very important.
- No one who is involved with Wirral Evolutions should ever prevent or persuade another person from raising concerns, suspicions or presenting evidence.
- There may be occasions when people feel it is appropriate to raise their concerns in a confidential way e.g. where there are concerns about a senior manager, they are concerned about reprisals from an alleged perpetrator. In this case, Wirral Evolutions Whistleblowing procedure should be used.
- People should never use the Safeguarding Adults at Risk Framework or the Whistleblowing procedure for malicious purposes.
- Failure to report possible abuse or preventing someone from reporting possible abuse amounts to gross misconduct and staff could be dismissed for this and volunteers will no longer be able to volunteer for Wirral Evolutions.

As well as the above Managers should also do the following:

- Encourage staff, volunteers, and the people we support (where they have contact) to raise their concerns and always respond in a positive and constructive manner.
- Provide staff, volunteers, and the people we support (where they have contact) with information on how to report their concerns should they implicate someone in a senior role.
- Observe the right of confidentiality of all parties when an allegation or investigation has been raised, recognising that failure to adhere to this prevents staff, volunteers, and the people we support from raising concerns in the first place.
- Understand that how they interact with staff and volunteers has a direct impact on the lives of the people we support.

As well as the above staff and volunteers that have direct contact with the people, we support should also do the following:

- Pay attention to the physical and emotional well-being of the people they are supporting and report anything that seems unusual or out of character.
- Immediately report any incidents, suspicions or concerns of abuse to the appropriate senior member of staff.

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- Understand the impact of all aspects of their work/volunteering on the lives of the people they support, ensuring that this impact is always positive and creating a culture that prevents abuse from taking place.

7. Making Safeguarding Responses Personal

Embracing ‘Making Safeguarding Personal’ is vital to support best practice in safeguarding adults and helps put statutory responsibilities into practice, such as the Human Rights Act (1998), the Mental Capacity Act (2005) and the Care Act (2014).

Put simply, working in a person-centred way, it recognises people as experts in their own lives, working alongside and engaging with them in partnership in both prevention and responding to safeguarding issues. Supporting people to reach the outcomes they want with the emphasis being on wellbeing as well as safety.

Safeguarding responses should be swift and personalised and should involve the adult in the enquiries and decision making from the start. Central to this is having a genuine conversation with the adult to understand how we can help them to achieve the outcomes most important to them. The adult should experience the safeguarding process as empowering and supportive. This should encourage proportionate responses and improve outcomes for the adult concerned.

In practice we need to meet our statutory duty by ‘Making Safeguarding Personal’ by:

- Gaining consent from the adult, where able, if there are capacity issues, that have been assessed and are decision specific, or the adult is considered to have substantial difficulty being involved, a suitable advocate or representative should be engaged
- Wherever possible gain consent and seek their views, unless doing so is likely to increase the risk to them or put others at risk
- Identifying desired outcomes as stated by the adult or their representative at the earliest point possible, and reviewing outcomes after action has been taken
- Responding to safeguarding concerns quickly, taking proportionate action
- Using the least intrusive response appropriate in addressing risks
- Identifying whether abuse was unintentional or not, as this may affect the response
- Making suitable enquiries to enable risk assessment on the presenting facts
- Taking action to prevent future abuse or neglect

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- Ensuring that the individual is not being unduly influenced into not engaging with the safeguarding process

8. Types and Indicators of Abuse

Abuse can take many forms. Individuals should not be constrained in their view of what constitutes abuse or neglect; cases should always be viewed on the individual circumstances.

It is important to remember that it is not unusual for several types of abuse to occur at the same time and that the signs and indicators of abuse will vary from person to person. All abuse should be taken seriously; even if it appears to be a minor act the effects of even the smallest abuse can be devastating for the victim. Minor acts of abuse can often be a sign of more serious and hidden forms of abuse.

Please see Appendix 2 for more information.

9. Prevention

Creating and promoting the right culture at Wirral Evolutions will prevent abuse and ensure any potential problems are detected early and acted upon. Findings from serious case reviews have sometimes stated that if staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

Every member of staff and volunteer throughout Wirral Evolutions has a part to play in creating this culture. The following are key points which will help to promote a culture of adult protection. All staff and volunteers should seek to implement these and expand on them where they can.

- **Openness:** It is important that we ensure we enable staff and volunteers to reflect on their work and that as an organisation as a whole we are open to change. External parties, new staff and volunteers can often come with good ideas and insight. It is important that we also welcome and respond to external input as well.
- **Positive Approach to Complaints:** Wirral Evolutions has a written procedure outlining how a person using our services or someone acting on their behalf can complain. Comments and complaints from people are a valid and valuable way to learn and improve services and no one should be expected to tolerate a service that he or she is not happy with. It is important, therefore, that all people who use our services should be made aware of how to use the complaints procedure and actively supported to access it when required.

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- **Zero Tolerance:** An acceptance by staff and volunteers of low levels of abuse, from whatever source, will ultimately lead to a culture that will foster and hide more serious abuse. Therefore, staff, managers and volunteers must operate a zero-tolerance policy in relation to all acts of low-level abuse. This includes incidents between the people we support or between members of staff. Zero tolerance means that any abusive behaviour between any persons connected with Wirral Evolutions will be responded to and preventative/disciplinary measures used where appropriate.
- **Person Centred Planning and Promoting Service User Involvement:** The services we provide are far more likely to meet individuals needs if people who use our services are involved fully in the planning, delivery, and management of it. Decisions should always be made with people rather than for them regardless of the level of their disability. Staff, management and volunteers should ensure that the people using services are fully involved in planning activities both through formal and informal consultation.
- **Advocacy:** Independent advocacy support should be accessed to help promote people's rights. This could be for groups of people or for people on an individual basis.
- **Staff and Volunteer Supervision and Support:** All Wirral Evolutions staff and volunteers are given regular, structured supervision. This ensures that staff and volunteers are supported in carrying out their role within the organisation and given the opportunity to raise problems or concerns, in particular with regards to any issues concerning the safeguarding of adults.
- **Recruitment:** Wirral Evolutions recruitment procedure ensures that all paid and voluntary positions with access to vulnerable adults or children are subject to enhanced DBS checks.
- **Monitoring:** Senior leaders in the organisation monitor all Wirral Evolutions services. Monitoring the services helps to ensure that regulatory standards are met and provide good quality support. Senior staff will take action when standards are below that expected.
- **Training:** The provision of regular training to all staff and volunteers is essential to both tackling and preventing abuse. All Wirral Evolutions staff and volunteers are required to complete a comprehensive induction process and an ongoing training programme that includes specific training on awareness, responding to abuse and this framework.

Support to Parent/Carers

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- Wirral Evolutions endeavours to build up trusting and supportive relationships with individuals, the families and the workforce both paid and unpaid.
- Wirral Evolutions will continue to welcome the individual and the family or carer whilst investigations are being carried out.
- Confidential records kept on an individual are shared only if appropriate under the guidance of the SABs.
- Wirral Evolutions will ensure the individual is at the centre of everything we do and will ensure families and carers are supported.

10. Allegations/Concerns against the Workforce (both paid and unpaid)

- The name and contact details of the designated safeguarding lead will be available to all parents, staff and volunteers if they have any anxieties about the running of a service. Parents and carers will be encouraged to voice any concerns in the first instance to a supervisor or manager as soon as appropriate, unless they are implicated. The primary concern of the workforce must always be for the safety of the adult at risk.
- Wirral Evolutions will ensure the people we support, workforce and parent/carers, know how to complain about staff or volunteers, which may include allegations of abuse.
- Wirral Evolutions follow the guidance of the SAB when investigating and recording any complaint that a member of staff or volunteer may have abused an individual. This will include reporting to the Local Authority, all allegations that an adult may have been harmed or that a criminal offence may have been committed whether or not it is believed to be valid.
- Wirral Evolutions accepts that referral to the Local Authority may result in various outcomes including: no action if patently untrue; referral back to Wirral Evolutions disciplinary or complaints procedures; social care or police investigation.
- Staff or volunteers will be suspended during the process if a formal social care or police investigation is instigated.
- All allegations will be investigated.
- Wirral Evolutions is entitled not to accept the resignation of an employee subject to a PIPOT investigation.
- See Appendix 8 for PIPOT flow chart

11. Confidentiality and Information Sharing

All staff and volunteers should follow clear principles of confidentiality in relation to the people we support. However, there will be occasions when it is appropriate to share

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information about the person supported in order to protect their best interests, and therefore, you should never give assurance of absolute confidentiality.

It is a legal requirement that agencies and professionals work together around safeguarding issues. It is important that each service should ensure they have contact details for all other professionals in your clients' support networks. Wirral Evolutions has clear policies and procedures on information sharing and around working with other agencies. Each occasion should be assessed on a case by case basis, and information given on a 'need to know' basis, and when it is in the best interests of the person supported.

Staff and volunteers should always try to obtain informed consent from the people we support before sharing information, however, if this is not possible it may be necessary to override this requirement (e.g., limited communication abilities or understanding) – especially if adults are at risk. Where an individual refuses to give consent or is unable to consent around an issue of abuse, the Crime and Disorder Act 1998, Section 115 gives a person the power to report a suspected crime to the police, probation service, local authority or health authority who then have a duty to respond. Staff should seek management support, from their line manager or designated leads, to decide whether to share information without consent.

See Appendix 3 for principles of sharing information.

12. Data Protection

The General Data Protection Regulations (GDPR) allows organisations to share special information (the GDPR term for sensitive information) about clients without their consent in some limited circumstances. They are:

- To protect the vital interests of an individual – the vital interest's condition also extends to any other individual who might be impacted by the abuse. Where the individual lacks the capacity to give meaningful consent. Where the use of information for the provision of social care, treatment, system, and services.
- In addition to GDPR all personal information is subject to the principles of the Freedom of Information Act 2000, the Data Protection Act 1998, the Human Rights Act 1998 and common law.
- These Data protection laws allow us to have a 'common sense' approach to handling information and ensures that we do this in a sensible way.

Where information is shared without the consent of the individual details about the information shared, the reasons why the decision to share the information was taken, who authorised the sharing of the information and the person/s with whom the information was shared must be recorded.

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Good practice dictates that the person who withheld consent must be informed that information has been shared without consent. However, there may be circumstances where this is not possible or where caution needs to be exercised around the timing of such an action e.g. in very complex safeguarding situations.

Please see Appendix 3 for further information around principles of sharing information.

13. Storage of Records

All records relating to any adult welfare concerns will be kept at The Grange, Corporate Services and the file will be held in a secure method.

Records relating to welfare will remain on file as long as the individual is associated with Wirral Evolutions. Records must be kept in such a way that cumulative evidence of possible abuse might be clearly determined, i.e., a record of behaviour or appearance related to the individual's welfare must be systematically recorded so that progress can be detected or patterns established.

14. Related Policies, Procedures and Guidance

Related policies and documents:

- [Wirral Multi Agency Safeguarding Procedure](#)
- [North West Safeguarding Adults Policy](#)
- [Practice Guidance on the Criteria for Safeguarding Referrals and Section 42 Enquiries](#)
- [Wirral Adult Safeguarding Procedures](#)
- [Human Rights Act 1998](#)
- [MCA 2005](#)
- [DoLS 2007](#)
- [Equality Act 2010](#)
- [Care and Support Statutory Guidance 2014](#)
- [The Counter Terrorism and Security Act 2015](#)
- [Sexual Offences Act 2003](#)
- [Safeguarding Vulnerable Groups Act 2006](#)
- [Protection of Freedoms Act 2012](#)
- [Special Educational Needs and Disabilities \(SEND\) Code of Practice 0 – 25years](#)
- [Information Sharing – HM Government 2015](#)

15. Consultation

Trade Unions have an important part to play in providing advice and support to an employee and to facilitate a way forward, working in partnership with managers. The Trade Unions, staff representatives and Board of Wirral Evolutions were consulted on this framework.

16. Communication and Awareness

This framework is considered for internal staff, volunteers and Board members of Wirral Evolutions.

All employees must be made aware of and understand the need for this framework. WE will send out a clear message about its commitment to the framework.

All employees and managers are expected to comply with the terms of this framework. Roles and responsibilities are outlined within the framework.

Appendix 1

Further Definitions

A carer is:

In this document carer refers to family/friend carers as distinct from paid carers who are referred to as support workers. The Care Act defines the carer as an adult who provides or intends to provide care for another adult who needs support.

A concern is:

Describes when there is or might be an incident of abuse or neglect. Replaces the previously used term “alert.”

An Adult at risk is:

Any person who is aged 18 years or over and at risk of abuse or neglected because of their needs for care and support.

Child Protection:

Relates to any child (under 18) who has suffered from, or maybe at risk of, physical injury, neglect and emotional or sexual abuse. Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.

A Section 42 Enquiry is:

References the legislative duty for action to be taken or instigated by the Local Authority in response to a concern that abuse, or neglect may be taking place. The purpose of the enquiry is to establish whether or not the local authority or another organisation, or person needs to do something to stop or prevent the abuse or neglect.

The Equality Act 2010 is:

Protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws making the law easier to understand and strengthening protection in some situations.

Independent Mental Capacity Advocate (IMCA) is:

Established by the Mental Capacity Act 2005. IMCAs are mainly instructed to represent people who lack mental capacity when there is no-one outside of services, such as a family member or a friend, who can represent them. IMCAs are a legal safeguard who will help people make important decisions about where they live, serious medical treatment options, care reviews, or adult safeguarding concerns.

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Person/organisation alleged to have caused harm is:

The person/organisation suspected to be the source of risk to an adult at risk.

Person in position of trust is:

When a person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable.

A PIPOT is defined as any worker or volunteer who, in any setting, (including their private lives and regardless of whether this allegation is current or historical):

- Behaved in a way that has harmed or may have harmed an adult with care and support needs.
- Possibly committed a criminal offence, against or related to, an adult with care and support needs.
- Behaved towards an adult with care and support needs in a way that indicates s/he is unsuitable to work with adults with care and support needs.

Appendix 2

Types and Indicators of Abuse

Abuse can take many forms. Individuals should not be constrained in their view of what constitutes abuse or neglect; cases should always be viewed on the individual circumstances.

Type of Abuse	Typical Examples (including but not limited to)	Possible signs and symptoms (including but not limited to)
Physical abuse	<ul style="list-style-type: none"> ▶ hitting, slapping, pushing, kicking, spitting. ▶ unapproved or inappropriate use of physical restraint or restriction of movements. ▶ use of force or the threat of force. ▶ harsh manual handling (including the inappropriate use of hoists). ▶ Misuse of medication. 	<ul style="list-style-type: none"> ▶ history of unexplained falls or minor injuries especially at different stages of healing. ▶ unexplained bruising in well-protected areas of the body such as inside of thighs or upper arms, unexplained bruising, or injuries of any sort. ▶ burn marks of unusual type such as burns caused by cigarettes, carpet burns. ▶ history of frequent changing of GP's or the GP not being able to see the vulnerable person. ▶ storing of medicine which has been prescribed for the person, but not given. ▶ malnutrition, ulcers, bed sores and being left in wet/soiled clothing. ▶ agencies encountering difficulties in engaging with or being able to see the vulnerable person due to the actions of a third person such as a carer or relative.
Sexual abuse	<ul style="list-style-type: none"> ▶ rape and sexual assault or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting to. ▶ non-contact abuse, e.g., inappropriate use of language or coercion to view sexual acts or images of sexual acts. 	<ul style="list-style-type: none"> ▶ unexplained bruising in well-protected areas of the body such as inside of thighs or upper arms. ▶ unexplained injuries of any sort. ▶ withdrawal from friends and social activities. ▶ changes in mood, behaviour, sleep, or appetite. ▶ becoming increasingly anxious and fearful showing sexualised behaviour. ▶ contracting a sexually transmitted infection.

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<p>Psychological and emotional abuse</p>	<ul style="list-style-type: none"> ➤ threats of harm or abandonment. ➤ deprivation of contact. ➤ humiliation, blaming, controlling, coercion, verbal abuse. ➤ intimidation, bullying, harassment (including through use of social media). ➤ isolation or withdrawal from services or supportive networks. ➤ denial of cultural needs. ➤ inappropriate sanctions, e.g., restrictions or limitations on use of own property and belongings. 	<ul style="list-style-type: none"> ➤ inability to sleep or a tendency to spend long periods in bed. ➤ loss of appetite or overeating at inappropriate times. ➤ anxiety, confusion or just giving up. ➤ choosing to spend lots of time alone, away from others. ➤ appearing fearful and showing signs of loss of self-esteem.
<p>Financial abuse</p>	<ul style="list-style-type: none"> ➤ theft, fraud, exploitation. ➤ influencing (or trying to influence) the content of wills, property, inheritance, or financial transactions. ➤ misuse or misappropriation of money (including pensions or benefits), property, or belongings. 	<ul style="list-style-type: none"> ➤ unexplained inability to pay for household shopping or bills withdrawal of large sums of money which cannot be explained personal possessions going missing, living conditions are low compared to the money the person receives.
<p>Discriminatory abuse</p>	<ul style="list-style-type: none"> ➤ any abuse or harassment because of a person's race, gender, sexuality, disability or age 	<ul style="list-style-type: none"> ➤ withdrawal from social activities, spending lots of time alone, away from other. ➤ changes in mood, behaviour, sleep, or appetite. ➤ becoming increasingly anxious and fearful. ➤ anxiety, confusion or just giving up. ➤ showing signs of loss of self-esteem.
<p>Neglect and acts of omission</p>	<ul style="list-style-type: none"> ➤ leaving the person unattended for long periods or, abandoning them. ➤ lack of care including food, warmth, contact. ➤ failing to attend to physical needs such as toileting, dressing and washing. ➤ failing to provide access to appropriate health, social care or education services. ➤ Failing to attend to health needs e.g. not giving medication, not monitoring, or undertaking checks related to medical conditions. 	<ul style="list-style-type: none"> ➤ poor heating, lighting, maintenance of home. ➤ failure to give food or fluids. ➤ poor physical condition of the person such as ulcers, bedsores, unwashed, dirty clothing. ➤ medication not given as prescribed. ➤ unexplained weight loss ➤ failure to maintain appropriate privacy and dignity. ➤ visitors not allowed to see the person. ➤ inappropriate or inadequate clothing or being kept in night clothes during the day. ➤ not allowed access to glasses, hearing aids or other communication aids. ➤ being left without any way of calling for assistance.
<p>Organisational abuse</p>	<ul style="list-style-type: none"> ➤ persistently poor care or a rigid and oppressive regime in a care setting which affects 	<ul style="list-style-type: none"> ➤ Institutional abuse may take the form of repeated incidents of poor or unsatisfactory professional practice,

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	<p>the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk e.g. lack of positive responses to complex needs, rigid routines, inadequate staffing.</p> <ul style="list-style-type: none"> ➤ Failure of agencies to ensure that staff receives appropriate training, guidance, and support. 	<p>through to widespread and persistent ill treatment or gross misconduct.</p> <ul style="list-style-type: none"> ➤ There may be a variety of underlying factors in relation to poor care standards which could include, for example, inadequate staffing, an insufficient knowledge base within the service, lack of essential equipment, rigid routines, or a controlling management regime. ➤ Any of the types of abuse outlined in the previous sections may be raised as allegations in the context of abuse within an institution.
Hate crime, including bullying	<ul style="list-style-type: none"> ➤ "hate crime" generally refers to criminal acts that are perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. ➤ incidents may involve physical assault, damage to property, bullying, harassment, verbal abuse or insults, offensive graffiti or letters (hate mail). ➤ bullying is the use of force or coercion to abuse or intimidate others, including physical, financial, discriminatory and psychological abuse. ➤ "cyber bullying" is the use of technology such as social media, the internet or mobile phones such as text-messages, instant messaging, phone-calls, pictures/video-clips, e mail, chat-rooms etc to abuse or intimidate. 	<p>Signs that a person is being subjected to hate crime include: -</p> <ul style="list-style-type: none"> ➤ becoming increasingly anxious and fearful. ➤ unexplained physical injuries. ➤ being short of money, making unusual purchases. ➤ withdrawal from friends and social activities. ➤ unusually having a lot of money or new things/items having new or keeping secret new friends. ➤ becoming increasingly over challenging and aggressive. ➤ Changes in mood, behaviour, sleep, or appetite. <p>Signs of cyber bullying include: -</p> <ul style="list-style-type: none"> ➤ showing emotional distress during or after using the Internet or the phone. ➤ appearing nervous or jumpy when getting an instant message or email. ➤ avoiding discussions about computer or mobile phone activities.
Radicalisation	<ul style="list-style-type: none"> ➤ People are taught, groomed, exploited and incited to have extreme views and behaviours towards, often violent, ideas based upon political, social or religious beliefs. 	<ul style="list-style-type: none"> ➤ Changes in the way they speak with others ➤ Having a new circle of friends ➤ Use of extremist terminology ➤ Reading material or messages ➤ Behaviour changes
Domestic violence	<ul style="list-style-type: none"> ➤ Violence (or the threat of violence) can be physical, psychological, sexual, financial, or emotional abuse and takes place within an 	<ul style="list-style-type: none"> ➤ unexplained bruising or injuries of any sort. ➤ burn marks of unusual type such as burns caused by cigarettes, carpet burns.

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	intimate or family-type relationship, forming a pattern of coercive and controlling behaviour. This can include forced marriage and so-called 'honour' crimes.	<ul style="list-style-type: none"> ➤ withdrawal from friends and social activities. ➤ being short of money, making unusual purchases. ➤ changes in mood, behaviour, sleep, or appetite. ➤ displaying signs of loss of self-esteem. ➤ inappropriate or inadequate clothing ➤ staff encountering difficulties in engaging with or being able to see the vulnerable person due to the actions of a third person such as a carer, family member, partner or co-tenant.
Modern slavery	<ul style="list-style-type: none"> ➤ Encompasses slavery, human trafficking, forced 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. 	<ul style="list-style-type: none"> ➤ planning trips or holidays but unable to express little detail about it. ➤ unexplained bruising or injuries of any sort. ➤ burn marks of unusual type such as burns caused by cigarettes, carpet burns. ➤ becoming increasingly anxious and fearful. ➤ marked changes in appearance ➤ being short of money, making unusual purchase. ➤ withdrawal from friends and social activities. ➤ unusually having a lot of money or new things/items having new or keeping secret new friends becoming increasingly over challenging and aggressive.
Self-neglect	<ul style="list-style-type: none"> ➤ This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. 	<ul style="list-style-type: none"> ➤ becoming increasingly anxious and fearful. ➤ marked changes in appearance – unkempt, dirty, and strong body odour, matted hair ➤ marked changes in environment – windows and curtains always closed, dirty, strong odours, very cluttered ➤ withdrawal from friends and social activities. ➤ being short of money, making unusual purchases, debts becoming increasingly over challenging, defensive, and aggressive. ➤ declining or increasing weight – poor diet. ➤ poor health conditions.

Abuse may be a single event or repeated events, either to one person or a number of people. In the case of neglect, it may be a process going on over time.

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Some instances of abuse will constitute a criminal offence, e.g., wilful neglect is a criminal offence under the Mental Capacity Act 2005 - defined as an intentional or deliberate omission by someone who has care of a person who lacks the capacity to care and safeguard themselves, i.e., failing to carry out an act they knew they had a duty to do.

Appendix 3

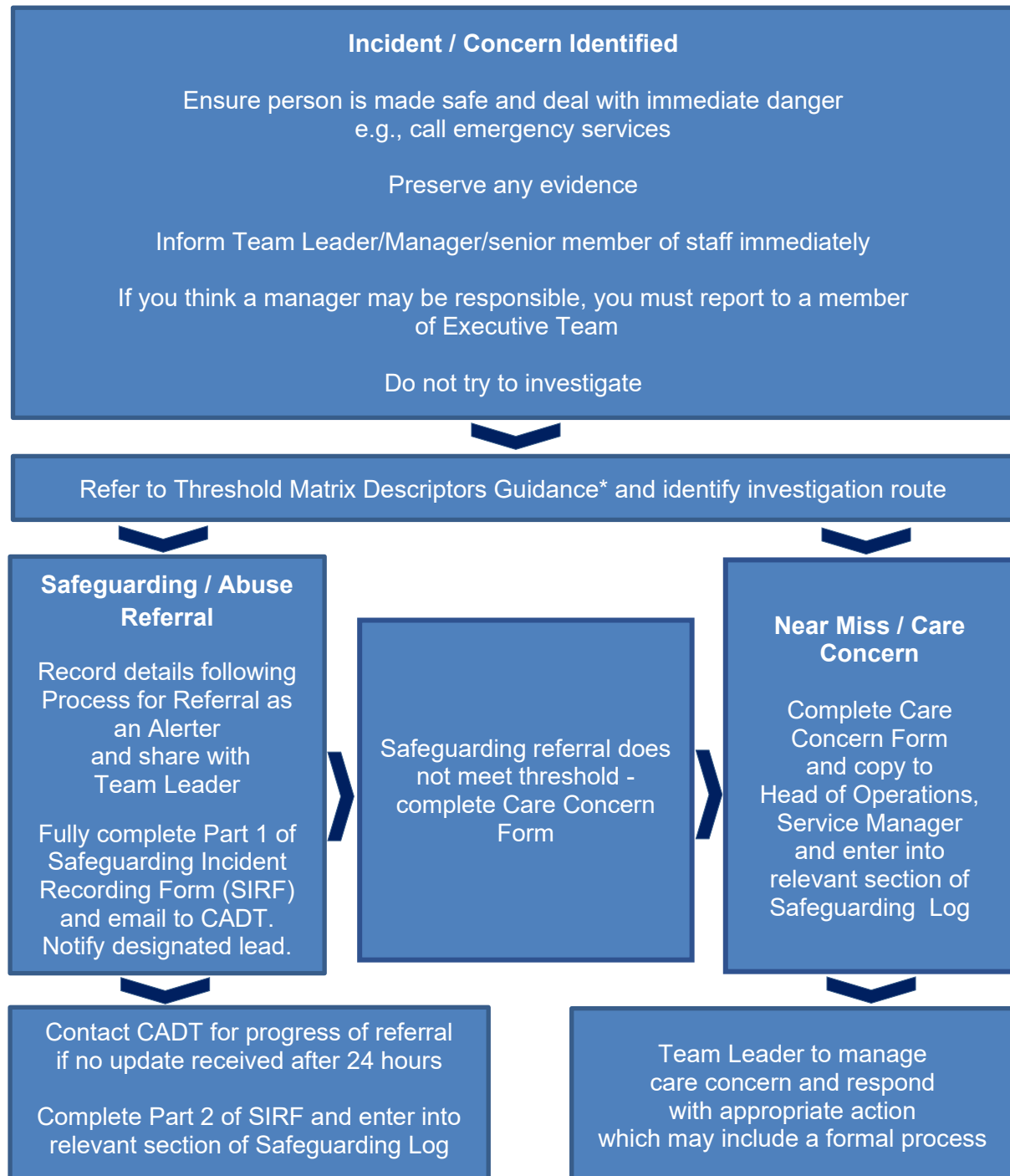
Principles When Sharing Information

The principles of any information that is shared should be based on the following:

- A need to know basis, which is in the best interests of the person concerned.
- Confidentiality is not secrecy.
- That informed consent is always sought at the beginning of the process to share information.
- That the why, what, how and whom the information will or could be shared with is explained to the person.
- That there may be situations where this consent cannot be sought, e.g., where the person is at serious risk or a crime may have been committed.
- That advice is always sought from a senior manager where there is doubt about disclosing the identity of an individual.
- Making sure that the information to be shared is necessary for the purpose.
- That the information you share is only with those that need to know.
- That the information shared is relevant, accurate and up to date.
- That the information is shared in a timely fashion and in a secure way.

Appendix 4

SAFEGUARDING REFERRAL FLOWCHART



*Wirral Practice Guidance on the Criteria for Safeguarding Referrals and Section 42 Enquiries

Appendix 5

Safeguarding Alerter Referral Process

When there is a Safeguarding Concern

- Assess the situation i.e. are emergency services required?
- Ensure all reasonable steps have been taken for the safety and wellbeing of the individual
- Maintain any evidence and do not discuss with alleged perpetrators as this may compromise an investigation
- Remain calm and try not to show any shock or disbelief
- Establish what the individual's views and wishes are about the safeguarding issue and procedure. **Making Safeguarding Personal**
- Listen carefully and demonstrate understanding by acknowledging regret and concern that this has happened
- Be open and honest and do not promise to keep a secret
- Inform the person that you are required to share the information, explaining what information will be shared and why
- Inform Team Leader or Manager for further advice.

Before Making the Referral

- Make a written record of what the person has told you, using their words, describe what you have seen and your actions, using the **Safeguarding Incident Recording Form (SIRF) - Appendix 7**.
- Check management plans and risk assessments to establish if they have been compromised and if so, by whom and how? Refer to the person's file to ensure that you have full details.
- Check against the Threshold Matrix tool** to identify the level of risk and proportionality of response to Safeguarding Adult Referrals. *Professional judgement and the views of the adult at risk must be considered to ensure statutory safeguarding criteria appear to be met.*
- Ensure that significant others, i.e., family member, friend or advocate, are involved to support the individual where appropriate.

Making the Referral

- The Safeguarding referral should be made by email (***use the Safeguarding Incident Referral Form and ensure it is fully completed***) to: wcnt.centraladviceanddutyteam@nhs.net Referring

**Wirral Practice Guidance on the Criteria for Safeguarding Referrals and Section 42 Enquiries

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- If it is not possible to email, a phone call referral should be made on the following number: **0151 514 2222 select option 3** Monday – Friday, 9am – 5pm.
- The out of hours number is **0151 677 6557**. This needs to be followed up with an email and the Head of Operations, Team Leader and Manager copied in.
- Record and retain all the information involved with the referral and outcomes from referral. Ensure the Management Team and designated leads are kept updated.
- A brief description of the safeguarding referral should be written in the communication book and staff signposted to read the diary sheet. This should be done as part of the daily briefing and shared on a need-to-know basis only.

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**Appendix 6
CARE CONCERN RECORDING FORM**

Name of Adult at Risk	Date of Incident
Liquid Logic Number	Location Address
Gender	Contact Phone Number & Email Address
D.O.B.	Area of Concern
Adult at Risk Address	Is adult at risk aware that this care concern form has been completed?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the adult at risk expressed their wishes in relation to this incident? Please record if appropriate.	Name and designation of person completing this form
	Signature
	Date

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CARE CONCERN RECORDING FORM

Description of Incident/care concern including name of individuals involved.
(You must inform them if their names are included on this form, unless doing so is likely to increase the risk).
Please include what happened and the impact/harm on person supported.

Action Plan (What action has been taken/or intended, learning points from this incident - include timescales and by whom)

Appendix 7

**SAFEGUARDING INCIDENT RECORDING
(Part 1)**

Confidentiality must be maintained throughout process of referral and outcome – if the person attends a range of services within Wirral Evolutions, the information may need to be shared on a strictly need-to-know basis

Name		Date (of incident)
Swift / Liquid Logic Number	Date of Birth	Does the person have capacity to understand referral?
		Yes / No
Address		Next of Kin
		Home telephone contact number
Any known diagnosis		
State other services attended		

<p>Brief summary of incident reported to safeguarding Details of what the person has told you, using their words, what you have seen and your actions Describe any marks on the person – describe size, colour, location and complete body map</p>
<p>Details of alleged perpetrator with names, addresses and location of incident – state if not known</p>
<p>Details of any witnesses – state if not known</p>
<p>Known triggers prior to incident with explanation</p>
<p>State if risk assessments or management plans have been compromised – how and by whom</p>

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State action taken to support the person, e.g., reassurance, first aid, move to a place of safety		
State if Police have been contacted		If yes, give incident reference number – state if not known
Yes / No		
State details of protection plan put in place following incident to prevent further risk		
Name of CADT Officer reported to	Date reported to Operational Change Manager	Signed off By and Date
Date reported to Operational Manager – include name		Contact from CADT on progress of referral

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(Part 2)

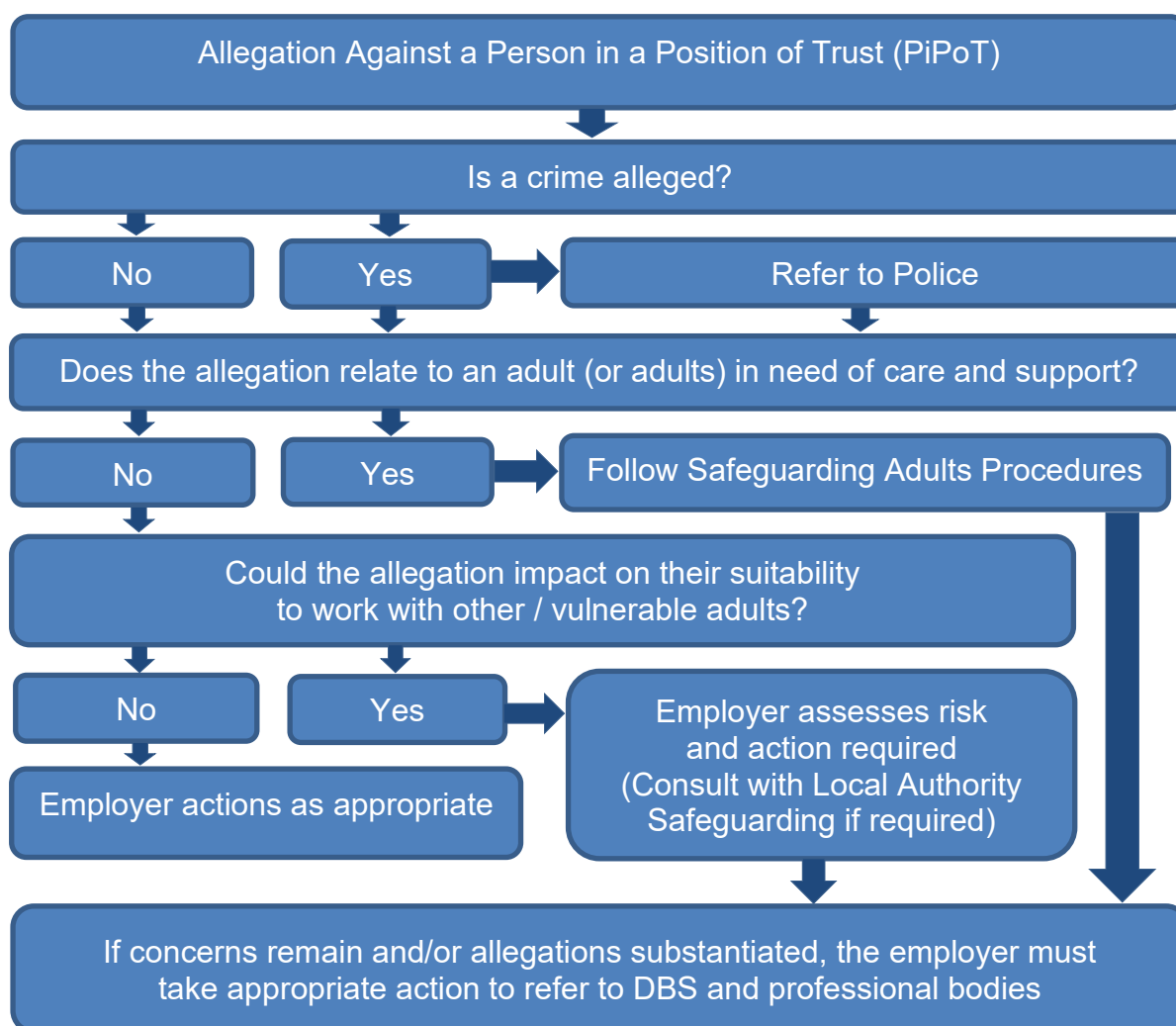
Is case being referred for Strategy?	If yes, give date of meeting
Yes / No	
People attending Strategy Meeting	
Details of evidence forwarded to Strategy Meeting, e.g., copies of risk assessments or management plans and name of person responsible	
Date feedback received from Strategy	Actions

Appendix 8

PIPOT FLOWCHART

A PIPOT is defined as any worker or volunteer, in any setting (including their private lives), who has :

- ✓ Behaved in a way that has harmed, or may have harmed, an adult with care and support needs.
- ✓ Possibly committed a criminal offence, against or related to, an adult with care and support needs.
- ✓ Behaved towards an adult with care and support needs in a way that indicates s/he is unsuitable to work with adults with care and support needs.



17. Version Control

Revision History			
All changes to this document are to be recorded in this table			
Date	Notes/Amendments	Officer	Next Scheduled Review
18 Jun 2020	Recommendations for change. Linked with Lorraine Moran for many areas of support and advice.	Kerry Stewart	
13 Oct 2020	Reviewed and amended.	Lorraine Moran	
3 Feb 2021	Reviewed and amended.	Lorraine Moran	February 2023