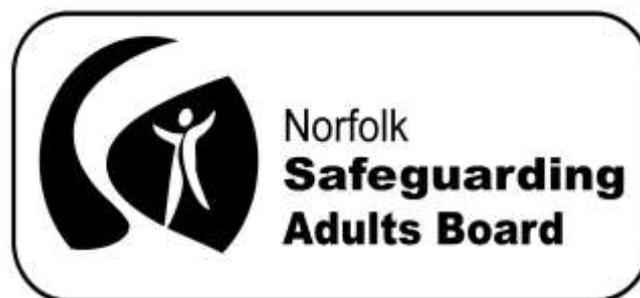


SAFEGUARDING ADULTS



Norfolk Multi-Agency Safeguarding Adults Policy

November 2020

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| Title | Norfolk Multi-Agency Safeguarding Adults Policy |
| Description of policy | This multi-agency policy describes how agencies should proactively prevent abuse occurring and respond if abuse is identified, suspected or disclosed. All agencies must take account of the fact that abuse of adults does occur. It is essential that the response to all allegations must be in line with this policy. |
| Scope | All statutory agencies plus all signatories to this policy |
| Prepared by | Business Group |
| Impact Assessment (Equalities and Environmental) | Impact Assessment Completed Impact assessment outcome: Positive impact |
| Other relevant approved documents | |
| Evidence base / Legislation | Level of Evidence: This policy is based on national research-based evidence and legislation and is considered best practice |
| Compliance/Regulations | Care Quality Commission Regulations The Care Act (2014) ADASS Standards |
| Consultation on document | Norfolk Safeguarding Adults Board Local Safeguarding Adults Partnership groups |
| Training implications | Links to Strategic Plan and Training Strategy |
| Monitoring and audit | Reviewed bi-annually |
| Dissemination | Is there any reason why any part of this document should not be available on the public web site? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/> |
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CONTENTS

| | Section A – Policy Statement |
|--------|--|
| 1. 1. | Purpose and Scope |
| 2. 2. | Aims and Objectives |
| 3. 3. | The Care Act 2014 and Safeguarding Adults |
| 4. 4. | Safeguarding Guiding Principles |
| 5. 5. | Making Safeguarding Personal |
| 6. 6. | Safeguarding Adults Language |
| 7. 7. | The Mental Capacity Act 2005 and Safeguarding Adults |
| 8. 8. | Advocacy |
| 9. 9. | Standards of Good Practice |
| 10.10. | Directing a concern to the appropriate service |
| 11.11. | Confidentiality v Information Sharing |
| 12.12. | Carers and safeguarding |
| 13.13. | Professional Reporting |
| 14.14. | People in a Position of Trust |
| 15.15. | Safeguarding enquiries after the adult has died |
| 16.15. | Safeguarding Adult Reviews |
| 17.16. | Training |

| Section B – What is abuse? | |
|-----------------------------------|--|
| 18.17. | Who could be abused or at risk? |
| 19.18. | What is abuse |
| 20.19. | Forms of abuse and neglect |
| 21.20. | Patterns of abuse |
| 22.21. | Categories and types of abuse |
| 23.22. | Who abuses and neglects |
| 24.23. | Poor professional practice |
| 25.24. | Why abuse occurs |
| 26.25. | What are the signs of abuse and neglect? |
| Appendices | |
| Appendix 1 | A National Framework of Standards for good practice and outcomes |
| Appendix 2 | Mandate for Signatories |
| Appendix 3 | Relevant Legislation and Guidance |
| Appendix 4 | The Six Principles of Adult Safeguarding |
| Appendix 5 | Independent Mental Capacity Advocates |
| Appendix 6 | Signs and symptoms of abuse and neglect per category |
| Appendix 7 | Other factors which increase the likelihood of abuse and neglect occurring |
| Appendix 8 | End to End process (Raising a Concern) |
| | |

Section A – Policy

1. Purpose and Scope

- 1.1 This policy, and any procedures or guidance that accompany it, set out how Norfolk Safeguarding Adults Board ('NSAB' or 'the Board') will meet the objective required of it in section 43 of the Care Act 2014 ('the Care Act') of co-ordinating and ensuring the effectiveness of what each of its members does to help and protect adults in Norfolk in cases where:
- The adult has care and support needs; and
 - They are experiencing, or are at risk of, abuse or neglect; and
 - They are unable to protect themselves from the abuse or neglect, or the risk of it, as a result of those care and support needs
- 1.2 In such cases, there is a duty under section 42 of the Care Act to ensure there is a safeguarding adults enquiry. Paragraph 14.6 of the Care and Support Statutory Guidance ('the guidance') says this duty will be on:
- The prison governor, where the adult is in prison
 - Her Majesty's Prison and Probation Service (HMPPS) where the person is in approved premises
 - Norfolk County Council's Adult Social Care services in all other cases
- 1.3 Those organisations will have their own arrangements for how they meet this duty. This policy, and any procedures of guidance that accompany it, set the multi-agency context for those enquiries.
- 1.4 NSAB recognises the vital role that all agencies play in safeguarding adults in Norfolk. As the strategic body stipulated by the Care Act (2014), NSAB has responsibility to oversee and ensure the consistent development and implementation of this multi-agency policy and associated procedures in Norfolk.
- 1.5 Its intention is to ensure people are able to live a life free from harm, where communities have a culture that does not tolerate abuse; we work together to prevent harm and know what to do when abuse happens.
- 1.6 As such NSAB's duty is to provide leadership across organisations throughout the county to keep people safe from harm. Abusive behaviour in any environment is never accepted.
- 1.7 This policy describes how agencies should proactively prevent abuse occurring and respond if it is identified, suspected or disclosed. All agencies must take account of the fact that abuse and neglect of adults does occur.

It is a requirement of all signatories to this policy to ensure that their responses to all allegations of abuse and harm follow this policy and its supporting procedures.

- 1.8 All signatories have committed themselves publicly to the good practice principles and procedures of this multi-agency policy, which outlines how we will work together and with other agencies to achieve the aims and objectives below.
- 1.9 [The NSAB constitution](#) can be found on NSAB's website
- 1.10 This policy was reviewed in November 2020, ratified by the NSAB on 4 December 2020, and is subject to constant review to take account of good practice, lessons learnt through Safeguarding Adults Reviews, and relevant research and literature. It will be formally reviewed bi-annually (or sooner in light of new guidance or legislation).
- 1.11 This policy applies to all organisations and agencies working with adults experiencing, or at risk of, abuse or neglect (hereafter referred to as 'the adult' or 'adult at risk' throughout this document) in Norfolk. There is also a legal requirement that any providers commissioned by the statutory partners of the Norfolk Safeguarding Adults Board will adhere to this policy.
- 1.12 Individual agencies should always retain their own safeguarding adults policy which should support and enhance the intention of this multi-agency document.
- 1.13 For more information see the [Norfolk Safeguarding Adults Board website](#)

2. Aims and Objectives

Principles

- 2.1 The aim of this policy is to provide a framework for statutory agencies and those in the independent and voluntary sectors (health, care, housing, policing district councils) to work together in both preventing abuse and/or neglect and ensure that any such abuse is responded to effectively.
- 2.2 To provide guidance to local agencies who have a responsibility to investigate and take action when an adult is believed to be the victim of abuse (*see Care Act Guidance - Section 14.40*).
- 2.3 **The primary aim for all agencies shall be to prevent abuse.** Where preventative strategies fail, agencies should ensure that robust procedures are in place for referring and dealing with incidents of abuse.
- 2.4 The objectives of this policy in relation to adult safeguarding are to:
- 2.4.1 stop abuse or neglect wherever possible
 - 2.4.2 prevent harm and reduce the risk of abuse or neglect to adults with care and support needs

- 2.4.3 respond sensitively and in a consistent manner to all reported incidents of abuse and neglect, in accordance with this policy
- 2.4.5 safeguard adults in a way that supports them in making choices and having control about how they want to live to achieve the outcomes they want
- 2.4.5 promote an approach that concentrates on improving the quality of life for the adults concerned
- 2.4.6 ensure access to all types of justice in all appropriate circumstances
- 2.4.7 raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- 2.4.8 provide information, support and training in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- 2.4.9 provide information and training that assists in the recognition of abuse and the early identification of any services which are failing to ensure the safety of adults
- 2.4.10 to seek continuous improvement of policy, procedures and practice in relation to safeguarding, using feedback from service users, staff and participating agencies
- 2.4.11 address what has caused the abuse or neglect

3. The Care Act 2014 and Safeguarding Adults

- 3.1 From April 2015 the Care Act 2014 established a new statutory framework for care, support and adult safeguarding. The Act describes safeguarding as

“...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 Act statutory guidance, 14.7, updated June 2020))

- 3.2 The Care Act states that safeguarding duties apply to an adult over 18 years of age who:
- has needs for care and support (whether or not the local authority is meeting any of those needs) **and**
 - is experiencing, **or** at risk of, abuse or neglect; **and**
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 3.3 The Act gives local authority lead responsibility for coordinating local multi-agency enquiries, systems, policies and procedures to protect adults from abuse (s42 (2)) and this policy should be understood in this context.
- 3.4 Alongside the local authority, the Act gives statutory powers to Safeguarding Adults Boards for coordinating local multi-agency systems, policies and procedures to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- 3.5 It is important to recognise that abuse can consist of a single or repeated act(s); that it can be intentional or unintentional or result from a lack of knowledge. Abuse can be an act of neglect or an omission or a failure to act.
- 3.6 Abuse can cause temporary harm or exist over a period of time and can occur in any relationship. Abuse can be perpetrated by anyone, individually or as part of a group or organisation. Importantly, abuse can often constitute a crime.
- 3.7 **Abuse is NOT an accident, nor is an accident abuse.** For example, if someone who is usually able to drink independently is handed a cup of tea, which they then spill resulting in red marks to the top of their legs, this would be an accident. Whereas, if a person who is known not to be able to drink independently with an adapted cup is handed a cup of tea in a standard cup and is left to try to drink it independently but subsequently spills it and sustains a scald, this may constitute negligence.
- 3.8 NSAB's multi-agency policy is informed by the fundamental principle that all adults, regardless of age, disability, gender, gender identify, ethnic, cultural, racial or national origin, religious belief/non-belief or sexual orientation have a right to live in safety, free from abuse and neglect. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens and the Equality Act 2010.
- 3.9 This policy promotes zero tolerance within all agencies of any category of abuse as defined in the Care Act, including those adults identified as victims of hate crime.

3.10 In discharging their responsibilities all signatories to this policy will act to protect those adults who need support to lead their lives free from fear, harassment or discrimination.

3.11 In addition, signatories to this policy will work in a way that supports the Care Act statement that **safeguarding is not a substitute for:**

- providers' responsibilities to provide safe and high-quality care and support
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- the core duties of the police to prevent and detect crime and to protect life and property.

4. Safeguarding guiding principles

4.1 There are six principles that should underpin all adult safeguarding work. These are set out in the Care Act and all signatories to this policy must adhere to them when delivering their adult safeguarding function. The principles are:

- **Empowerment** – Presumption of person led decisions and informed consent. *“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*
- **Prevention** – It is better to take action before harm occurs *“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented. *“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”*
- **Protection** – Support and representation for those in greatest need. *“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and*

necessary. I am confident that professionals will work together and with me to get the best result for me.”

- **Accountability** – Accountability and transparency in delivering safeguarding “I understand the role of everyone involved in my life and so do they.”

4.2 More detail on how NSAB and its partners will use these principles in their work to safeguard adults is set out in **Appendix 4**.

5. Making Safeguarding Personal

5.1 NSAB and signatories to this policy are committed to the **Making Safeguarding Personal** approach, embedded within the six principles above.

5.2 This ensures that safeguarding is:

- person-led
- outcome focused
- engages the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control
- improves their quality of life, wellbeing and safety.

5.3 In discharging their responsibilities, all signatories to this policy will ensure their organisations/services undertake to:

- Work with adults (and their advocates or representatives if they lack capacity) at the beginning to identify the outcomes they want to achieve.
- Review with the adult at the end of the safeguarding activity to what extent their desired outcomes have been achieved.
- Develop a range of clear, well-defined and appropriate responses that focus on supporting the adult to meet their desired outcomes and reduce the risk of recurrence of abuse.
- Record and review the outcomes in a way that can be used to inform practice and account to the Norfolk Safeguarding Adults Board.

5.4 Examples of the kind of outcomes that people might want are

- to feel safer
- to maintain a key relationship
- to get new friends
- to have help to recover
- to have access to justice, or an apology, or to know that disciplinary or other action has been taken
- to know that this won't happen to anyone else
- to maintain control over the situation
- to be involved in making decisions
- to have exercised choice
- to be able to protect themselves in the future
- to know where to get help

6. Safeguarding Adults Language

6.1 The ways we talk about abuse and neglect have an impact on how effective our response to safeguarding concerns will be. The way we use language can shape the way we think about things. Some ways of expressing things will help us think about matters in more useful ways than others. The language we use may have connotations for others that we don't intend, and which creates barriers.

6.2 Inconsistent use of language across organisations can lead to confusion, misunderstanding and can be the cause of failings in safeguarding work. Here are some examples of how the language we use about safeguarding adults matters can be unhelpful, and what can be done differently.

6.3 Using “safeguarding” as a stand-alone noun

6.3.1 Examples:

“We have had four safeguardings this week”

“This is not a safeguarding”

6.3.2 What effect may this have? Using the word “safeguarding” in this way can lead to miscommunication. It can be used to refer to

- A safeguarding concern, about which a decision is needed as to whether there will be a safeguarding enquiry
- A safeguarding enquiry
- An instance of abuse or neglect

6.3.3 Using the same words to describe different things will lead to miscommunication. One person will understand a phrase to mean one thing and someone else will understand it to mean another. It is possible, likely even, that they won't realise they mean two different things, and there can be unintended consequences.

6.3.4 An example can illustrate this:

A person has a worry about abuse and neglect: there is a safeguarding concern. On looking into the matter, it is established there hasn't been any abuse or neglect.

The person who looked into it says: “This is not a safeguarding”, by which they meant there wasn't evidence that a person has experienced or has been put at risk of abuse or neglect.

The meaning the person who had the concern takes from this hears: “This is not a safeguarding” is that they were mistaken to have raised the concern. They remember this the next time a concern arises, which causes them to fail to take the action they should.

6.3.5 What to say instead:

“We have received four safeguarding concerns this week”

“This safeguarding concern won’t lead to a safeguarding enquiry”

6.4 **“Against”**

6.4.1 Examples:

“We’ve had a safeguarding concern against us”

“There have been five safeguarding referrals against this care home this year”

6.4.2 What effect this has:

Talking this way sets up safeguarding enquiries as oppositional and confrontational, when what is needed is a collaborative approach. To say a safeguarding concern is “against” suggests the existence of the concern is problematic, whereas safe, vigilant systems should recognise and act on concerns.

6.4.3 What to say instead:

“There is a safeguarding concern about ...”

“There have been five safeguarding concerns regarding this care home this year”

6.5 **Confusing findings with outcomes**

6.5.1 Example “The outcome of the enquiry is ‘substantiated’”

6.5.2 What effect this has:

An enquiry may make a finding of whether or not there was abuse or neglect, or the risk of these. But this is not the same as the outcome. The key outcomes for a safeguarding enquiry are whether or not it has achieved what the person at risk wanted from the process.

6.5.3 What to say instead:

“The information gathered during the enquiry shows that there had been abuse. The person at risk said at the beginning of the process that the outcomes they wanted were for the abuse to stop, and for them to be able to report the matter to the police. Both of these have happened.”

6.6 **“Alert” or “Concern”**

Before the Care Act came in to force in April 2015 it was commonplace to talk of adult safeguarding alerts. The Care and Support statutory guidance introduced the term “concern”. In Norfolk we use the term “concern” in preference to “alert” and defined an adult safeguarding concern as “any concern that an adult is experiencing, or is at risk of, abuse or neglect which they are unable to protect themselves from because of their care and support needs.”

6.7 **“Allegation”, a “concern about the quality of care or practice”, and a “complaint”**

Paragraph 14.120 of the guidance requires adult safeguarding policies to make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint, in relation to services.

6.7.1 In Norfolk we take these to mean:

- An allegation: This is a safeguarding concern relating to a staff member or volunteer as the source of the risk
- A concern about the quality of care or practice: This can arise when someone has experienced or seen poor care
- A complaint: This is an expression of dissatisfaction from someone using services or their representative. A single issue may fall in to more than one category. Where there is an adult safeguarding concern, an adult safeguarding enquiry can be an effective means of coordinating the different strands.

6.8 Safeguarding Adults Work and Safeguarding Adults Enquiries

6.8.1 The term “Safeguarding Adults Enquiry” is often used interchangeably to refer to either:

- the phase of the work related to the task in s42 of the Care Act 2014 of Norfolk County Council to “make (or cause to be made) whatever enquiries it thinks necessary”; or
- the totality of the response by the County Council to an adult safeguarding concern

6.8.2 This can cause confusion in practice as, for example, “ending the enquiry” can be taken to mean both completing one phase of the work or the completion of all the work.

6.8.3 To avoid confusion, in Norfolk we will distinguish between

- A piece of adult safeguarding work: This is the totality of the work in response to an adult safeguarding concern. It will involve deciding if an adult safeguarding enquiry is required, planning that enquiry, carrying it out and, on completion of the enquiry, deciding if a Safeguarding Plan is needed and, if so, what it will say;
- An adult safeguarding enquiry: The enquiry phase of a piece of adult safeguarding work which does the work of establishing the facts, ascertaining the wishes of the adult and assessing their needs

*(with thanks to **Surrey SAB** for allowing us to use their material for section 6)*

7. The Mental Capacity Act (MCA) 2005 and Safeguarding Adults

7.1 The Mental Capacity Act (MCA) states that an adult must be **presumed** to have mental capacity in the first instance. The existence of a diagnosis, such as mental health, dementia, learning disability etc. does not necessarily mean the adult’s decision making is impacted. If reasonably believed that decision making could be impacted by an impairment, a mental capacity assessment can be completed.

- 7.2 However, assessment of capacity is time and decision-specific, and while an adult may lack the capacity to make one decision, this should not be assumed to apply to all other decisions.
- 7.3 The provisions of the MCA apply to anyone over the age of 16 who may be unable to make some or all decisions for themselves.
- 7.4 In relation to safeguarding adults, it must be considered if the adult at risk is able to make a decision about how to protect themselves from the abuse or neglect, or risk, in line with Making Safeguarding Personal.
- 7.5 Adults (over 18) can appoint another person to make decisions on their behalf if they become unable to make their own decisions under a Lasting Power of Attorney (health and welfare property and financial affairs). Alternatively, if the person does not have capacity to do this, the Court of Protection may appoint a deputy to make decisions on their behalf.
- 7.6 If an adult is believed to lack the capacity to engage in decisions about how their needs will be met, due to a cognitive impairment, the [Mental Capacity Act Guidance](#) must be followed.
- 7.7 There are some decisions which can never be made on behalf of someone who lacks capacity to make the decision themselves; these are:
- Consent to marriage / civil partnership
 - Consent to sexual relations
 - Consent to a child being placed for adoption or the making of an adoption order
 - Discharging parental responsibility in a matter not relating to the child's property
 - Treatment for mental disorder under the Mental Health Act.
- 7.8 The local authority has a duty to provide an **Independent Mental Capacity Advocate (IMCA)** in safeguarding enquiries if someone lacks capacity to fully participate, has no other appropriate person to support them or there is unresolvable conflict, **and** where a significant decision around long-term NHS or local authority accommodation or serious medical treatment needs to be made in terms of the safeguarding action. An adult with advanced dementia, significant learning disabilities, a brain injury or mental ill health is likely to need an IMCA in this situation. With any other decisions, the local authority has the **power** to instruct an IMCA.
- 7.9 The IMCA role is to support and represent the adult at risk where necessary and appropriate in any best interests decision making process. This includes any decision **not** to take protective measures. They ensure that the Mental Capacity Act 2005 is being followed. The IMCA is not the decision maker.

Please see **Appendix 5** for more guidance and links.

8. Advocacy

- 8.1 Under the Care Act, the local authority is required to consider whether the adult has any “*substantial difficulty*” in being involved in the safeguarding process. If this is the case, then there is a duty to identify an appropriate individual (who may be a family member or friend), or in the absence of this, instruct an independent advocate.
- 8.2 There are three requirements to consider when involving an appropriate person or advocate:
- 8.2.1 Someone who is already providing care and treatment in a professional capacity or on a paid basis **cannot** be the appropriate person. For example, a GP, nurse, key worker or care and support worker involved in the adult’s care and support.
- 8.2.2 The adult subject to the safeguarding enquiry has to agree to the person supporting them, if they have capacity to make this decision. A relative cannot be an appropriate person if the adult with capacity does not wish to be supported by them. If the adult does not have capacity to consent to being supported by a particular person, the local authority **MUST** be satisfied that it is in the adult’s best interests.
- 8.2.3 The role of the appropriate person is to actively represent the adult and support their participation in the safeguarding process. In some cases, it is unlikely that they will be able to do this: for example:
- a) There is a conflict of interest
 - b) They live at a distance or only have occasional contact with the individual
 - c) They find it difficult to understand the local authority’s processes themselves
 - d) They express their own opinions, rather than those of the individual concerned.
- 8.3 If it becomes clear to the local authority during the safeguarding process that the appropriate person has difficulty supporting the adult’s involvement, the local authority **MUST** arrange for an independent advocate to do so.
- 8.4 If it is not immediately clear whether there is an appropriate person, the local authority may need to arrange for an advocate to support the adult in the initial stages of the safeguarding process, who may hand over to the appropriate person once they are identified.

9. Standards of good practice

- 9.1 In April 2006, Norfolk’s Vulnerable Adults Protection Committee, superseded by Norfolk Safeguarding Adults Board in 2008, adopted the “Safeguarding Adults” document produced by the Association of the Directors of Adult Social Services in 2005.

- 9.2 This national framework comprises eleven sets of good practice standards which to every partner agency who has signed up to this policy should be expected to adhere to.

The standards are included in **Appendix 1**

10. Directing a concern to the appropriate service

- 10.1 The types and forms of abuse or neglect are broad, and therefore anyone who has a concern about abuse or neglect is responsible for raising this concern.

Safeguarding is everybody's business

- 10.2 All signatories will have clear reporting pathways within their organisations so that staff have confidence and competence in escalating any concerns.
- 10.3 Of the concerns referred to adult safeguarding, it is appropriate that some will be dealt with through contractual, managerial, complaints or disciplinary procedures. If it is unclear if adult safeguarding is the appropriate service needed, staff should seek advice either internally through their safeguarding leads or with the statutory lead agency Norfolk County Council.
- 10.4 Equally, concerns addressed within organisations through contractual, managerial, complaints or disciplinary procedures may also require a safeguarding referral to the lead agency.
- 10.5 All signatories will ensure that concerns are addressed proportionately so that the situation is not made worse for the adult at the centre of our concerns.
- 10.6 All signatories will ensure that all alerts and safeguarding concerns shared with the local authority are recorded promptly, adults are given relevant information and referrals are made to the most appropriate organisation to help them.
- 10.7 If a safeguarding adult referral, made about an adult at risk to the lead agency, has been declined or redirected to another service/s and the referring agency/service feels this decision should be reviewed, they will raise this matter with the lead agency (the local authority) for further discussion and consideration.
- 10.8 See NSAB [‘End to End Guidance’](#) to understand the progress of any concern raised to Norfolk County Council as the lead co-ordinator of any safeguarding enquiry under S42 (also in **Appendix 8**).

11. Confidentiality v Information Sharing

- 11.1 Information held by an agency is subject to the legal “duty of confidence” and should not normally be disclosed without the consent of the persons who have provided the information or who are the subject of the information.

- 11.2 However, early sharing of information is the key to providing an effective response where there are emerging concerns.
- 11.3 Reluctance about sharing information **MUST NOT** stand in the way of promoting and protecting the well-being of adults at risk of abuse and neglect.
- 11.4 The General Data Protection Regulation (GDPR) forms part of the data protection regime in the UK, together with the Data Protection Act 2018 (DPA 2018). The law is wide-reaching and places a range of duties and responsibilities on organisations that store data from which individuals can be identified.
- 11.5 The [Information Commissioners Office](#) offers detailed guidance on GDPR.
- 11.6 The GDPR, like the previous legislation, allows us to share information without consent in certain circumstances. If it is deemed to be in the public interest, data may be collected, processed, shared and stored. It may be stored for longer periods in the public interest and in order to safeguard the rights and freedoms of individuals.
- 11.7 Vital interests - vitality means 'life', so vital interests are a lawful basis for sharing personal data to protect someone's life, but you **MUST** check whether there is a less intrusive way to protect the person's life. You will need to document and justify your decision.
- 11.8 To ensure effective safeguarding arrangements, all organisations that are subject to this policy **MUST** have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the NSAB.
- 11.9 All agencies will work in partnership to facilitate the appropriate sharing of information to promote the protection of adults (and children) experiencing, or at risk of, abuse or neglect. This policy is supported by the [Norfolk Health & Social Care Information Sharing Protocol](#).
- 11.10 However, all health agencies are also duty-bound to adhere to information sharing governance arrangements as described in the revised Caldicott Principles (September 2013), whether a signatory to the Norfolk protocol or not. See [Information: To Share or not to Share Government Response to the Caldicott Review](#). There is also a range of links and guidance available to health professionals via the [UK Caldicott Guardian Council](#).
- 11.11 Safeguarding adult enquiries can only be successful if staff share and exchange all relevant information. Staff will be bound by the ethical and statutory codes that cover confidentiality and data protection, and must use the following principles:
- that information will only be shared on a 'need to know' basis when it is in the interests of the adult

- confidentiality must not be confused with secrecy
 - informed consent should be obtained but, if this is not possible and other adults (and/or children) are at risk of abuse or neglect, it may be necessary to override the requirement, if there is a public interest to protect adults (and children) experiencing, or at risk of, abuse or neglect. It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults (and/or children) may be at risk.
- 11.12 Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework.
- 11.13 The key factors in deciding whether or not to share confidential information are:
- necessity – sharing is likely to make an effective contribution to preventing the risk
 - proportionality – the public interest in sharing outweighs the interest in maintaining confidentiality – and the information disclosed must be the minimum necessary to achieve the aim.
- 11.14 Problems around the disclosure of information can be avoided if the consent of the adult is obtained, provided they have mental capacity to take that decision. All actions in this respect **MUST** be clearly documented.
- 11.15 However, in certain circumstances disclosure may be necessary in the public interest, where a failure to disclose information may expose the adult or others to significant risk of serious harm or to prevent criminal activity. The reason for disclosing information without consent must be recorded on the case files of all agencies involved in the decision.
- See [Social Care Centre of Excellence \(SCIE\) Adult safeguarding: sharing information \(January 2019\)](#)
- 11.16 All those providing information should take care to distinguish between fact, observation, allegation and opinion. It is important that, should any information exchange be challenged in respect of a breach of confidentiality or, for example, as a breach of the Human Rights Act, the information can be supported by appropriate evidence.
- 11.17 Concerns may arise within an agency as information comes to light about an adult with whom the service is already in contact. Whilst professionals should seek in general to discuss any concerns with the adult and their carers and seek agreement to share the knowledge with other relevant agencies, this should not be done where such discussion and agreement-seeking could jeopardise the safety of the adult, other individuals, or the investigation.
- 11.18 No-one should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of an adult at risk of abuse or neglect.

- 11.19 Each agency is responsible for maintaining their own records on work with safeguarding adults' cases. Each agency should have a policy stating the purpose and format for keeping the records and for their destruction.
- 11.20 It is suggested that it is good practice for records to be kept for 75 years to enable future scrutiny. Advice and information regarding records, maintenance and retention must be obtained from those responsible for data compliance within each agency.
- 11.21 If there is any doubt about whether to share information, advice **MUST** be obtained from the employee's organisation or the local authority. However, consideration is needed of any potential delay caused which could increase risk and raise questions why immediate action was not taken.
- 11.22 Where an agency discloses information without consent, it is responsible for ensuring that such action complies with the Data Protection Act 2018, Human Rights Act 1998 and any other legislation or guidance which is applicable to individual agencies. It should also be noted that the Duty of Confidence exists beyond death.
- 11.23 It is the responsibility of each agency/service to ensure that in taking action under this policy it is compliant with the law. Nothing within this policy shall be construed as requiring any agency to breach legislation or guidance.
- 11.24 Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but **MUST** never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty arises to make full disclosure in the public interest.

12. Carers and safeguarding

- 12.1. There are several circumstances when an unpaid carer (for example, a family member or friend) could be involved in a situation that might require a safeguarding response. For example:
- a) a carer may witness or speak up about abuse or neglect
 - b) a carer may experience intentional or unintentional harm from the person that they support and/or from professionals and organisations that they are in contact with
 - c) a carer may unintentionally or intentionally harm or neglect the adult they support, either as an individual, or with other people.
- 12.2 At such points, there should be an assessment of both the carer and the person they care for. Although Norfolk County Council (NCC) have commissioned Carers Matter Norfolk under a Social Impact Bond to complete carers assessments, in cases where safeguarding concerns arise, the carer's

assessment **MUST** be conducted by an NCC practitioner. The assessment **MUST** include consideration of the wellbeing of both individuals. Within the Care Act, Section 1 includes protection from abuse and neglect as part of the definition of wellbeing.

- 12.3 A carer's assessment is an important chance to explore their individual circumstances and consider whether and how to provide information or support that prevents abuse or neglect from occurring. An example would be the provision of training for the carer to support them to provide care more safely, or to access replacement care to reduce the demands of the caring role.
- 12.4 If a carer speaks about abuse or neglect that either they or the person they are caring for has experienced, it is essential that they are listened to. Where appropriate, a safeguarding enquiry should be undertaken; other agencies should be involved in the enquiry process as necessary and appropriate.
- 12.5 In circumstances where a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they care for, consideration should be given to:
- a) whether, as part of the assessment and support planning process for the carer and/or the person they care for, support can be provided that removes or lessens the risk of abuse. In some situations, the carer may need access to independent representation or advocacy; it is important to recognise the benefit that a carer may obtain from having such support.
 - b) whether (and which) other agencies should be involved. In some circumstances where it is suspected that a criminal offence has taken place, this will include alerting the police; in other situations, primary healthcare services may need to be involved.
- 12.6 Further key considerations in relation to carers should include:
- a) involving carers in safeguarding enquiries relating to the person they care for, as appropriate
 - b) for each individual circumstance, whether or not a joint assessment is appropriate and who (including which professionals) should be involved in the assessment
 - c) the risk factors that may increase the likelihood of abuse or neglect occurring and whether these are present in the situation
 - d) whether a change in circumstance alters the risk of abuse or neglect occurring again. It is important to note that a change in circumstance should also lead to a review of the care and support plan.

13. Professional Reporting (“Raising Concerns & Whistleblowing”)

- 13.1 Professional reporting or “*whistleblowing*” is about revealing information with the intention of identifying abusive and poor practice. All staff (whether paid or unpaid) who work with an adult who is experiencing, or at risk of, abuse or neglect have an individual responsibility to raise concerns about poor practice and a right to know that their employer will support them if they are acting in good faith. Wherever possible, the anonymity of the professional reporter will be respected by the investigating body.
- 13.2 All agencies should promote a culture of professional reporting and **MUST** have in place policies which value good practice and encourages this. Professional reporting can be difficult for the member of staff and **MUST** be recognised as important and courageous. For further information on professional reporting see [Freedom to Speak Up Review](#).
- 13.3 Agencies should ensure that staff who professionally report in good faith are:
- Supported and reassured when information is shared
 - Provided with ongoing support during any investigation that may follow
 - Supplied with information about external sources of support
 - Openly supported by their organisation
 - Not treated in ways that might be regarded as punitive
- 13.3 People providing information outside their own agencies should be appropriately supported in their disclosures.
- 13.4 Support and advice is available via the Whistleblowing Advice Line for Health & Social Care Staff: Tel: **08000 724 725**

14. People in a Position of Trust (PIPOT)

- 14.1 People can be considered to be in a ‘*position of trust*’ where they are likely to have contact with adults at risk as part of their employment or voluntary work, and
- Where the role carries an expectation of trust and
 - The person is in a position to exercise authority, power or control over an adult(s) at risk (as perceived by the adult at risk).
- 14.2 Positions of trust may include, but are not limited to any staff working on behalf of:
- Social care
 - Health services
 - Police and criminal justice
 - Housing
 - Education
 - Those in paid roles for community and voluntary organisations

- 14.3 All partners **MUST** have clear policies for managing allegations against their staff who work, whether paid or unpaid, with adults with care and support needs. This should cover the difference between allegations, concerns about quality of care, or complaints.
- 14.4 Where such a concern is raised, the employer or responsible individual will need to ensure a risk assessment is completed and any necessary action taken to safeguard those adults.
- 14.5 While there is no statutory requirement for an adult equivalent of the Local Authority Designated Officer (LADO) which considers concerns in relation to children, Norfolk operates **Safeguarding Adults Data Sharing (SADS)** through the local authority safeguarding team.
- 14.6 More information on this can be found here: [Allegations against people in a position of trust](#)

15. Safeguarding enquiries after the adult has died

- 15.1 Under S.43 Care Act (a SAB may do anything which appears to it to be necessary or desirable for achieving its objective) the following guidance applies if the adult dies during the s42 enquiry.
- 15.2 If safeguarding adult enquiries are already in progress, safeguarding procedures must be completed if they have begun before someone dies. Someone passing away during an enquiry should not result in the process stopping. It is important to complete the process and arrive at an outcome.
- 15.3 If safeguarding adult enquiries have not begun, safeguarding procedures should be started after the adult has died:
- if abuse is suspected as being a contributing factor and;
 - there are lessons to be learnt or;
 - there is a possibility that others are or may be affected.
- 15.4 Any case currently being progressed under a safeguarding enquiry where harm, abuse or neglect of an adult at risk has caused or contributed to their death must be raised with the police and the coroner.

16. Safeguarding Adult Reviews

16.1 Section 44 of the Care Act requires Safeguarding Adult Boards to conduct a review in any case where:

- An adult with care and support needs (whether or not those needs are met by the local authority) in the safeguarding adult board's (SAB) area has died as a result of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked together more effectively to protect the adult.

- An adult with care and support needs (whether or not those needs are met by the local authority) in the SAB's area has not died, but the SAB knows or suspects the adult has experienced serious abuse or neglect and there is concern the partner agencies could have worked together more effectively to protect the individual.
- 16.2 The SAB has discretion to undertake a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults and can include exploring examples of good practice.
- 16.3 The SAB can also consider conducting a SAR into any incident(s) or case(s) involving adults(s) at risk of abuse or neglect where it is believed to be in the public interest to conduct such a review.
- 16.4 The purpose of a SAR is to identify any lessons that can be learned – it is not to apportion blame to individual people or organisations, but to make recommendations to change or improve practice and services.
- 16.5 Anyone can make a SAR referral to NSAB and is positively encouraged to do so; [the referral form is available](#) on the NSAB website. The referrals are reviewed by the NSAB SAR group and decisions made on any further action. Not all referrals will go forward to a SAR, but all are considered, even if other options may be more appropriate.
- 16.6 NSAB *actively encourage* all partners to identify cases for referral, and to participate fully should a SAR proceed.
- 16.7 NSAB publish SARs for partner and public learning and interest – these can be viewed on the website. NSAB retains discretion over the decision and timing to publish a SAR, taking into account any mitigating factors e.g. ongoing criminal investigations and any public interest issues.
- 16.8 NSAB actively shares learning from both Norfolk and other areas SARs across organisations / partnerships in the county and uses these to inform strategic planning.

17. Training

- 17.1 NSAB have formally adopted the [Bournemouth University National Competence Framework for Safeguarding Adults](#).
- 17.2 All signatories to this policy will have an annual learning and development plan which sets out the range of activities that are used to develop the appropriate level of skill and competence for all staff and volunteers involved in safeguarding adults.

17.3 Learning and development within individual agencies must ensure that all workers and volunteers are competent to carry out their particular safeguarding adult responsibilities.

17.4 This includes:

- competencies for all staff and volunteers at all levels
- the standards for various levels of training in safeguarding
- the commissioning of common training programmes
- what should be mandatory training
- time periods for refresher courses
- quality assurance of safeguarding training provision

17.5 The aims of this policy regarding training are to:

- to equip the social and health care workforce in statutory, voluntary and other partner agencies in Norfolk with the skills and knowledge and value base to prevent and identify adult abuse, and to be able to respond effectively in identified instances of abuse.
- to deliver high quality learning and development activities to all levels of staff and volunteers to enable them to respond to safeguarding, issues relating to mental capacity and deprivation of liberty concerns with prompt, timely and appropriate action.

See the NSAB website for [training information](#).

Section B – What is abuse?

This section considers the different types, patterns of abuse and neglect including the different circumstances in which they may take place. However, it is important to consider each individual case as abuse and neglect does take many forms.

The following is not intended to be an exhaustive list but rather a guide to the sort of behaviours which could give rise to a safeguarding concern.

S42 Enquiry by local authority

To be considered as such a concern, the person must meet the criteria set out in Section 42 (1) of the Care Act (2014):

(1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, **and**

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this part or otherwise) and, if so, what and by whom.

Further information is detailed in paragraph 14.2 of the [statutory guidance](#).

Definitions

18. Who could be abused or at risk?

18.1 Adults with care and support needs - there is no specific definition of what care and support needs are in the Act, but [practice guidance](#) from the Social Care Institute of Excellence (SCIE) describes

“An adult with care and support needs may be:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder

- a person with a long-term health condition
 - someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.
- 18.2 This is not exhaustive, but gives an indication, especially as the ability to protect themselves may vary or change depending on the situation. It is also worth noting that age in itself does not mean a person has care and support needs but recognising that ageing may increase the risk of care and support needs developing.
- 18.3 What does “at risk” mean? – “risk” means some clear and present risk. It must be more than simply a theoretical risk.
- 18.4 “Unable to protect” themselves – For the duty to have an adult safeguarding enquiry to apply, the person with care and support needs must be unable to protect himself or herself against the abuse and neglect because of the care and support needs they have. So, there must be a link between the care and support needs, and the inability to protect themselves.
- 18.5 Where someone over 18 is still receiving children’s services, for example in an education setting until the age of 25, and a safeguarding issue is raised the matter should be dealt with through adult safeguarding arrangements. Children’s safeguarding and other relevant partners should be involved as appropriate. The level of need is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act.
- 18.6 Safeguarding duties apply regardless of whether a person’s care and support needs are being met, by the local authority or anyone else. They also apply to people who pay for their own care and support services.
- 18.7 The guidance says that abuse and neglect includes people who are victims of sexual exploitation, domestic abuse and modern slavery. In its “Adult safeguarding practice questions” (March 2015) SCIE wrote “*These are all largely criminal matters, however, and safeguarding duties would not be an alternative to police involvement, and would only be applicable at all where a person has care and support needs that mean that they are not able to protect themselves.*”

19. What is abuse?

- 19.1 The Care Act (2014) does not set out a *specific* definition of abuse.
- 19.2 The Act outlines that in exercising the promotion of individual wellbeing, a local authority **MUST** have regard to factors such as the need to protect people from abuse and neglect.
- 19.3 The Act’s statutory guidance lists ten types of abuse but states that local authorities should not limit their view of what constitutes abuse or neglect to

those types or the different circumstances in which they can take place. Abuse can consist of a single or repeated act(s); it can be intentional or unintentional or result from a lack of knowledge. Further information can be found in **Appendix 6**.

20. Forms of Abuse and Neglect

20.1 Abuse and neglect can take many forms. It may be an isolated incident, a series of incidents or a long-term pattern of behaviour. Abuse and neglect could:

- affect one person or many more
- be deliberate or the result of negligence or ignorance

20.2 Exploitation, in particular, is a common theme in abuse and neglect. The degree or lack of intent will inform the response.

20.3 Abuse and neglect can happen anywhere including:

- In a person's own home and/or other people's homes
- In public places or in the community
- At work
- Schools and colleges of further education
- In hospitals, surgeries or other health centres
- Care homes
- Day centres.

21. Patterns of abuse

21.1 Patterns of abuse and neglect vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals by obtaining their trust over time before the abuse begins – sexual abuse commonly falls into this pattern as do some forms of financial abuse and radicalisation
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse
- Opportunistic abuse, such as theft occurring because money or jewellery has been left lying around
- Situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour neglecting a person's needs because the carer has difficulties. These could be debt, alcohol or mental health related or the specific demands resulting from caring for a vulnerable person

22. Categories and types of Abuse

22.1 The main forms of abuse and neglect are generally classified under the following ten headings. This should not be considered a definitive list, but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern:

- *Physical abuse*
The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment
- *Domestic violence*
Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member, regardless of gender or sexuality. Domestic abuse is not just about partners, but all family relationships including forced marriage.
- *Sexual abuse*
Direct or indirect involvement in sexual activity without consent. This could also be the inability to consent, pressure or inducement to consent or take part.
- *Psychological (emotional) abuse*
Acts or behaviour which impinge on the emotional health of, or which causes distress or anguish to, individuals. This may also be present in other forms of abuse.
- *Financial or material abuse*
Unauthorised, fraudulent obtaining and improper use of funds, property or any resources of an adult at risk from abuse.
- *Modern slavery*
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
- *Discriminatory abuse*
Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. This can include hate incidents or crimes.
- *Organisational (Institutional) abuse*
Institutional abuse occurs where the culture of the organisation (such as a care home) places emphasis on the running of the establishment and the needs of the staff above the needs and care of the adult, including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, for example, or in relation to care provided in one's own home from

domiciliary services. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- *Neglect and acts of omission*
Ignoring or withholding physical or medical care needs which result in a situation or environment detrimental to individual(s). Ill-treatment and wilful neglect of a person who lacks capacity are now criminal offences under the Mental Capacity Act.
- *Self-neglect*
Self-neglect is unlikely to be a safeguarding issue however agencies must assess concerns raised under their statutory duties; having consideration for an individual's right to choose their lifestyle, balanced with their mental health or capacity to understand the consequences of their actions.

This refers to a person for whom there is a concern about their mental competence for the situation in which they find themselves.

Once identified as a situation that cannot be managed through regular case management, high risk or self-neglect situations could be managed by using elements of the safeguarding process, ie professional meetings.

Self-neglect is characterised as the behaviour of a person that threatens his/her own health or safety. Self-neglect generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions.

The definition of self-neglect excludes a situation in which a mentally competent adult, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice

22.2 Signs and symptoms of these categories of abuse are in **Appendix 6**.

22.3 Further to the above, in considering what may constitute abuse or neglect, signatories to this policy are explicitly advised not to limit their view of what constitutes abuse or neglect to those types or the different circumstances in which they can take place, as abuse and neglect can take many forms and the circumstances of the individual case should carefully considered (14.17 Care Act Guidance).

23. Who abuses and neglects?

23.1 Anybody can abuse. Mutually abusive relationships involving two or more adults also exist. The abuser is frequently, but not always, known to the adult they abuse and can include:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers and strangers
- Adults at risk themselves

24. Poor Professional Practice

24.1 Poor professional practice may take the form of isolated incidents at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. This should be reported in line with each agency's procedures.

24.2 Evidence of poor practice will be investigated by the organisation and if, during this process there is a suspicion or evidence that abuse or harm has occurred, then a safeguarding referral must be made.

25. Why abuse occurs

25.1 Abuse occurs for many reasons and the causes are not always fully understood. The risk is known to be greater when:

- The person is socially isolated
- A pattern of family violence exists or has existed in the past
- Drugs or alcohol are being misused
- Relationships are placed under stress
- The abuser is dependent on the victim (for finance, accommodation or emotional support)

25.2 Where services are provided, abuse is more likely to occur where staff are:

- Inadequately trained
- Poorly supervised and managed
- Lacking support
- Working in isolation

25.3 As well as the known risk factors, a range of other factors may increase the likelihood of abuse see **Appendix 7**.

26. What are the signs of abuse and neglect?

26.1 The signs of abuse are not always clear. The following may, however, suggest the possibility of abuse:

- Direct reports from the victim
- Reports of concern from a third party
- Admissions that abuse has occurred
- Someone expressing fears that abuse might happen
- Evidence of unreported injuries
- Injuries suggesting a possible non-accidental cause
- Explanations that are incompatible with injuries presented or where conflicting explanations are given
- A history of persistent illness, infection or injury
- The inappropriate use of medication
- Possessions or money going missing or bills not being paid
- Property being sold without the owner's consent or understanding
- Sudden or unexpected removal of an individual from a care setting
- Where a person is uncharacteristically withdrawn, without apparent reason
- Where a person is found alone and at risk without adequate explanation
- A long time lapse between injury or illness and going for medical or other care
- Abrupt or frequent changes of doctor or caring agency
- Unexplained weight loss
- Uncharacteristically unkempt appearance or surroundings
- Where agencies have repeated difficulty in gaining access to see someone
- Where it is made difficult to speak to a person alone without their carer present
- Evidence of avoidance, including regularly missed appointments, refusal of help, etc
- Evidence of alcohol or other substance misuse (but the abuser and/or victim?)
- Signs of stress
- History of previous abuse or violence in the family
- Unexplained pain, itching, infection or injury in the anal, genital or abdominal areas
- Torn, stained or bloody underclothing

End.

Appendix 1 The National Framework of Standards for good practice and outcomes in Safeguarding Adults/Adult Protection

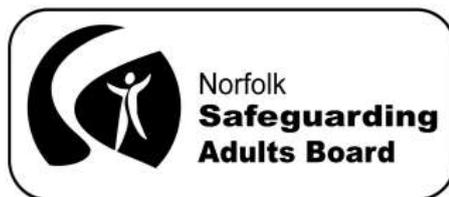
[The full document can be obtained here](#)

| | |
|-------------------|---|
| Standard 1 | Each local authority has established a multi-agency partnership to lead 'Safeguarding Adults' work. |
| Standard 2 | Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation' executive body. |
| Standard 3 | The 'Safeguarding Adults' policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted, to the public by the Local Strategic Partnership; the 'Safeguarding Adults' partnership; and its member organisations. |
| Standard 4 | Each partner agency has a clear, well-publicised policy of Zero-Tolerance of abuse within the organisation. |
| Standard 5 | The 'Safeguarding Adults' partnership oversees a multiagency workforce development/training sub-group. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced. |
| Standard 6 | All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding adults' procedures |
| Standard 8 | Each partner agency has a set of internal guidelines, consistent with the local multi agency 'Safeguarding Adults Policy and Procedures', which set out the responsibilities of all workers to operate within it. |

| | |
|---------------------------|---|
| <p>Standard 9</p> | <p>The multi-agency 'Safeguarding Adults' procedures detail the following stages: Alert, Referral, Decision, Safeguarding assessment strategy, Safeguarding assessment, Safeguarding plan, Review, Recording, and monitoring.</p> |
| <p>Standard 10</p> | <p>The Safeguarding procedures are accessible to all adults covered by the policy</p> |
| <p>Standard 11</p> | <p>The partnership explicitly includes services users as key partners in all aspects of the work. This includes building service-user participation into its: membership; monitoring, development and implementation of its work; training strategy; and planning and implementation of their individual safeguarding assessment and plans.</p> |

Note: Standard 9 Norfolk's procedures reflect the locally agreed stages which are broadly in line with the stages detailed above, and have developed in line with the Care Act 2014

Appendix 2 Multi-Agency Policy Mandate



Safeguarding Adults

Multi-Agency Policy and Operational Procedures: Mandate

All agencies working with vulnerable adults who may be at risk of abuse have the opportunity to **sign up** to the Norfolk Safeguarding Adults Board (NSAB) joint policy.

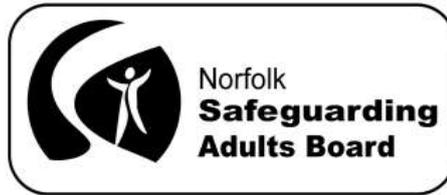
In signing this mandate, the chief executive/managing director of the agency is acknowledging that they have read, agreed with and will **actively** implement these multi-agency procedures across their organisation.

The Norfolk Safeguarding Adults Board will maintain a register of those agencies which have signed the mandate and will publish this list on its website.

Please complete and return one copy of the mandate to:

Norfolk Safeguarding Adults Board
NSAB coordinator
Adult Social Services
8th Floor, County Hall
Martineau Lane
Norwich NR1 2DH

email: NSAB@norfolk.gov.uk



Norfolk Safeguarding Adults Mandate

| | |
|--|--|
| Name of agency | |
| Address of agency | |
| Contact telephone number | |
| e-mail address | |
| Name of authorised signatory (please print clearly) | |
| Signature | |
| Position within agency | |
| Date of signature | |
| Name and contact details of individual within your agency who will have the responsibility for receiving and disseminating Board communications | |
| Any comments (please use reverse of mandate if required) | |

Appendix 3 Relevant Legislation and Guidance

The policy will adhere to the legal requirements and principles of the following legislation and guidance:

- Mental Health Act 1983
- Care Act 2014
- Criminal Proceedings and Investigations Act 1996
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- Care Standards Act 2000
- Freedom of Information Act 2000
- Mental Capacity Act 2005 and Code of Practice
- Modern Slavery Act 2015
- Disability Discrimination Act 1998
- Deprivation of Liberty Safeguards 2005
- Safeguarding Vulnerable Groups Act 2006
- The Data Protection Act 2018 including General Data Protection Regulation (GDPR)
- Human Rights Act 2008
- Caldicott Guardian Principles 2013
- Disclosure by the police in care proceedings, civil proceedings and matrimonial proceedings
- Disclosure of videos/statements
- Existing protocols for Adult Care and Support and NHS Trusts and third party disclosure to the police
- Police disclosure to Adult Care and Support

Appendix 4

The Six Principles of Adult Safeguarding

| Principle | Individual Outcome | What we do to achieve that outcome |
|-------------|---|---|
| Empowerment | <i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."</i> | <p>At every level of the safeguarding process we consult the adult or that of their advocates before we take any action.</p> <p>Where someone lacks capacity to make a decision, we always act in his or her best interests.</p> <p>NSAB can clearly demonstrate that our work is influenced and advised by the experience of people who have been or may be at risk of harm.</p> |
| Prevention | <i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."</i> | <p>The Board will promote giving individuals the right information about how to recognise abuse, what they can do to keep themselves safe, about how to report abuse and crime and what support we can give</p> <p>The Board will require partners to train staff how to recognise signs and take action to prevent abuse occurring.</p> <p>We require all agencies to intervene to prevent harm by supplying relevant advice and information at the earliest opportunity.</p> <p>The Board will call for all agencies to share relevant information to reduce the risk of harm occurring or persisting.</p> <p>In all our work, we consider how to make communities safer.</p> |

| Principle | Individual Outcomes | What we do to achieve that outcome |
|-----------------|---|--|
| Proportionality | <i>“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”</i> | <p>The Board will support activities across partner organisations that identify risks, mitigate against them, but are not risk averse</p> <p>The Board will activity promote support procedures in which partner agencies discuss with the individual and, where appropriate, other agencies, what to do where there is risk of significant harm before we take a decision.</p> <p>The Board and its partners will gather and build evidence to demonstrate a response that is proportionate to circumstances of the incident and the wishes of the adult.</p> |
| Protection | <i>“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”</i> | <p>The Board will support the partner organisations to practice in a manner that does not diminish their safeguarding functions.</p> <p>The Board will promote a positive approach to information sharing because it believes this is an important protective measure.</p> <p>The Board will actively promote and support adoption by partner organisations of effective ways of assessing and managing risk.</p> <p>The Board will work with local communities, so they understand how we work and how to contact the right person.</p> |

| Principle | Individual Outcomes | What we do to achieve that outcome |
|--------------------|---|---|
| <p>Partnership</p> | <p>Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</p> <p><i>“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”</i></p> | <p>The Board respects individual confidentiality while requiring the sharing of relevant and appropriate information necessary to prevent abuse occurring or continuing or to support adults to achieve resolution and recovery.</p> <p>The Board will actively promote collaborative opportunities, developing partnerships that expand the capacity of the Board to ensure the citizens of Norfolk remain safe and the Board achieves its outcomes.</p> <p>The Board will create opportunities for adults who have been, or may be at risk of harm, to influence the activities of the safeguarding board and its partners.</p> <p>In order to value and respect the vigilance of referrers, the Board will expect partners to demonstrate that appropriate feedback has been given.</p> <p>The Board will be linked in with and exploit opportunities to support national campaigns with the aim of ensuring that the risk of harm is reduced at every opportunity.</p> <p>The Board will know its populations and look for opportunities to encourage personal responsibility, harnessing the potential of the community to protect itself from harm.</p> <p>The Board will promote positive information sharing for the protection of adults against harm, risk and exploitation locally.</p> <p>The Board will work in a way which promotes multi-agency partnership arrangements and publicise these so staff understand how to use these.</p> |

| Principle | Individual Outcomes | What we do to achieve that outcome |
|-----------------------|--|--|
| <p>Accountability</p> | <p>Accountability and transparency in delivering safeguarding.</p> <p><i>“I understand the role of everyone involved in my life and so do they.”</i></p> | <p>The Board will seek assurance that people who use safeguarding services will understand the role of those services in relation to their safety, health and wellbeing.</p> <p>The Board will publish an annual report which will include details of its members’ activity to deliver the objectives of its strategic plan.</p> <p>The Board will publish any Safeguarding Adults Reviews carried out each year and learning to come from these, in accordance with the requirements of the Care Act 2014.</p> <p>The Board will have clear guidance for partner agencies to understand their own role and the limits to their authority.</p> <p>The Board will develop a constitution that is accessible to all members of the public.</p> <p>The Board will establish a reporting structure that monitors and scrutinises its activity and those of its partners.</p> <p>The Board will continually review its membership and structure to deliver its workplans.</p> |

Appendix 5 Independent Mental Capacity Advocates (IMCAs)

The Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (General) Regulations 2006 set out the IMCA's role and functions. These are grouped into four areas:

- Gathering information
- Evaluating information
- Making representation
- Challenging decisions

An IMCA **must** be instructed for people in the following circumstances

- The person is aged 16 or over
- A decision needs to be made about either a long-term change in accommodation or serious medical treatment,
- The person lacks capacity to make that decision, and
- There is no one independent of services, such as a family member or friend, who is "appropriate to consult".

An IMCA **may** also be provided to people for other decisions concerning

- Care Reviews, or
- Adult Protection

In adult protection cases an IMCA may be instructed even where family members or others are available to be consulted.

When local authorities are using adult protection procedures, they can instruct an IMCA for either:

1. the person who is alleged to have been abused or neglected
2. a person who is alleged to have abused another person.

The local authority must be thinking about, or already taken protective measures for the person. In adult protection cases access to IMCAs is not restricted to people who have no-one independent of services who can represent them. People

who lack capacity who have family and friends can still have an IMCA to support them in the adult protection procedures.

The Act states that an IMCA (s.40) that an IMCA cannot be involved if:

1. the person lacking capacity has appointed in advance (in whatever manner) someone who is to be consulted about his care and treatment
2. has appointed an LPA
3. the court has appointed a deputy to deal with the act in question

Further detail from [Social Care Institute for Excellence](#) (SCIE)

Appendix 6

Signs and symptoms of abuse and neglect per category

| Category of abuse and neglect | Possible Signs and Symptoms of abuse include | Possible indicators |
|--------------------------------------|---|---|
| Physical abuse | <ul style="list-style-type: none">• Hitting, slapping, punching, kicking, hair-pulling, biting, punching• Rough/inappropriate handling and other forms of assault that may not leave visible signs of injury, but may cause pain or discomfort• Biting, deliberate burns, scalding• Physical punishments/beating• Inappropriate or unlawful use of restraint• Making someone purposefully uncomfortable (eg opening a window and removing blankets)• Stabbing, strangulation, poisoning and wounding (breaking the skin) and other forms of assault that cause serious injuries or death• Involuntary isolation or confinement• Withholding or inappropriately altering or administering medication or other treatments• Forcible feeding or withholding food• Restricting movement (e.g. tying someone to a chair) | <ul style="list-style-type: none">• Unexplained bruising• Cowering or flinching• Bruising consistent with being hit• Unexplained burns• Unexplained fractures• Scalds especially with well-defined edges (eg. from emersion in water)• Accumulation of minor accidents without seeking medical assistance |

| Category of abuse and neglect | Possible Signs and Symptoms of abuse include | Possible indicators |
|-------------------------------|--|---|
| Domestic Violence | <ul style="list-style-type: none"> • Psychological, physical, sexual, financial, emotional abuse and so called 'honour violence' • Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact, concerned with domestic abuse • Coercion and Control Link to further information: norfolk.police.uk/advice/assault-abuse-threats/domestic-abuse <p>Isolation, pressuring the person to do things they don't want to do – making them feel bad and guilt tripping them to do things, policing what you wear, inserting in relationships – taking over relationships, edging you out of your relationships, telling people not to speak with you, criticising and verbal abuse – Gaslighting distorting the reality to upend and manipulate the person - threats – charm – rules and regulation – setting the rules to live by (just applies to victim and not perpetrator), stalking – physical abuse – economic abuse – controlling finances, preventing the person from working, making them ask for money, giving them an allowance, sexual abuse</p> | <ul style="list-style-type: none"> • people being prevented from seeing family/friends • prevented from attending college/work/appointments • being followed or continually being asked where they are • accusations regarding other relationships unjustly • feeling scared of others • being threatened personally or threats against other family/friends • prevented from leaving the home • withholding finances • being forced to do something unwanted for their partner. |
| Sexual Abuse | <ul style="list-style-type: none"> • Offensive or suggestive sexual language or action • Touching, fondling, caressing, kissing, masturbation • Oral sex on alleged victim, oral sex by alleged victim on perpetrator • Sexual intercourse/Rape • Involvement in prostitution or pornography | |

| Category of abuse and neglect | Possible Signs and Symptoms of abuse include | Possible indicators |
|---------------------------------|--|--|
| Psychological / Emotional Abuse | <ul style="list-style-type: none"> • Use of threats or fears to over-ride a person's wishes • Lack of privacy or choice • Denial of dignity • Deprivation of social contact or deliberate isolation • Being made to feel worthless • Threat(s) to withdraw care or support or contact with friends • Humiliation, blaming • Use of coercion, control, harassment, verbal abuse • Treating an adult as if they were a child • Cyber bullying • Refusal to allow person to see others alone or to receive telephone calls/visits on their own • Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance • Preventing someone from meeting their religious and cultural needs • Preventing stimulation, meaningful occupation or activities | <ul style="list-style-type: none"> • Disturbed sleep • Anxiety • Confusion • Extreme submissiveness or dependency • Sharp changes in behaviour in the presence of certain people • Self-abusive behaviours • Loss of confidence • Loss of appetite |
| Financial or material abuse | <ul style="list-style-type: none"> • Theft, fraud, internet scamming • coercion in relation to an adult's financial affairs or arrangements, including in connection with wills/property/inheritance/financial transactions • Misuse or misappropriation of property/possessions/benefits. • Deceiving or manipulating a person out of money or property • Withholding or misusing money, property or possessions • Misuse of benefits by others • Someone moving into a person's home and living rent free without agreed financial arrangements • False representation, using another person's bank account, cards or documents • Exploitation of person's money or assets, eg. unauthorised use of a car • Misuse of power of attorney, deputy, appointeeship or other legal authority | <ul style="list-style-type: none"> • unexplained or sudden inability to pay bills • unexplained withdrawal of money from accounts • personal possessions going missing • contrast being known income and actual living conditions • unusual interest by friend/relative/neighbour in financial matters • pressure from next of kin for formal arrangements being set up. |

| Category of abuse and neglect | Possible Signs and Symptoms of abuse include | Possible indicators |
|-------------------------------|---|--|
| 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 <p>Link to further information: norfolkantislavery.org/</p> | <ul style="list-style-type: none"> • Physical appearance – victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn • Isolation – victims may rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work • Poor living conditions – victims may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address • Few or no personal effects – victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work • Restricted freedom of movement – victims have little opportunity to move freely and may have had their travel documents (e.g. passports) retained • Unusual travel times – they may be dropped off/collected for work on a regular basis either very early or very late at night • Reluctant to seek help – victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family |

| Category of abuse and neglect | Possible Signs and Symptoms of abuse include | Possible indicators |
|-------------------------------|--|--|
| Discriminatory Abuse | <ul style="list-style-type: none"> • Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as protected characteristics under the Equality Act 2010) • Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic • Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader • Harassment or deliberate exclusion on the grounds of a protected characteristic • Substandard service provision relating to a protected characteristic. <p>Link to further information: norfolk.police.uk/stop-hate</p> | <ul style="list-style-type: none"> • acts or comments motivated to harm and damage including inciting others to commit abusive acts • lack of effective communication provision eg. Interpretation • the adult being subjected to racist, sexist, ageist, gender based abuse • abuse specifically about their disability • The person appears withdrawn and isolated • Expressions of anger, frustration, fear or anxiety |
| Organisational Abuse | <ul style="list-style-type: none"> • Run-down or overcrowded establishment • Authoritarian management or rigid regimes • Lack of leadership and supervision • Insufficient staff or high turnover resulting in poor quality care • Abusive and disrespectful attitudes towards people using the service • Inappropriate use of restraints • Lack of respect for dignity and privacy • Failure to manage residents with abusive behaviour • Not providing adequate food and drink, or assistance with eating • Not offering choice or promoting independence • Misuse of medication | <ul style="list-style-type: none"> • Lack of care plans • Contact with outside world not encouraged • No flexibility or lack of choice eg. time when to get up in a morning or go to bed or what to eat • Routines are engineered for the benefit of staff • Lack of personal effects • Strong smell of urine • Staff not visiting for allocated time due to pressure resulting in some tasks not being carried out fully • Poor moving and handling practices • Failure to provide care with dentures, spectacles or hearing aids. • Discouraging or refusal visits or the involvement of relatives or friends • Lack of flexibility and choice for adults using the service |

| | | |
|------------------------------|--|--|
| | | <ul style="list-style-type: none"> • Inadequate staffing levels • People being hungry or dehydrated • Poor standards of care • Lack of personal clothing and possessions and communal use of personal items • Lack of adequate procedures • Poor record-keeping and missing documents • Few social, recreational and educational activities • Public discussion of personal matters or unnecessary exposure during bathing or using the toilet |
| Neglect and acts of omission | <ul style="list-style-type: none"> • Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care. • Failure to provide care in the way the person wants • Failure to administer medication as prescribed. • Not taking account of individuals' cultural, religious or ethnic needs. • Not taking account of educational, social and recreational needs. • Ignoring or isolating the person. • Failure to allow choice and preventing people from making their own decisions. • Failure to ensure appropriate privacy and dignity. | <ul style="list-style-type: none"> • poor hygiene/cleanliness of the person who has been assessed as needing assistance • repeated infections • dehydration/unexplained weight loss/ malnutrition • repeated or unexplained falls or trips • withholding of assistance aids eg hearing aids or walking devices • Pressure sores or ulcers • Untreated injuries and medical problems • Inconsistent or reluctant contact with medical and social care organisations • Accumulation of untaken medication • Uncharacteristic failure to engage in social interaction • Inappropriate or inadequate clothing |

| Category of abuse and neglect | Possible Signs and Symptoms of abuse include | Possible indicators |
|-------------------------------|---|--|
| 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"> Dehydration Malnutrition untreated or improperly attended medical conditions, and poor personal hygiene hazardous or unsafe living conditions/arrangements (eg improper wiring, no indoor plumbing, no heat, no running water) unsanitary or unclean living quarters (eg. animal/insect infestation, no functioning toilet, faecal/urine smell) inappropriate and/or inadequate clothing lack of the necessary medical aids (eg glasses, hearing aids, dentures, walking aids) grossly inadequate housing or homelessness |

Appendix 7 Other factors which increase the likelihood of abuse and neglect occurring:

- Where the person has an illness, which causes unpredictable behaviour
- Where the person has communication difficulties
- Where the person exhibits challenging behaviour or major changes in personality, disorientation, aggression or sexual dis-inhibition
- Where the person concerned demands more than the carer can give
- Where the family undergoes an unforeseen change in circumstances e.g. sudden illness, unemployment, bereavement or divorce
- Where a carer has been forced to change his or her lifestyle unexpectedly as a result of caring
- Where a carer is isolated and can see no end to, or relief from, caring
- Where a carer experiences regularly disturbed nights
- Where the carer has their own health-related difficulties
- Where the carer is dependent upon the victim
- Where the carer is physically, emotionally or practically unable to care for an individual
- Where there has been a reversal of role and responsibilities
- Where there are persistent financial problems
- Where other relationships are unstable or placed under pressure by the caring tasks

Appendix 8 End to End process – what happens when I raise my concern?

See full size version here – [End to End Process](#)

