

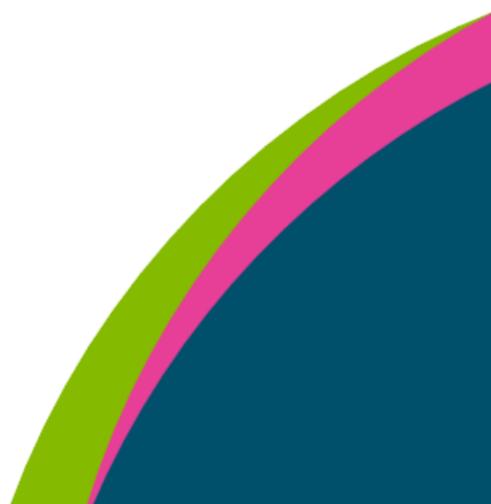
SAFEGUARDING ADULTS WITH CARE AND SUPPORT NEEDS - POLICY AND PROCEDURE

VERSION 11.0

**THE DESIGNATED PERSONS FOR SAFEGUARDING ADULTS WITH CARE AND SUPPORT
NEEDS ARE:**

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SAFEGUARDING ADULTS WITH CARE AND SUPPORT NEEDS - POLICY AND PROCEDURE

This document is divided into two parts:

- **Part One** - Healthwatch Worcestershire - Adult Safeguarding Policy
- **Part Two** - Healthwatch Worcestershire Adult Safeguarding Procedure

CONTENTS (CTRL-Click on the headings to go directly to the section)

<u>Summary of procedure for responding to adult safeguarding concern</u>	Page 3
PART ONE - POLICY STATEMENT	
<u>Safeguarding Adults - Policy Statement (including definitions)</u>	Page 5
PART TWO - PROCEDURE	
<u>Adult Safeguarding Procedure</u>	Page 20
APPENDICES	
<u>Appendix 1 - Safeguarding is everyone's business – Information for Volunteers</u>	Page 33
<u>Appendix 2 - Incident Record Form Adult</u>	Page 37
<u>Appendix 3 - Professional pathway for reporting safeguarding concerns</u>	Page 40
<u>Document details and version control</u>	Page 41

Summary of procedure for responding to adult safeguarding concern

These responsibilities must be addressed on the same day as the concern is recognised.

i. An adult safeguarding concern is identified. The adult has care and support needs, is experiencing or is at risk of, abuse and/or neglect and as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it

ii. Immediate Action - take any immediate actions to safeguard anyone at **immediate risk of harm** including contacting the police and summoning medical assistance by **calling 999 immediately** (see 22.1). If an adult is identified as being at risk of harm, refer to Adult Social Care 01905 768053 or Out of Hours on 01905 768020 as soon as possible. If there is time advice on adult safeguarding can be sought from the Adult Safeguarding Team 01905 843189 (note this number does not accept referrals)

iii. Detection & Prevention of crime.

Where there is evidence a criminal offence has taken place, or a crime may be about to be committed, **contact the Police immediately (dial 999)** (see 22.2)

iv. Preserve evidence.

Take steps to preserve any physical evidence (see 22.3), discuss with the police.

v. Where the adult has actively disclosed abuse or neglect to you - speak to the adult wherever it is safe to do so (See 22.4). Remember it is inappropriate to give assurances of complete confidentiality (particularly as in all cases either of the Chief Officers must be informed).

In all other circumstances, decisions regarding speaking to the adult concerned and subsequent actions will be the responsibility of the Chief Officer.

vi. Report & Inform.

Inform either of the Chief Officers as soon as possible:

Vicky Walsh: Chief Officer - External Business Affairs (01386 550264)

Paul Hopkins: Chief Officer - Internal Business Affairs (01386 550264). (see 22.5). In the absence of the Chief Officers contact the lead Director for Adult Safeguarding Julia Neal 01386 550264, if Julia Neal is unavailable, contact another member of the board, if you are unable to reach any director contact the Adult Safeguarding Team on 01905 843189.

vii. Record

Complete an Incident Record Form (see 22.6 below and complete form Appendix 2). Remember to maintain confidentiality, speaking only with those who need to know (22.7)

viii. Management Action including reporting to Adult Safeguarding

The Chief Officers will be responsible for deciding on next steps (see 22.8 Management Action) including speaking to the adult (see 22.9) and if necessary reporting the concern to Adult Social Care using the professional pathway for reporting safeguarding concerns that meet the criteria for S42 Enquiry (see 22.10 and Appendix 3).

NOTE - “Mental ill-health - If an adult’s mental health is in crisis (e.g. suicidal thoughts or actions, or taken an overdose) then these issues should be addressed by referral to the appropriate health professional for treatment (e.g. GP, Mental Health professional or A&E). These circumstances should not be referred to Adult Social Care.

If you have a general concern about the patient's mental ill health, consideration of appropriate safety netting should be made".¹

Mental Ill Health Crisis - Useful numbers

If the person is already being supported by Mental Health services they should try and speak to their usual team before contacting the urgent helpline, unless it's outside of core hours, a weekend or bank holiday.

If they are not currently in contact with any Mental Health Services they can phone the mental health helpline for urgent advice

0808 196 9127 (free phone 24 hrs a day 365 days a year)

**If immediate risk to life call the Police 999 or direct person to A&E (999)
Samaritans 116 123**

Mental Ill Health - Support

Safety netting means providing the person with information about what support may be available to them should there be any change or deterioration in their mental health

Worcestershire Wellbeing Hub - telephone [01905 766124](tel:01905766124)

Worcestershire Healthy Minds website: [Worcestershire Healthy Minds \(opens in a new window\)](#)

National mental health services:

- [Mind Worcestershire Wellbeing Hub \(opens in a new window\)](#) or call [0300 123 3393](tel:03001233393)
- [SANE Worcestershire Wellbeing Hub \(opens in a new window\)](#) or call [0300 304 7000](tel:03003047000)
- [No Panic Worcestershire Wellbeing Hub \(opens in a new window\)](#) or call [0844 967 4848](tel:08449674848)
- Social care mental health services for adults 18 years old and over: if you need Adult Social Care services due to complex mental health condition call [01905 768053](tel:01905768053).

¹ Using Professional judgements in Safeguarding Adults, Guidance for Professionals, WSAB, Vs 7.2, March 2019

PART ONE

Safeguarding Adults - Policy Statement (including definitions)

1. SCOPE OF THIS POLICY

Healthwatch Worcestershire (HWW) expects its Directors, staff, volunteers and any contracted agents, whether purchasers or providers, to conform to this policy, principles and procedures for safeguarding adults with care and support needs (referred hereafter in this policy as the adult).

Healthwatch Worcestershire (HWW) is fully committed to the multi- agency approach to safeguarding adults with care and support needs and this policy and procedure reflects the approach set out in:

- [West Midlands Adult Safeguarding Policy and Procedures Version 3.1 Apr 2024](#)
- [Using Professional Judgements in Safeguarding Adults, Guidance for Professionals, WSAB, Vs 7.2, March 2019](#)
- [Revisiting Safeguarding Practice, Chief Social Worker, January 2022](#)
- [Statutory Guidance to the Care Act 2014](#)

2. WHAT IS ADULT SAFEGUARDING

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. Safeguarding involves people and organisations working together to stop abuse and neglect occurring, and intervening effectively in situations if we do see abuse or neglect taking place (from Using Professional Judgements in Safeguarding Adults Vs 7.2 March 2019)

3. THE AIMS OF ADULT SAFEGUARDING

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise awareness of adult safeguarding within HWW so that we can, alongside professionals and as part of a multi-agency approach, play our part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help everyone at HWW (Directors, Staff and Volunteers) understand the different types of abuse and neglect, and how to raise a concern about the safety or well-being of an adult

4. THREE STAGE TEST FOR ADULT SAFEGUARDING CONCERNS THAT MEET THE CARE ACT CRITERIA

When deciding whether a concern should be addressed as a safeguarding issue under Section 42 of the Care Act 2014, the following three stage test should be applied:

1. Person has needs for care and support (whether or not those needs are being met)
2. Is experiencing, or is at risk of, abuse or neglect; and
3. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

5. DEFINITION OF ADULTS WITH CARE AND SUPPORT NEEDS

An adult with care and support needs is a person over 18 years of age who:

- Has a learning disability
- Has mental health needs including dementia or personality disorder
- Has a long term illness
- Has a physical disability
- Misuses alcohol or drugs
- Is elderly and frail due to ill health, disability or cognitive impairment, and
- requires extra help to manage their lives and to be independent.

Inclusion in one of the above groups does not necessarily mean that a person is implicitly unable to protect themselves from abuse or neglect.

Sometimes a person might choose to live in a situation that we think is dangerous or unsuitable. Although we may not personally agree with their lifestyle, they do not necessarily need our help to protect them from harm. Safeguarding means balancing people's rights to freedom of choice with the (potential) risk they are facing.

The Care Act guidance 2014 describes "care & support" as-

"The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support include assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations."

6. PRINCIPLES UNDERPINNING ADULT SAFEGUARDING

HWW has adopted the following key principles which underpin adult safeguarding In line with the multi-agency approach to adult safeguarding set out in the Care Act Statutory Guidance. The principles are not in order of priority, they are all equally important.

Principle	I statement
Empowerment - People being supported and encouraged to make their own decisions and informed consent.	<i>"I am asked about what I want as the outcomes from the safeguarding process and these directly inform what happens."</i>
Prevention - It is better to take action before harm occurs.	<i>"I receive clear and simple information about what abuse and neglect are, how to recognise the signs and what I can do to seek help."</i>
Proportionality - The least intrusive response appropriate to the risk presented.	<i>"I am sure that professionals will work in my interest, as I see them, and they will only get involved as much as needed"</i>
Protection - Support and representation for those in greatest need.	<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>
Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	<i>"I know that staff will 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>
Accountability - Accountability and transparency in delivering safeguarding.	<i>"I understand the role of everyone in my life and so do they"</i>

7. DEFINITION OF ABUSE OR NEGLECT²

Defining abuse or neglect is complex and rests on many factors. The term "abuse" can be subject to wide interpretation.

Abuse and neglect occur when someone causes another person or people harm or distress. It can take place in any environment, including online, it can involve one or multiple incidents, and anyone can be an abuser. Abuse and neglect are often the result of deliberate intent to cause harm, but sometimes abuse isn't intentional. It happens because someone doesn't have the skills or support needed to care for someone. That doesn't make the impact of it any less, but it can help to understand how it happened.

Abuse and neglect include physical, sexual, psychological, financial, domestic, discriminatory, organisational, modern slavery, neglect and acts of omission and self-neglect.

² Adapted from [West Midlands Adult Safeguarding Policy and Procedures Version 3.1 Apr 2024](#)

Abuse or neglect may be the result of deliberate intent, negligence or ignorance.

Patterns of abuse vary and include:

- serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
- long-term abuse in the context of an 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.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

To understand the experience of the adult, it is important to consider the context of the abuse and what combination of push and pull factors may be present, as this will affect the approach taken to engage with the adult. Push factors are things that drive the adult to detach from people who keep them safe. This, in turn, leaves them vulnerable to abuse. Pull factors are actions that lure the adult in.

See 7.2 below - Abuse and Exploitation

7.1 Types of Abuse or Neglect

Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

- **Physical abuse**

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

- **Domestic abuse**

Domestic Abuse Act 2021 definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

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

The cross-government definition of domestic abuse is not a legal definition and includes Honour-Based abuse, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

- **Sexual abuse**

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

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

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

- **Psychological abuse**

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

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

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

- **Financial or material abuse**

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

Financial scams come in many forms; uninvited contact is received by email, letter, and telephone or in person making false promises to con victims out of money.

- **Modern slavery**

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

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

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

- forced to work - through mental or physical threat;
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- dehumanised, treated as a commodity or bought and sold as 'property';
- physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races.

- **Discriminatory abuse**

This includes discrimination on the grounds of protected characteristics including race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse

- **Organisational abuse**

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

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

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

In regard to pressure care, neglect or acts of omission is a form of abuse which involves the deliberate withholding or unintentional failure to provide appropriate and adequate care and support where this has resulted in, or is highly likely to result in, significant preventable pressure ulcers.

Whilst not all pressure ulcers can be prevented, Pressure Ulcers that are Category 2 or above may be a cause for safeguarding concern and should be discussed with the Chief Officers.

Further information on definition of organisational abuse here:

[Organisational Abuse Procedures V6.1 - Worcestershire Safeguarding Boards](#)

- **Online harms**

The Online Safety Act 2023 recognises cyber-enabled abuse, harmful content, online exploitation and scams.

- **Neglect and acts of omission**

These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems.

Neglect can be intentional or unintentional.

- **Self-neglect**

Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect it is also defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community. Self-neglect is recognised as a safeguarding concern in line with the WSAB Self-Neglect Policy (2025). Referrals should be made via the Adult Front Door. Where engagement or assessment is refused, practitioners must consider Care Act duties, executive capacity, and proportional safeguarding responses.

This list is not exhaustive.

Further Information on each of these, together with possible indicators of abuse or neglect can be found in the [West Midlands Adult Safeguarding Policy and Procedure](#)

7.2 Abuse & Exploitation

Abuse of adults with care and support needs often occurs within a context of exploitation.

The West Midlands (Metropolitan) Area Definition for Exploitation is:

An individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child, young person or adult and exploits them:

- a) through violence or the threat of violence, and/or
- b) for financial or other advantage of the perpetrator or facilitator and/or
- c) in exchange for something the victim needs or wants.

The victim may have been exploited even if the activity appears consensual and exploitation does not always involve physical contact; it can also occur through the use of technology. Exploitation happens to adults as well as children and it is vitally important that strategies that consider how the risk of exploitation will be managed for adults as well as children are put in place. Perpetrators of exploitation can be skilled

and determined at identifying and exploiting vulnerability, and it is the vulnerability of victims that is the commonality.

The dynamics of exploitation are often complex and blurred. Perpetrators of exploitation may be victims themselves either currently or in the past, or may be coerced, threatened or groomed into exploiting others. When someone is exploited, they may be forced to take part in activities that may make it harder to recognise that they are a victim. It's important to remember that anyone is a victim if they are involved in a situation which limits their freedom and ability to make decisions about their own actions. Exploitation includes a combination of:

Pull factors: performing tasks for others resulting in them gaining accommodation, food, gifts, status or a sense of safety and belonging, love or being wanted; money or drugs; often the hook is through the perpetrator supplying drugs, alcohol, access to somewhere to “party” to the person.

Push factors: Individuals escaping from situations where their needs are neglected and there is exposure to unsafe individuals, where there is high family conflict or the absence of support.

Control: Coercion, grooming, manipulation, violence and threats of violence by those exploiting the individual particularly when they are identified by the police, they are expected (by the abuser) to take full responsibility for the offences for which they are charged - i.e., possession and supply of Class A Drugs.

There are many different forms of exploitation including:

- Sexual
- Criminal
- County Lines
- Cuckooing (also known as Home Invasion)
- Modern Slavery

Approaches to abuse can also be informed by thinking about:

Contextual safeguarding - which takes account of the individual's wider environment and relationship and

Transitional Safeguarding - which focuses on support for young people vulnerable to exploitation as they transition to adulthood.

For further information on the above see:

[Multi-agency Policy and Procedures for the West Midlands - Worcestershire Safeguarding Boards](#) (Vs 3.1 April 2024)

7.3. Safeguarding and the wider environment

When it comes to identifying safeguarding risks and early intervention, a lot of focus is put on the individual themselves, the family members they have direct and frequent contact with, and their physical and mental health.

However, many other risks pose a threat to an adult's safety that come from their wider environment, which are equally important to consider when identifying safeguarding concerns.

The intersection of poverty and race significantly impacts safeguarding adults. Poverty can lead to increased risks of abuse and neglect, as individuals may struggle to access

necessary support services. Race and racism can also influence how professionals identify and respond to safeguarding concerns, particularly for Black, Asian, and Mixed Heritage children and families. Addressing these issues is crucial for ensuring that safeguarding practices are equitable and effective for all individuals, regardless of their background.³

7.4 CARM

Healthwatch Worcestershire recognises the Complex Adult Risk Management (CARM) Framework 2025. While not a lead agency, HWW may contribute information to support multi-agency risk assessment and safety planning. Staff should note that concerns may be progressed via CARM notifications.

8. LOCATION OF ABUSE

Abuse can take place anywhere. For example:

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

9. WHO MIGHT ABUSE

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult with care and support needs. An abuser is often a person who has a level of power over the person being abused and they can be well known to the person being abused. A wide range of people may harm adults. This may include:

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

³ See: www.gov.uk

10. PREVENTATIVE MEASURES TAKEN IN RELATION TO ADULT SAFEGUARDING

10.1 Creating a Safe Environment

HWW recognises that everyone in the organisation has a responsibility to ensure that safeguarding concerns are recognised and reported. All HWW volunteers will receive a copy of the “Safeguarding is Everyone’s Business” leaflet. This is attached as Appendix 1. It is written to make this policy and the reporting requirements accessible to volunteers. Healthwatch Worcestershire’s Adult Safeguarding Policy is also posted on our website

In all work situations including those involving vulnerable adults we will:

- Treat all people with respect.
- Not make racist, sexist or any other remark which could upset or humiliate
- Act to prevent the abuse of vulnerable adults by other adults present through aggressive or other inappropriate behaviour, bullying, cruelty or any other forms of humiliation.
- Be appropriately trained and qualified to ensure the safe provision of services, use of equipment, activities undertaken, etc.

10.2 Signposting Service

Information received by HWW signposting service will be considered in the light of the information contained in this policy about Adult Safeguarding, and in particular the definitions of abuse as set out in 7 above.

If information is received via the signposting service which raises an adult safeguarding concern the person who is in receipt of the information will be the person to carry out the procedures set out in this policy (go to Page 14), unless it is agreed that the responsibility should be passed on to another member of the team. This decision would usually be made in consultation with the Managing Director.

The S42 Adult Safeguarding duty relates to an individual.

However, there are processes in place to gather and share information in order to consider whether concerns about a provider service may need to be considered as organisational abuse or neglect, or whether they constitute a concern about the quality of a service.

The Worcestershire Safeguarding Adults Board has produced: “Using Professional Judgements in Safeguarding Adults - Guidance for Professionals”⁴. This acknowledges that there is no simple answer to the question of when poor care becomes neglect. The Care and Support Statutory Guidance makes it clear that, in regulated settings at least, there are usually options other than safeguarding for dealing with quality of care issues. It states:

“Anything that is indicative of failure to meet the following:

- I am valued and treated with dignity;
- I receive support which is person-centred;
- I am supported to live as independently as I am able/wish;

⁴ [Using Professional Judgements in Safeguarding Adults - Guidance for Professionals, Version 7.2. March 2019](#)

- I am encouraged, and am able, to contribute towards the way my care is delivered;
- My health and well-being are promoted and maximised;
- I am supported to maximise my economic well-being;
- I am supported to take part in my local community;
- The personal outcomes, which I want to be met by the service, are achieved;
- My safety and security are maintained;
- Staffing and management arrangements enable a safe and quality service to be delivered to the patient/adult/customer.

Concerns about the quality of provider services as indicated above should be reported to the Managing Director who will share these as appropriate with Worcestershire County Council Care Quality Team, Worcestershire's Integrated Care Board, the Care Quality Commission and/or the Adult Safeguarding Team.

Concerns regarding the quality of a social care service should be reported to: carequality@worcestershire.gov.uk

Concerns regarding the above in nursing homes, hospitals or from community health based staff or other health services should be reported to icb.qualityfeedback2icb@nhs.net

10.3 Enter and View

HWW Authorised representatives undertaking Enter and View visits will be reminded about HWW Adult Safeguarding policy and reporting protocols during E&V planning meetings. Discussions are held about safeguarding during E&V training.

The process for reporting safeguarding concerns is reiterated at the beginning of each Enter and View visit.

Providers are informed at the start of an Enter and View visit that any safeguarding concerns identified during the visit will be explained to the manager or senior carer as appropriate, any immediate action required to safeguard adults will be taken and that, where appropriate, the visit will be terminated and the reporting process set out in this document will be followed.

We also inform providers about how to raise any safeguarding or other concerns that they may have about the behaviour or attitude of our Enter and View teams during our visits.

11. RECRUITMENT, SELECTION AND TRAINING OF HWW STAFF

All staff, including volunteers, must undergo appropriate vetting in line with the Safeguarding Vulnerable Groups Act 2006. Enhanced DBS checks will be mandatory for relevant roles. All reasonable steps will be taken to ensure unsuitable individuals are prevented from having any involvement with Healthwatch Worcestershire.

Staff, including any temporary or agency staff, will be required to have appropriate qualifications; they will be subject to references and, where appropriate, an enhanced DBS disclosure.

Any issues arising from a DBS disclosure will be dealt with in accordance with the Recruitment and Selection Policy, which states that “Where a preferred candidate fails the referencing and checking procedure, consideration should be given whether to fall back to the second choice candidate”

Job Descriptions for posts will make reference to safeguarding responsibilities as appropriate.

HWW aligns its safeguarding practice with the Worcestershire Safeguarding Adults Board (WSAB) Multi-Agency Safeguarding Adults Competency Framework. All Directors, staff and volunteers must demonstrate competency in Core Competencies 1-3 as a minimum, proportionate to their role. Training and assurance processes will reflect the WSAB Safeguarding Adults Competency Framework and the WSAB Mental Capacity Act and Deprivation of Liberty Safeguards (MCA & DoLS) Competency Framework.

HWW will ensure that Safeguarding training is mandatory and will include:-

- Level 2 Adult Safeguarding training for staff and Directors where this is appropriate to their role.
- more advanced training in recognising, responding, enquiring and reporting is available to staff as appropriate to their role

We will liaise with the County Council and other bodies as appropriate to ensure that the training reflects the multi-agency approach in place across Worcestershire.

The training will ensure that staff are made aware of and understand their professional boundaries in respect of safeguarding and that their practice reflects this.

Safeguarding training will be refreshed within two years or in line with statutory requirements.

On joining HWW, staff and volunteers are provided with copies of HWW IT Security Policy (covering all IT devices) and Social-Media Policy and procedures. These Policies are subject to routine reviews and are re-distributed when amended. Further copies are available at any time on request.

12. HWW VOLUNTEERS

Formal Volunteers

A “formal volunteer” with HWW will be involved with delivering HWW activity on our behalf, this may include attendance at events, taking part in engagement such as carrying out Surveys on site at health and social care services, or undertaking Enter and View activity.

Formal volunteers will have completed an application form and interview, they will be subject to references and, where appropriate, a DBS disclosure.

In order to ensure that formal volunteers have an awareness of Safeguarding we have produced a straightforward version of this policy which will be given to all formal volunteers. See Appendix 1.

Formal volunteers will be provided with Adult Safeguarding Training, as appropriate to their role and the activities that they are involved with.

Where relevant formal volunteers working with us on specific projects will be provided with safeguarding information as part of the project briefing.

The training will ensure that volunteers are made aware of and understand their boundaries in respect of safeguarding and that their practice reflects this.

Community Links

HWW have people acting as Community Links, who provide feedback from their networks about people's experience of health and social care services.

People in this role who are service users of an organisation will be advised to raise any safeguarding concerns that they may identify directly with the service they use, in order to avoid any confusion or delay in reporting concerns.

Members of the public acting in a Community Link role, will be advised of and signposted to information on the Worcestershire County Council website about how the public should report a safeguarding concern. This is to avoid any confusion or delay in reporting concerns.

If a Community Link provides feedback which HWW identifies as raising a safeguarding concern, this will be dealt with in accordance with this Policy. Community Links are informed of this as part of their introduction to the role.

13. ALLEGATIONS OF ABUSE ABOUT A DIRECTOR, CO-OPTEE, STAFF MEMBER OR VOLUNTEER AT HWW

HWW has a Whistleblowing Policy.

All Directors, Co-optees, staff and volunteers are required to raise concerns immediately, where they exist, about the attitude or actions of colleagues.

Any worker who 'blows the whistle' will be protected from reprisal, bullying, victimisation, disciplinary action, dismissal or detrimental treatment - provided that they "reasonably believe" that what they are reporting is true.

Concerns about the behaviour of Directors, Co-optees, staff and volunteers must be referred to either of the Chief Officers, who will investigate and take appropriate action.

Vicky Walsh: Chief Officer - External Business Affairs (01386 550264)

Paul Hopkins: Chief Officer - Internal Business Affairs (01386 550264)

If your concern is about either of the Chief Officers, it should be reported to the Chair of the Healthwatch Board:

Chair of Healthwatch - Simon Adams Tel: 01386 550264

Any concerns will be dealt with in accordance with the HWW Disciplinary Policy and Procedure

14. SAFEGUARDING COMPLAINTS OR CONCERNS EXPRESSED BY PEOPLE IN CONTACT WITH HWW OR OUR REPRESENTATIVES

Due to the nature of Healthwatch Worcestershire's functions it is rare for us to have ongoing contact with a specific individual or "user group". However, as an organisation we believe safeguarding is everyone's responsibility and we ensure that wherever appropriate we help to raise awareness and emphasise the importance of relevant processes and responses.

HWW safeguarding policy is published on our website.

We will make members of our Reference and Engagement Group aware that the policy is available on our website or in hard copy if required.

We inform providers at the start of our Enter and View visits about how to raise any safeguarding or other concerns that they may have about the behaviour or attitude of our Enter and View teams during our visits.

Any complaint or expression of concern by people in contact with HWW or their representatives will be listened to and acted upon in order to safeguard the wellbeing and welfare of an adult, following the procedure set out in this Policy (Part Two below).

A complaint or concern may be made directly, either in writing or orally, to the designated member of staff:

Vicky Walsh: Chief Officer - External Business Affairs (01386 550264)

Paul Hopkins: Chief Officer - Internal Business Affairs (01386 550264)

In the absence of the above contact the lead Director for Adult Julia Neal 01386 550264 julianeal@healthwatchworcestershire.co.uk, who will be responsible for the completion of the above actions.

Concerns about the behaviour of Directors, Co-optees, staff and volunteers should be referred to the either of the Chief Officers-, who will investigate and take appropriate action. If the concern is about either of the Chief Officers, it should be reported to the Chair of the Healthwatch Board: Chair of Healthwatch - Simon Adams 01386 550264. These concerns will be dealt with as described in Section 13 above.

Individuals and/or their representatives will be provided with details of the progress of the complaint or concern and action taken where appropriate.

People in contact with HWW or their representatives will be provided with contact details of the County Council's Adult Safeguarding reporting procedure (see below) if they wish to raise a concern or complaint directly.

15. THE PREVENT STRATEGY

HWW recognises the risks of radicalisation both offline and online. Staff and volunteers will be briefed on Prevent, including awareness of extremist content facilitated through digital platforms in line with the Online Safety Act 2023.

Any concerns that may arise in respect of PREVENT should be reported to the CO, in line with procedure set out Part Two of this document.

The CO will decide whether these concerns should be reported to the PREVENT co-ordinator.

16. ESCALATION PROCEDURE

A safeguarding concern should always be followed up if you are unhappy with the response

If you are unhappy with the **response that you receive from the** Chief Officers, you should contact the lead Director for Adult Safeguarding Julia Neal 01386 550264.

If you are unhappy about the **response that you receive from HWW** about your concern, then you should contact the Adult Front Door on 01905 768053 from Monday to Thursday 8.30am to 5.00pm. and Friday 8.30 a.m. - 4.30 p.m. For assistance out of office hours contact the Emergency Duty Team (EDT) on 01905 768020.

You should always escalate a safeguarding concern where you remain unhappy with the actions taken by HWW

[Escalation Policy - Resolution of Professional Concerns V4 Final Feb 2024 - Worcestershire Safeguarding Boards](#)

17. CONFIDENTIALITY

Confidentiality of information: only appropriate staff/volunteers should have access to any parent consent/emergency consent forms for children taking part in any activities.

In cases of disclosure of abuse or neglect, whether by children, young people, parents, carers or other adults, we are obliged to share the information with the designated member of staff, who may refer concerns to the relevant Social Services Department.

18. REVIEW OF THIS POLICY

There is a need to review documents regularly to ensure that they are up-to-date, suitable and still reflect best practice. The Safeguarding Adults Policy is a key document and updates will be recorded on the Index of HWW Policies & Key Documents following review against the WSAB Quality Assurance Checklist for Safeguarding Adult Policies (August 2024). Any identified gaps will inform an internal action plan. It will be reviewed annually as part of the Internal Audit and Management Review. Details of the most recent revision and next review date will be recorded.

19. ARRANGEMENTS FOR THE DISSEMINATION OF POLICY AND ASSURANCE PROCESSES

- This policy will be disseminated to all staff and Directors.
- All formal volunteers will receive a copy of “Safeguarding is Everyone’s Business” (Appendix 1)
- As part of their introduction Community Links will be informed of their responsibility to report safeguarding concerns and how to do so. They will also be advised that any safeguarding concerns identified by HWW arising from information they have provided will be dealt with using the procedures set out in this Policy
- The Chief Officers shall make the team aware of any policies that have been revised and circulate accordingly.
- The policy will be made available on HWW website

Staff and Directors will be asked to confirm in writing that they have received and read this policy on an annual basis following the review of this Policy.

This declaration to be returned to admin@healthwatchworcestershire.co.uk.

A written record to be kept of receipt.

PART TWO

Adult Safeguarding Procedure

20. WHAT IS AN ADULT SAFEGUARDING CONCERN?

An “adult safeguarding concern” describes the process where someone is first alerted to a concern or incident that indicates an adult with care & support needs-

- (i) is experiencing or is at risk of abuse or neglect, and
- (ii) as a result of their care & support needs, is unable to protect themselves against abuse or neglect, or the risk of it, and takes action to respond, and to report the concern.

21. HWW - ROLES AND RESPONSIBILITIES IN RESPECT OF ADULT SAFEGUARDING CONCERNS

HWW will respond to safeguarding concerns in line with the Care Act 2014
Worcestershire Safeguarding Board Policies and Adult Safeguarding Practice
Guidance

a. Duty to Report

All Directors, staff and volunteers working with Healthwatch Worcestershire have a **duty to report** any allegations, concerns, or suspicions, that an adult with care and support needs is being, or is at risk of being, abused or neglected.

Concerns about provider services should be reported to the Managing Director who will share these as appropriate with Worcestershire County Council Care Quality Team, Worcestershire’s Clinical Commissioning Group, the Care Quality Commission and/or the Adult Safeguarding Team.

b. Designated Person

The Chief Officers are the designated members of staff for Safeguarding Adults and will be responsible for:

- Monitoring and recording concerns.
- Making referrals to Adult Social Care.
- Liaison with other agencies.

In the event of any concerns regarding an adult at risk, **the Chief Officers must be informed at the earliest available opportunity.**

Vicky Walsh: Chief Officer - External Business Affairs (01386 550264)

Paul Hopkins: Chief Officer - Internal Business Affairs (01386 550264)

In the absence of the above contact the lead Director for Adult Safeguarding Julia Neal 01386 550264, if Julia Neal is unavailable, contact another member of the board, if you are unable to reach any director contact the Adult Safeguarding Team on 01905 843189.

22. RESPONDING TO ADULT SAFEGUARDING CONCERNS

22.1 IMMEDIATE PROTECTION - Address any immediate safety and protection needs

Take any immediate actions to safeguard anyone at **immediate risk of harm** including contacting the police and summoning medical assistance by calling 999 immediately. If an adult is identified as being at risk of harm, refer to Adult Social Care 01905 768053 or Out of Hours on 01905 768020 as soon as possible. If there is time advice on adult safeguarding can be sought from the Adult Safeguarding Team 01905 843189 (note this number does not accept referrals)

1.1 Immediate Protection – Good Practice Guide

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where you suspect a crime has been committed, leave things (e.g. potential physical evidence) as they are wherever possible.
- Summon urgent medical assistance from the GP, or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.
- If a child is identified at being at risk of harm, refer to Children's services as soon as possible. Worcestershire Children's Services - 01905 822666.
- The adult may feel frightened, so you can ascertain whether they want you to arrange for someone they feel comfortable with to stay with them.
- Consider if there are other adults with care & support needs who are at risk of harm and take appropriate steps to protect them.
- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through recording.
- If you have not already done so contact one of the Chief Officers (Vicky Walsh: Chief Officer - External Business Affairs (01386 550264), or Paul Hopkins: Chief Officer - Internal Business Affairs (01386 550264), or in their absence the lead Director for Adult Safeguarding Julia Neal 01386 550264, if Julia Neal is unavailable, contact another member of the board, if you are unable to reach any director contact the Adult Safeguarding Team on 01905 843189.

22.2 DETECTION & PREVENTION OF CRIME.

Where there is evidence a criminal offence has taken place, or a crime may be about to be committed, contact the Police immediately (dial 999)

22.3 PRESERVING PHYSICAL EVIDENCE

In cases where there may be physical evidence of crimes (e.g. physical or sexual abuse) contact the police immediately. Ask their advice about what to do to preserve evidence. See good practice below.

Good Practice Guide - Preserving Physical Evidence

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc.;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and alleged perpetrator. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual assault -

- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the alleged perpetrator. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or alleged perpetrator can cross contaminate evidence.

22.4 DEALING WITH DISCLOSURES OF ABUSE OR NEGLECT BY AN ADULT

The possibility of abuse or neglect can come to light in various ways, for example:

- an active disclosure of abuse or neglect by the adult;
- a passive disclosure of abuse or neglect where someone's attention is drawn to the symptoms of the abuse or neglect;
- a growing awareness that "something is not right";
- an allegation of abuse or neglect by a third party,
- a complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse or neglect.

See Good Practice guide below

Good Practice Guide - Responding to disclosures

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell.

- Accept what the person is saying - do not question the person or get them to justify what they are saying - reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen calmly to what they are saying. If the person wants to give you lots of information, let them. Let the person tell you in their own words and at their own pace what happened. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask open questions to establish the basic facts, but try to avoid asking the same questions more than once, or asking the person to repeat what they have said- this can make them feel they are not being believed. Do not ask leading questions or prompt.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.
- Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.

Reassure the person that they have done nothing wrong and that the abuse was not their fault.

Tell them that you will treat this information seriously and that **you will speak with your line manager to decide together what action needs to be taken to keep them safe from further abuse.**

Reassure the person that they will be involved in decisions about what will happen.

22.5 REPORT AND INFORM

Any concerns regarding an adult at risk, **one of the Chief Officers must be informed at the earliest available opportunity.**

Vicky Walsh: Chief Officer - External Business Affairs (01386 550264)

Paul Hopkins: Chief Officer - Internal Business Affairs (01386 550264)

In the absence of the above the person with responsibility for the above is the lead Director for Adult Safeguarding Julia Neal 01386 550264, if Julia Neal is unavailable, contact another member of the board, if you are unable to reach any director contact the Adult Safeguarding Team on 01905 843189.

22.6 RECORDING ADULT SAFEGUARDING CONCERNS

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. As soon as possible on the same day, use the Incident Record Form (Appendix 2) to make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern of abuse or neglect also makes a written report.

Written records must reflect as accurately as possible what was said and done by the people involved in the incident or concern.

Recording - Good Practice Guide

The written report will need to include:

- the date and time when the disclosure was made, or when you were told about / witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

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

Give the form to the Managing Director.

Store the form in the following folder

Company/Signposting/Issues Log/Safeguarding Reports/ (create new folder for each specific issue).

When the Chief Officers are not available contact the lead Director for Adults's Safeguarding Julia Neal 01386 550264.

22.7 CONFIDENTIALITY

Please remember to maintain confidentiality on a “need to know” basis. This means that you do not discuss this incident with anyone other than as described in the reporting procedure above, or those who need to know (e.g. if the matter is referred to a social worker).

Please take advice on this point from the Chief Officers Tel: **01386 550264** if you are uncertain.

22.8 TAKING MANAGEMENT ACTION TO RESPOND TO THE CONCERN

The Chief Officers (COs) will decide on the most appropriate course of action without delay following a report of an adult safeguarding concern.

In the absence of the COs contact **lead Director for Adult Safeguarding** Julia Neal 01386 550264, who will be responsible for the completion of the actions.

Advice on adult safeguarding can be sought from the Adult Safeguarding Team 01905 843189 (note this number does not accept referrals)

Actions for the Chief Officers / Lead Director

- Check & review actions already taken and decisions made
- If not already done so:
 - Make an evaluation of the risk to the adult.
 - Wherever it is safe, speak to (or decide who is the best placed person to speak to) the adult to gain their views about the concern and what they would like to happen next (see Speaking with the Adult 20.8 below)
 - Take reasonable and practical steps to safeguard the adult.
 - Consider referring to the police if the suspected abuse or neglect is a crime.
 - If the matter is to be referred to the police, discuss risk management and any potential forensic considerations with the police.
 - Arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police.
- If the person alleged to have caused the harm is also an adult with care & support needs, arrange for a member of staff to attend to their needs.
- Make sure that other people are not at risk.

If a child is identified as being at risk of harm, refer to Children’s Services as soon as possible. Worcestershire Children’s Services - 01905 822666.

22.9 SPEAKING TO THE ADULT WHO IS EXPERIENCING, OR IS AT RISK OF, ABUSE OR NEGLECT

In situations where the adult is not in immediate risk of harm **decisions regarding speaking to the adult concerned will be the responsibility of the Chief Officers.** The only exception to this is when **an adult has made an active disclosure of abuse or neglect to a member of staff or volunteer (see Section 20.4)**

The views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

There will be occasions where speaking to the adult could put them at further or increased risk of harm for example, due to:

- retaliation,
- risk of fleeing or removal of the adult from the local area,
- an increase in threatening or controlling behaviour

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully

Good Practice Guide - Speaking to the adult

Get the views of the adult on the concern or incident and see what they would like to happen next. Listen to what they have to say, and ensure they are given the support they need.

- Speak to the adult in a private and safe place and inform them of the concerns. The person alleged to be the source of the risk should not be present in all but the most exceptional of circumstances,
- Get the adult's views on the concern and what they want done about it,
- Give the adult information about the adult safeguarding process and how that could help to make them safer,
- Explain confidentiality issues, how they will be kept informed and how they will be supported,
- Identify communication needs, personal care arrangements and access requests
- Discuss what could be done to make them feel safer.

22.9.1 Mental Capacity and Consent

Capacity- Anyone who acts for, or on behalf of, a person who may lack capacity to make relevant decisions has a duty to understand and always work in line with the Mental Capacity Act (MCA) and MCA Code of Practice.

Consent- All adults have the right to choice and control in their own lives. As a general principle, no action should be taken for, or on behalf of, an adult without obtaining their consent.

At the concern stage, the most common capacity & consent issues to consider will usually be-

- whether the adult has the *mental capacity* to understand & make decisions about the abuse or neglect related risks, & any immediate safety actions necessary, and;
- whether the adult *consents* to immediate safety actions being taken, & whether the adult *consents* to information being referred / shared with other agencies.

Mental Capacity

The key principles of the Mental Capacity Act (2005) are that every adult (aged 16 or over) has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise. A person must be given all practicable help before anyone treats them as not being able to make their own decisions. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision

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

If the adult is assessed as lacking mental capacity to understand the risks they face you need to make a best interests decision regarding reporting the concern on behalf of the adult. The adult should always be told of your decision to report the concern and the reasons for this, unless telling them would put their safety, or the safety of others, at risk.

In line with updated WSAB guidance, practitioners must consider executive capacity when assessing mental capacity, particularly in cases involving self-neglect, exploitation or high-risk behaviours. Practitioners must not default to assumptions of 'unwise decisions' or 'lifestyle choice' without proper assessment and recording. Anything done, or any decision made on behalf of a person who lacks capacity must be done in their best interests and should be the least restrictive of their basic rights and freedoms.

Decisions must be fully recorded. It is important that an individual's mental capacity is considered at each stage of the adult safeguarding process.

Reporting without consent

Where an individual or agency has reasonable cause to suspect that the risk of harm is high then the information can be shared without consent if:

- the person is unable to give consent,
- the person/organisation cannot reasonably be expected to obtain consent, or
- trying to gain consent would put the person at further risk of harm.

This could include situations where:

- the person lacks the mental capacity to make that decision - this must be properly explored and recorded in line with the Mental Capacity Act,
- other people are, or may be, at risk, including children,
- sharing the information could prevent a crime,
- the alleged abuser has care and support needs and may also be at risk,
- a serious crime has been committed,
- staff are implicated,
- the person has the mental capacity to make that decision, but they may be under duress or being coerced,
- the risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- a court order or other legal authority has requested the information.

In these circumstances you **must** report your concerns to the Chief Officers.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the person:

- support the person to weigh up the risks and benefits of different options,
- ensure they are aware of the level of risk and possible outcomes,
- offer to arrange for them to have an advocate or peer supporter
- offer support for them to build confidence and self-esteem if necessary
- agree on and record the level of risk the person is taking
- record the reasons for not intervening or sharing information
- regularly review the situation
- try to build trust and use gentle persuasion to enable the person to better protect themselves

The key issue in deciding whether to report a concern without the consent of the adult will be the level of risk of harm to the adult (or to any other adults who may have contact with the person or organisation causing the risk of harm.)

If the adult is reluctant to give consent to an adult safeguarding referral and it is necessary to share information outside the organisation this can be explored with the adult

Good practice guide – addressing issues of consent with the adult

- explore the reasons for the person's objections - what are they worried about?
- explain the concern and why you think it is important to share the information
- tell the person who you would like to share the information with and why
- explain the benefits, to them or others, of sharing information - could they access better help and support?
- discuss the consequences of not sharing the information - could someone come to harm?
- reassure them that the information will not be shared with anyone who does not need to know
- reassure them that they are not alone, and that support is available to them.

If the person cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

Disclosure without consent needs to be justifiable and the reasons recorded by professionals in each case.

22.10 REPORTING AN ADULT SAFEGUARDING CONCERN

Concerns must be escalated by the Chief Officers using the professional pathway (Appendix 3) and where appropriate, referred to Adult Social Care

If in doubt, ring the Adult Safeguarding Team on 01905 843189

Report to Adult Social Care - using the professional pathway for reporting safeguarding concerns that meet the criteria for S42 Enquiry (see Appendix 3). This should be done as soon as possible, and in all circumstances on the same day as the concern is recognised.

Adult Social Care can be contacted on 01905 768053 or Out of Hours on 01905 768020.

In addition:

- Consider and take required actions under employment vetting schemes e.g. the DBS scheme.
- Take action in line with the organisation's disciplinary procedures, as appropriate, if a member of staff is alleged to have caused harm
- Ensure that records are made of any concerns, and that decisions are clearly recorded with the rationale for the decisions explained.

If there are concerns about a carer in this situation who may require support, then please discuss this with the Managing Director.

23. ESCALATION PROCEDURE

Escalation Procedures should follow the Worcestershire Safeguarding Adults Board Escalation Policy.

If you are unhappy with the response that you receive from the, Chief Officers you should contact the lead Director for Adult Safeguarding Julia Neal 07484 922857 julianeal@healthwatchworcestershire.co.uk

If you are unhappy about the response that you receive from HWW about your concern, then advice on adult safeguarding can be sought from the Adult Safeguarding Team 01905 843189 (note this number does not accept referrals). A referral can be made to Adult Social Care on 01905 768053 or Out of Hours on 01905 768020.

You should always escalate a safeguarding concern where you remain unhappy with the actions taken by HWW

Where the Chief Officers are unhappy about the response from WCC to a reported safeguarding concern this should be escalated using the WCC Escalation Policy.

[Escalation Policy - Resolution of Professional Concerns V4 Final Feb 2024 - Worcestershire Safeguarding Boards](#)

24. SUPPORT AND TRAINING FOR DIRECTORS, CO-OPTees, STAFF AND VOLUNTEERS

Directors, staff and volunteer will be supported through supervision, risk assessments, access to further training and confidential counselling if required

25. FURTHER SOURCES OF INFORMATION AND ADVICE

Adult Safeguarding

Please see Appendix 3 for Adult Social Care Reporting Pathway. This can be used if further support is required in respect of Adult Safeguarding.

If **urgent support** is required telephone the Worcestershire County Council Access Centre on 01905 768053

Out of Hours on 01905 768020

Advice on adult safeguarding can be sought from the Adult Safeguarding Team 01905 843189 (note this number does not accept referrals)

West Midlands “Adult Safeguarding: Multi-agency policy and procedures for the protection of adults with care and support needs” is available at:

<http://www.worcestershire.gov.uk/wmaspp>

Worcestershire Safeguarding Adults Board Guidance is available at:

<https://www.safeguardingworcestershire.org.uk/wsab/policies-procedures-a/>

Domestic abuse

Adults experiencing domestic abuse should be referred to the Police (999 in an emergency otherwise 101).

Adults with care and support needs experiencing domestic abuse should be referred to the Police and Adult Social Care (as an Adult Safeguarding Concern.)

Safeguarding concern about a child

If a child is identified at being at risk of harm see HWW Children’s Safeguarding Policy. In an emergency contact the Police (999) and refer to Children’s services as soon as possible.

Worcestershire Children’s Services - 01905 822666 Or visit

http://www.worcestershire.gov.uk/info/20383/are_you_a_professional_worried_about_a_child

Concerns about the Quality of Services

If there is a concern about the quality of care provided within a service report the concern to the Quality Assurance and Compliance Team on carequality@worcestershire.gov.uk

Concerns regarding the quality of a health service should be reported to

icb.qualityfeedback2icb@nhs.net

Mental Health

Mental Health – Crisis

If the person is already being supported by Mental Health they should try and speak to their usual team before contacting the urgent helpline, unless it’s outside of core hours, a weekend or bank holiday.

If they are not currently in contact with any Mental Health Services you can phone the mental health helpline for urgent advice

0808 196 9127 (free phone 24 hrs a day 365 days a year)

If immediate risk to life call the Police 999 or direct person to A&E (999)
Samaritans 116 123

Mental Ill Health - Support

Safety netting means providing the person with information about what support may be available to them should there be any change or deterioration in their mental health

Worcestershire Wellbeing Hub - telephone [01905 766124](tel:01905766124)

Worcestershire Healthy Minds website: [Worcestershire Healthy Minds \(opens in a new window\)](#)

National mental health services:

- [Mind Worcestershire Wellbeing Hub \(opens in a new window\)](#) or call [0300 123 3393](tel:03001233393)
- [SANE Worcestershire Wellbeing Hub \(opens in a new window\)](#) or call [0300 304 7000](tel:03003047000)
- [No Panic Worcestershire Wellbeing Hub \(opens in a new window\)](#) or call [0844 967 4848](tel:08449674848)

Social care mental health services for adults 18 years old and over: if you need Adult Social Care services due to your complex mental health condition call [01905 768053](tel:01905768053).

Appendix 1

SAFEGUARDING IS EVERYONE'S BUSINESS – INFORMATION FOR VOLUNTEERS

1. WHAT IS SAFEGUARDING?

Safeguarding means protecting children and young people and adults with care and support needs right to live in safety, free from abuse and neglect.

Safeguarding Children

Safeguarding applies to children and young people up to 18 years of age or up to 25 years of age for young people with disabilities and complex needs, or who are Looked After by the Local Authority

Safeguarding Adults with Care and Support Needs

Adult safeguarding applies when an:

1. Adult has need for care and support (this may be because they are disabled or ill or older, and may need extra help to manage their lives and be independent)
2. Is experiencing, or is at risk of, abuse or neglect; and
3. As a result of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it

Sometimes an adult may choose to live in a situation that we think is dangerous or unsuitable. For adults safeguarding means balancing people's rights to freedom of choice with the risk they are facing.

Whilst Healthwatch Worcestershire does not provide direct services to vulnerable adults and children we may, through the course of our work, see situations which raise concerns that a child or adult is at risk of, or is being abused or neglected. It is also possible that a child or adult may tell you (disclose) that they are being abused or neglected.

This leaflet sets out what you, as a Healthwatch Worcestershire Volunteer, should do in these situations

2. WHAT IS ABUSE?

Abuse can take many forms, but is any mistreatment which results in harm. It includes neglect, where a person fails to take action needed to keep another person safe and well.

Abuse may be a **single act or repeated acts**. It may be:

- **Physical** - e.g. hitting, shaking, kicking or pinching, misuse of medication or inappropriate physical sanctions
- **Emotional or psychological** - e.g. threatening, humiliating, bullying, swearing, frightening, constantly criticising or blaming - resulting in mental or physical distress
- **Sexual** - direct or indirect involvement in sexual activity without consent. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong
- **Child sexual exploitation** is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults.

- **Neglect and failing to act** - a person's physical, psychological and emotional needs are ignored or so poorly met that it is likely to cause damage to their health and/or development. In the case of adults with care and support needs this includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or withholding of the necessities of life, such as medication, adequate nutrition and heating.

Abuse may also include:

- **Domestic violence** - including psychological, physical, sexual, financial or emotional abuse; so called 'honour' based violence.
- **Financial or material abuse** - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude.
- **Discriminatory abuse** - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Self-neglect** - this covers a wide range of behaviour. Neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

This list is not exhaustive.

Safeguarding is also influenced by wider factors such as poverty, race and vulnerability to risk outside the home

ABUSE CAN TAKE PLACE ANYWHERE, AND BY ANYONE. IT IS NEVER ACCEPTABLE.

3. HOW CAN YOU FIND OUT MORE ABOUT SAFEGUARDING?

Healthwatch Worcestershire will provide training to volunteers on Safeguarding as appropriate to their role

This document is a part of Healthwatch Worcestershire's:

- Safeguarding children policy and procedure
- Safeguarding adults policy and procedure

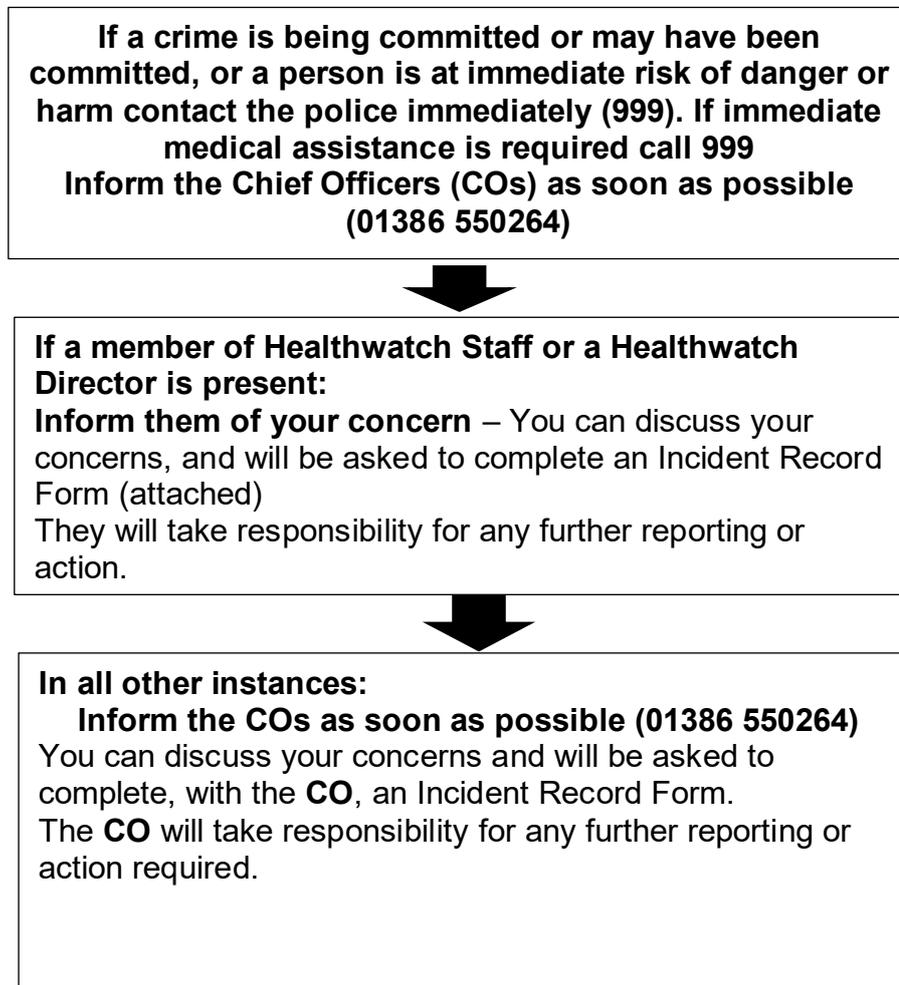
These policies provide a lot more detail about Healthwatch Worcestershire's approach to Safeguarding.

The documents can be found on our website, or as hard copy at our Office, Pershore Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT

4. WHAT SHOULD YOU DO IF YOU THINK THAT A CHILD OR VULNERABLE ADULT IS AT RISK OF, OR IS BEING, ABUSED OR NEGLECTED?

It **IS NOT** your responsibility to personally investigate suspected or actual abuse or neglect.

IT IS YOUR RESPONSIBILITY to report suspected or actual abuse following the procedure below:



5. WHAT SHOULD YOU DO IF SOMEONE TELLS YOU (DISCLOSES) THAT THEY ARE BEING ABUSED OR NEGLECTED?

If someone tells you that they are being abused or neglected you should:

- Reassure them, tell them that they are right to tell you [do not promise to keep it a secret as it is your responsibility to inform others].
- Accept what you have been told - ask open questions to obtain basic facts but don't "interview" the person. Record as much information as possible in the person's own words
- Tell the person that you will have to pass the information on, but you will only tell people who need to know so that they can help.
- In the case of an adult, consent to passing information on should be sought. Any decision made to report a safeguarding concern without consent must be made in the person's best interest and be a proportionate response. The **CO** will be

responsible for further discussion with the adult involved and about any other action that may be taken.

- Ensure the person is safe - dial 999 if necessary, otherwise contact the **CO**
- Do not approach or contact the alleged abuser[s].
- Follow the reporting process above
- Complete the Incident Record Form as soon as possible after the event detailing what you and the person discussed. Use the persons own words to record what was said wherever possible.

6. WHAT SHOULD YOU DO IF YOU THINK THAT A HEALTHWATCH WORCESTERSHIRE DIRECTOR, CO-OPTEE, MEMBER OF STAFF OR VOLUNTEER MAY BE ABUSING OTHERS?

All staff and volunteers have a duty to raise concerns, where they exist, about the attitude or actions of colleagues.

Concerns about the behaviour of a Director /staff/volunteer must be referred without delay to the **Chief Officers (01386 550264)**, who will investigate and take appropriate action.

If your concern is about the Chief Officers it should be reported to the Chair of Healthwatch Worcestershire, Simon Adams 01386 550264

7. CONFIDENTIALITY

Please remember to maintain confidentiality on a “need to know” basis. This means that you do not discuss this incident with anyone other than as described in the reporting procedure above, or those who need to know (e.g. if the matter is referred to a social worker).

Please take advice on this point from the Chief Officers if you are uncertain. Appendix 2 - Incident Record Form Adult

Your Name:
Your Position:
Adult with Care and Support Needs Name:
Adults Address:
Representative's name and address (if different from above):
Date, time and location of any incident or action prompting concerns or when you were told about the incident:

Who was involved, any other witnesses including service users and other staff:

Exactly what happened or what you were told, keeping it factual and not interpreting what you saw or were told. Factual Record - who, what, where, when.
(Record actual details in the adult's own words where possible. Continue on separate sheet/s if necessary.)

Any other relevant information e.g. the appearance and behaviour of the adult, injuries observed, any previous incidents that have caused you concern:

Action Taken so far:

Police or Emergency Services informed?

Yes / No

Time informed

Date informed

Chief Officers of Healthwatch Worcestershire informed:

Yes / No

Time informed

Date informed

Record of discussion with CO

Views of the Adult (*NOTE - This section may be completed by the CO following further discussion with the adult or by the person reporting the concern as appropriate*)

Has the Adult or their representative given consent to report the abuse or risk of abuse to Adult Social Care?

Yes

No

If No

Please record why this incident is being reported without consent:

Signature:

Print Name:

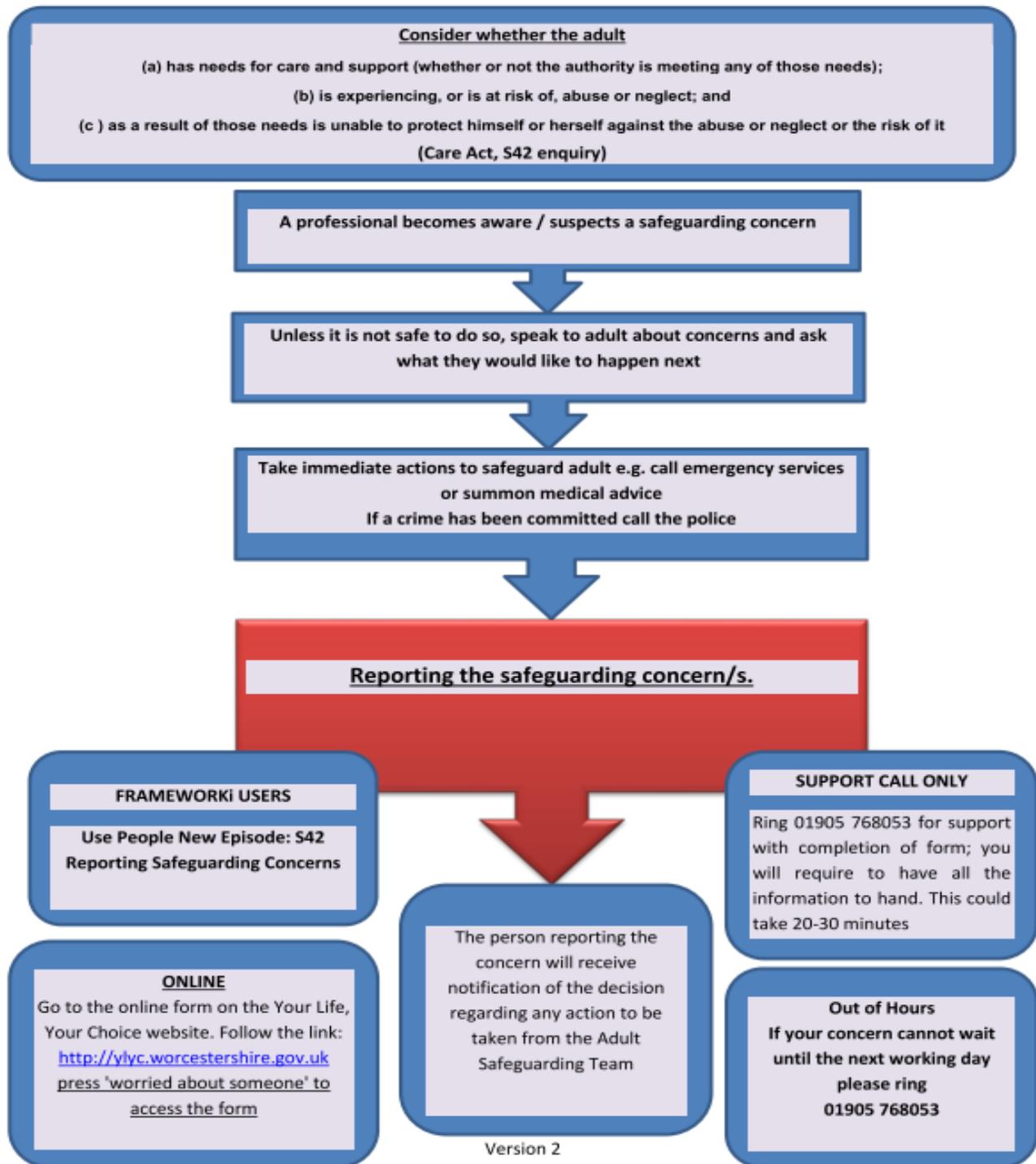
Date

Confidentiality

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Please take advice on this point from the Chief Officers Tel: **01386 550264** if you are uncertain.

Professional pathway for reporting safeguarding concerns that meet the criteria for S42 Enquiry



Document Details & Version Control

Version	Comments /Reason for Amendments	Lead Dir	Author / Editor	Date	Review by
1.1	Circulation to MD - updates on prevention, training and policy review	SA	MR	26/11/15	
1.2	Circulation to MD and Directors - feedback from Director lead on Mental Capacity	SA	MR	1/12/15	
2.0	Approved	SA	MR		11/17
2.1	Review of policy - incorporating feedback from WCC and learning from experience			3/11/17	
3.0	Approved	SA	MR		11/18
3.1	Review of Policy - additional wording added on Mental Capacity & Consent	SA	MR	18/10/18	
4.0	Approved	SA	MR	19/11/18	11/19
4.1	Review of Policy against latest guidance	JT	MR	30/10/19	
5.0	Approved	JT	MR	4/12/19	12/20
5.1	Review of Policy and Procedure against latest guidance.	JT	MR		
6.0	Approved	JT	MR	17/11/20	11/21
6.1	Review of Policy and Procedure against latest guidance.	JT	MR		
7.0	Approved	JT	MR	9/11/21	11/22
7.1	Review of Policy and Procedure against latest guidance.	JT	MR		
8	Approved	JT	MR	24/11/22	11/23
8.1	Review of Policy and Procedure against latest guidance.	JT	MR	4/4/24	
8.2	Amendments to document format incl addition of contents section with links	JT	PH	4/6/24	
8.3	Further description added about types of abuse and exploitation	JT	MR	17/6/24	
8.4	Amendment to the HWW reporting contact details (pages 3 & 21).	JT	MR	24/6/24	
9.0	Approved	JT	MR	6/24	6/25
9.1	Review of Policy and Procedure against latest guidance.		MR	17/6/25	
9.2	Changes to HWW roles & personnel further additions of “neglect” to “abuse” where appropriate. Julia Neal added as lead director.		PH	1/7/25	
9.3	Amendments from Julia Neal to strengthen and clarify text	JN	JN/MR	9/9/25	

10.0	Approved at CBM 18/9/25	JN	PH	18/9/25	9/26
10.1	Amended to include WSAB changes	JN	JN / PH	30/1/26	
11.0	Approved at CBM	JN	PH	11/02/26	02/27