

# **SAFEGUARDING ADULTS WITH CARE AND SUPPORT NEEDS - POLICY AND PROCEDURE VERSION 6**

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**THE DESIGNATED PERSON FOR SAFEGUARDING ADULTS WITH CARE AND  
SUPPORT NEEDS IS:**

**Simon Adams**  
Managing Director  
Healthwatch Worcestershire  
The Civic Centre,  
Queen Elizabeth Drive,  
Persore  
WR10 1PT  
Tel: 01386 550264

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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 - go to Page 14

### **Summary of procedure for responding to adult safeguarding concern**

There are some key responsibilities and actions for anyone who identifies the possibility of abuse or neglect. Further information about each can be found in **Section 20. 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 20.1). 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 20.2)

**iv. Preserve evidence.**

Take steps to preserve any physical evidence (see 20.3), discuss with the police.

**v. Where the adult has actively disclosed abuse to you** - speak to the adult wherever it is safe to do so (See 20.4). Remember it is inappropriate to give assurances of complete confidentiality (particularly as in all cases the Managing Director (MD) must be informed).

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

**vi. Report & Inform.**

Inform the Managing Director (MD) as soon as possible. Tel 01386 550264 (see 20.5)

**vii. Record**

Complete an Incident Record Form (see 20.6 below and complete form Appendix 2)

**viii. Management Action including reporting to Ault Safeguarding**

The Managing Director will be responsible for deciding on next steps (see 20.7 Management Action) including speaking to the adult (see 20.8) 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 20.9 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”.<sup>1</sup>**

**Mental Ill Health - Useful numbers**

24hr Urgent Crisis Team 01905 681915

If someone is already in touch with mental health services they should call that service first for support

Call the Police 999 or direct person to A&E (999) if someone’s life is at risk

Samaritans 116 123

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

## POLICY STATEMENT

### 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](#)
- [Using Professional Judgements in Safeguarding Adults, Guidance for Professionals, WSAB, Vs 7.2, March 2019](#)
- Statutory Guidance to the Care Act 2014

### 2. WHAT IS ADULT SAFEGUARDING

Safeguarding means protecting an adult with care and support needs 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.

### 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 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.

<b>Principle</b>	<b>I statement</b>
Empowerment - People being supported and encouraged to make their own decisions and informed consent.	<i>"I am consulted 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 am provided with easily understood information about what abuse is, 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 confident that the responses to risk will take into account my preferred outcomes or best interests."</i>
Protection - Support and representation for those in greatest need.	<i>"I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able."</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 am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation."</i>
Accountability - Accountability and transparency in delivering safeguarding.	<i>"I am clear about the roles and responsibilities of all those involved in the solution to the problem."</i>

## 7. DEFINITION OF ABUSE OR NEGLECT

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

It may be physical, verbal or psychological, it may be an act of neglect, or occur where a person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent.

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.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect.

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
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

This list is not exhaustive.

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

## 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

## 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 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”<sup>2</sup>. 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;
- 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 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.

**Concerns regarding the quality of a 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 RBCCG.Qualityfeedback2CCG@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.

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<sup>2</sup> [Using Professional Judgements in Safeguarding Adults - Guidance for Professionals, Version 7.2, March 2019](#)

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 AND SELECTION OF STAFF AND VOLUNTEERS**

All reasonable steps will be taken to ensure unsuitable individuals are prevented from having any involvement with Healthwatch Worcestershire.

Staff/volunteers 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.

## **12. TRAINING OF STAFF AND VOLUNTEERS**

HWW will ensure that:-

- mandatory Adult Safeguarding Basic Awareness training is put in place for staff and volunteers 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 and volunteers are made aware of and understand their professional boundaries in respect of safeguarding and that their practice reflects this.

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

Safeguarding training will be refreshed every three years.

## **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** have a duty to raise concerns immediately, where they exist, about the attitude or actions of colleagues.

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

If your concern is about the Managing Director it should be reported to the Vice Chair of the Healthwatch Board:

Vice Chair of Healthwatch - Jo Ringshall 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.

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.

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

Simon Adams, Managing Director, Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT (Tel: 01386 550264)

In the absence of the MD contact the lead Director for Adult Safeguarding (John Taylor 01386 550264) who will be responsible for the completion of the above actions

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 is aware of the Government's PREVENT Strategy which is intended to prevent people from being drawn into terrorism.

It is unlikely that, due to the nature of HWW role, we will form ongoing relationships with an individual from which a judgement can be made about changes in an individual's behaviour that are indicative of radicalisation or terrorism.

Nevertheless, as part of our commitment to adult safeguarding HWW will brief staff and volunteers about PREVENT as appropriate to their role.

Any concerns that may arise in respect of PREVENT should be reported to the MD, in line with procedure set out in section 16 of this document.

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

## **16. 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 will be recorded on the HWW Master Document Register (detailing when it was last revised and when it's due for review) and will be reviewed as part of the Internal Audit and Management Review.

## **17. ARRANGEMENTS FOR THE DISSEMINATION OF POLICY AND ASSURANCE PROCESSES**

- All volunteers will receive a copy of “Safeguarding is Everyone’s Business” (Appendix 1)
- This policy will be disseminated to all staff.
- The MD shall make the team aware of any policies that have been revised and circulate accordingly.
- The policy will be made available on HWW website

## PART TWO - HEALTWATCH WORCESTERSHIRE - ADULT SAFEGUARDING PROCEDURE

### Summary of procedure for responding to adult safeguarding concern

There are some key responsibilities and actions for anyone who identifies the possibility of abuse or neglect. Further information about each can be found in Section 16 below. 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 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 20.1). 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 20.2)

**iv. Preserve evidence.**

Take steps to preserve any physical evidence (see 20.3), discuss with the police.

**v. Where the adult has actively disclosed abuse to you** - speak to the adult wherever it is safe to do so (See 20.4). Remember it is inappropriate to give assurances of complete confidentiality (particularly as in all cases the Managing Director (MD) must be informed).

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

**vi. Report & Inform.**

Inform the Managing Director (MD) as soon as possible. Tel 01386 550264 (see 20.5)

**vii. Record**

Complete an Incident Record Form (see 20.6 below and complete form Appendix 2)

**viii. Management Action including reporting to Adult Safeguarding**

The Managing Director will be responsible for deciding on next steps (see 20.7 Management Action) including speaking to the adult (see 20.8) 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 20.9 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”.<sup>3</sup>**

### **Mental Health - Useful numbers**

24hr Urgent Crisis Team 01905 681915

If someone is already in touch with mental health services they should call that service first for support

Call the Police 999 or direct person to A&E (999) if someone’s life is at risk

Samaritans 116 123

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<sup>3</sup> Using Professional judgements in Safeguarding Adults, Guidance for Professionals, WSAB, Vs 7.2, March 2019

## 18. 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.

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

### 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 Managing Director is the designated member 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 Managing Director must be informed at the earliest available opportunity.**

Simon Adams, Managing Director, Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT (Tel: 01386 550264)
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In the absence of the MD the person with responsibility for the above is the lead Director for Adult Safeguarding (John Taylor 01386 550264)



## 20. RESPONDING TO ADULT SAFEGUARDING CONCERNS

### 20.1 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 as 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 the Managing Director (Simon Adams, tel. 01386 550264) or in their absence the lead Director for Adult Safeguarding (John Taylor 01386 550264)

### 20.2 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)

### 20.3 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.

## 20.4 DEALING WITH DISCLOSURES OF ABUSE BY AN ADULT

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

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

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.

### 20.5 Report and Inform

Any concerns regarding an adult at risk, **the Managing Director must be informed at the earliest available opportunity.**

Simon Adams, Managing Director, Healthwatch Worcestershire,  
Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT (Tel: 01386 550264)

In the absence of the MD the person with responsibility for the above is the lead Director for Adult Safeguarding (John Taylor 01386 550264)

## 20.6 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 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.

## 20.7 Taking management action to respond to the concern

The **Managing Director** will decide on the most appropriate course of action without delay following a report of an adult safeguarding concern.

In the absence of the MD contact **lead Director for Adult Safeguarding** (John Taylor 01386 550264) 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 Managing /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 X.X below)
  - Take reasonable and practical steps to safeguard the adult.
  - Consider referring to the police if the suspected abuse is a crime.
  - If the matter is to be referred to the police, discuss risk management and any potential forensic considerations with the police.
  - Arrange any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police.
- If 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 at being at risk of harm, refer to Children's Services as soon as possible. Worcestershire Children's Services - 01905 822666.

### **20.8 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 MD. The only exception to this is when an adult has made an active disclosure of abuse 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.

### 20.8.1 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.

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 an adult with care and support needs is at risk of abuse or neglect - and is unable to protect themselves from that abuse/neglect due to their needs for care and support - 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 Managing Director.

If the adult is reluctant to give consent to an adult safeguarding referral 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.

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 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.

### **20.9 Reporting an Adult Safeguarding Concern**

The **Managing Director** will decide on the most appropriate course of action without delay following a report of an adult safeguarding concern.

Consider what the person wants. Consider their mental capacity. Consider level of risk. Consider who else may need to be informed. What options are open to you?

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.

## 21. 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 Managing Director, you should contact the lead Director for Adult Safeguarding (John Taylor Tel 01386 550264)

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.

If the MD is unhappy with the response of the Adult Safeguarding Team to a referral then this should be escalated.

For more information on the Adult Social Care Escalation procedure go to:

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

## 22. SUPPORT FOR DIRECTORS, CO-OPTees, STAFF AND VOLUNTEERS

Directors, Co-optees, staff and volunteers who are reporting or are in a situation of abuse, should be supported by their line manager, risk assessments undertaken and confidential counselling and support offered where appropriate.

## 23. 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](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](mailto:carequality@worcestershire.gov.uk)

Concerns regarding the quality of a health service should be reported to [RBCCG.Qualityfeedback2CCG@nhs.net](mailto:RBCCG.Qualityfeedback2CCG@nhs.net)

### **Mental Health**

24hr Urgent Crisis Team 01905 681915

If someone is already in touch with mental health services they should call that service first for support

Call the Police 999 or direct person to A&E (999) if someone’s life is at risk  
Samaritans 116 123

## **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. It is also possible that a child or adult may tell you (disclose) that they are being abused.

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.

**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 part of the Volunteer Induction training.

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?**

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

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

**If a crime is being committed or may have been committed, or a person is at immediate risk of danger or harm contact the police immediately (999). If immediate medical assistance is required call 999  
Inform the Managing Director (MD) as soon as possible (01386 550264)**



**If a member of Healthwatch Staff or a Healthwatch Director is present:**  
**Inform them of your concern** – You can discuss your concerns, and will be asked to complete an Incident Record Form (attached)  
They will take responsibility for any further reporting or action.



**In all other instances:**  
**Inform the Managing Director as soon as possible (01386 550264)**

You can discuss your concerns and will be asked to complete, with the MD, an Incident Record Form.  
The MD will take responsibility for any further reporting or action required.

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

If someone tells you that they are being abused 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 MD 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 MD
- 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.

## **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 **Managing Director (01386 550264 or )**, who will investigate and take appropriate action.

If your concern is about the Managing Director it should be reported to the Vice Chair of the Healthwatch Board Jo Ringshall 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 child protection social worker).

Please take advice on this point from the Managing Director 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. <i>(Record actual details in the adult's own words where possible. Continue on separate sheet/s if necessary.)</i>

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

**Managing Director of Healthwatch Worcestershire informed:**

Yes / No

Time informed

Date informed

Record of discussion with MD

Views of the Adult (*NOTE - This section may be completed by the MD 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**

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 Managing Director Tel: **(01386 550264)** if you are uncertain.

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

