



<b>Title</b>	Safeguarding Adults at Risk Policy
<b>Scope</b>	<i>This policy applies to all operating businesses within the emh group.</i>
<b>Author</b>	<i>Head of Quality and Compliance (Care and Support) – Designated Group Safeguarding Lead</i>
<b>Date Approved</b> <b>Approved by</b>	14 <sup>th</sup> September 2018 emh group Board
<b>Review Date</b>	12 Months from Approval Date (14/09/2019)
<b>Key Values</b>	<i>Integrity Diversity Openness Accountability Clarity Excellence</i>
<b>Business Plan Objectives</b>	<p><i>b) To provide excellent, locally accountable customer services with customers at the heart of everything that we do.</i></p> <p><i>d) To tackle social exclusion by taking a wider view towards the provision of care and support, employment, training and other services as appropriate</i></p> <p><i>e) To provide effective and efficient business support services that provide value for money and promote continuous improvement</i></p>
<b>Relevant Policies</b>	<i>Recruitment and Selection Policy Data Protection Policy DBS Vetting Policy Whistle Blowing Policy</i>

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## **PART 1: POLICY**

### **1. Introduction**

- 1.1 The Safeguarding Adults at Risk Policy and Procedure for emh group provides the framework for safeguarding adults with care and support needs from abuse and neglect
- 1.2 Safeguarding works to support people in how they choose to live their lives. Central to our support is the need to ensure the adult at risk is leading any decision making about their own welfare. In the event that a person lacks mental capacity to make these decisions, then the decisions must be made in their best interests with due regard to their wishes, feelings, beliefs and values and in accordance with the [Mental Capacity Act 2005](#)
- 1.3 Safeguarding adults requires emh group and its subsidiary companies to work, in partnership, to support and safeguard adults at risk of abuse and neglect. Strong partnerships are those whose work is based on an agreed policy and strategy, with common definitions and a good understanding of each other's roles and responsibilities
- 1.4 This Policy seeks to promote strong safeguarding arrangements by:
  - 1.4.1 Providing a framework for recognising and taking action to prevent the abuse of adults at risk
  - 1.4.2 Providing common values, principles and practice that underpin the safeguarding of adults at risk
  - 1.4.3 Setting standards of practice that safeguard adults at risk
  - 1.4.4 Ensuring we act in the best interests of all those who use our services
  - 1.4.5 Ensuring that any identified or suspected abuse is reported appropriately inline with the procedures and also those of the relevant Local Authority
  - 1.4.6 Ensuring staff are familiar with safeguarding issues and procedures and are adequately trained and reliably informed

### **2. Purpose and Scope**

- 2.1 The purpose of this Policy is to provide staff with a clear and reliable framework to enable them to identify and report concerns surrounding staff and other members of the public if they have concerns regarding potential adult safeguarding concerns
- 2.3 This policy applies to all staff working within the emh group whether employed, contracted or on a voluntary basis

### 3. Safeguarding Principles and Values

3.1 For the purpose of Policy, safeguarding for ‘Adults at Risk’ has been defined as, “*Any work or activity which aims to support an adult at risk to retain independence, well-being and choice and to be able to live a life that is free from abuse and neglect.*”

3.2 This Policy and Procedure is founded on the following **SIX** safeguarding principles and values that govern how the safeguarding adults Policy and procedure should be implemented. These principles and values are based upon national guidance on achieving good outcomes for adults at risk:

No.	Principle	Definition	Principles in Practice
1	Empowerment	Presumption of person led decisions and informed consent.	<ul style="list-style-type: none"> <li>• We give individuals the right information about how to recognise abuse and what they can do to keep themselves safe</li> <li>• We give them clear and simple information about how to report abuse and crime and what support we can give</li> <li>• Where someone lacks capacity to make a decision, we always act in his or her best interests</li> </ul>
2	Protection	Support and representation for those in greatest need.	<ul style="list-style-type: none"> <li>• We have effective ways of assessing and managing risk</li> <li>• Our local complaints and reporting arrangements for abuse and suspected criminal offences work well</li> <li>• Local people understand how we work and how to contact us</li> <li>• We take responsibility for putting people in touch with the right person</li> </ul>
3	Prevention	It is better to take action before harm occurs.	<ul style="list-style-type: none"> <li>• We help the community to identify and report signs of abuse and suspected criminal offences</li> <li>• We train staff how to recognise signs and take action to prevent abuse occurring</li> <li>• In all our work, we consider how to make communities safer</li> </ul>
4	Proportionality	Proportionate and least intrusive response appropriate to the risk presented.	<ul style="list-style-type: none"> <li>• We discuss with the individual and where appropriate, with partner agencies what to do where there is risk of significant harm before we take a decision</li> <li>• Risk is an element of many situations and is part of any wider assessment</li> </ul>
5	Partnerships	Services working with their communities who have a part to play in preventing, detecting and reporting neglect and abuse.	<ul style="list-style-type: none"> <li>• We are good at sharing information locally We have multi-agency partnership arrangements in place and staff understand how to use these</li> <li>• We foster a “one” team approach that places the welfare of individuals before the “needs” of the system</li> </ul>
6	Accountability	Accountability and transparency in delivering safeguarding.	<ul style="list-style-type: none"> <li>• The roles of all agencies are clear, together with the lines of accountability</li> <li>• Staff understand what is expected of them and others</li> <li>• Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements</li> </ul>

#### **4. Defining 'Adults at Risk'**

- 4.1 Within this policy, an adult at risk is any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation
- 4.2 An adult at risk may therefore be a person who, for example:
  - 4.2.1 Is an older person who is frail due to ill health, physical disability or cognitive impairment
  - 4.2.2 Has a learning disability
  - 4.2.3 Has a physical disability and/or a sensory impairment
  - 4.2.4 Has mental health needs including dementia or a personality disorder
  - 4.2.5 Has a long-term illness/condition
  - 4.2.6 Misuses substances or alcohol
  - 4.2.7 Is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
  - 4.2.8 Lacks mental capacity to make particular decisions and is in need of care and support
- 4.3 The aims of safeguarding 'Adults at Risk' are to:
  - 4.3.1 Stop abuse or neglect wherever possible
  - 4.3.2 Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
  - 4.3.3 Safeguard adults in a way that supports them in making choices and having control about how they want to live
  - 4.3.4 Promote an approach that concentrates on improving life for the adults concerned
  - 4.3.5 Providing information and support in accessible ways to help people understand the different types of abuse, how to stay safe and how to 'Raise a Concern' about the safety and wellbeing of an adult at risk
  - 4.3.6 Address what caused the abuse or neglect and to minimise and/or eradicate the potential risk of reoccurrence

## **5. Types of Abuse**

- 5.1 Anyone can suffer abuse regardless of age, race, religion, ability, sexual orientation, gender or economic status. Abuse is mistreatment by any other person or persons that violates a person's human and civil rights
- 5.2 Abuse is a single or repeated act, or lack of appropriate action, occurring within a relationship, where there is an expectation of trust, which causes harm or distress to a person
- 5.3 The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering
- 5.4 Abuse can happen anywhere. In a residential or nursing home, a hospital, in the workplace, at a day centre or educational establishment, in supported housing, in the street or at home
- 5.5 Abuse has many titles such as 'Domestic Abuse', 'Honour Based Violence', 'Work Place Bullying', 'Racial Harassment', 'Neglect', 'Parent Abuse', "Self Neglect" amongst others, but all of these titles cover a type of unfair control a person has over another
- 5.6 Duties apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support
- 5.7 Care and support is 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
- 5.8 Care and support includes 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 can include care home, home care, personal assistants, day services, or the provision of aids and adaptations
- 5.9 Abuse of an adult at risk, as defined in paragraph 3.1, can take many forms. The following list is not exhaustive, but rather is illustrative of the kinds of abuse that might be experienced:

No.	Type of Abuse	Definition	Possible Signs
1	Discriminatory Abuse	A combination of all other types of abuse but is motivated by a person's race, sexuality, disability, culture, language, gender, or other personal attributes or life choices (this is not an exhaustive list). Actions may include bullying, harassment, isolation, exclusion, targeting by individuals or groups.	<ul style="list-style-type: none"> <li>• Repressing the attribute that has led to the abuse (e.g. a person acting heterosexual when they are homosexual or an Asian person converting to western dress)</li> <li>• Self harming to try and change skin colour</li> <li>• Withdrawing and becoming isolated</li> <li>• Fearfulness of going somewhere</li> <li>• Failing to access basic services or meet basic needs</li> <li>• Repeat victim of vandalism</li> </ul>
2	Domestic Abuse	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.	<ul style="list-style-type: none"> <li>• Prevented from seeing friends or family</li> <li>• Prevented from continuing or starting a college course, or from going to work</li> <li>• Constantly being checked up on or followed</li> <li>• Accused unjustly of flirting or of having affairs</li> <li>• Constantly belittling or humiliation, or regularly being criticised or insulted in front of other people</li> <li>• Changes in behaviour because they are afraid of what their partner might do or say</li> <li>• Possessions deliberately destroyed by family members / friends</li> <li>• Being kept short of money so they are unable to buy food and other necessary items for themselves or their children</li> <li>• Being forced to do something that they really didn't want to do, including sexually, by a partner / relative</li> </ul>

No.	Type of Abuse	Definition	Possible Signs
3	Emotional (Psychological) Abuse	Persistent ill-treatment which may cause severe and lasting effects. It may involve making someone feel worthless, unloved, inadequate or helpless. All forms of abuse involve a degree of emotional abuse.	<ul style="list-style-type: none"> <li>• Abnormally passive, lethargic or attention seeking behaviour</li> <li>• Specific habit disorders e.g. faecal smearing, excessive drinking, eating unusual substances, self harm.</li> <li>• Low self esteem</li> <li>• Excessively nervous behaviour such as rocking or hair twisting</li> <li>• Poor communication or social skills</li> <li>• Dependant behaviour</li> </ul>
4	Financial Abuse	The use of a person's property, assets, income, funds or any resources without their informed consent or authorisation.	<ul style="list-style-type: none"> <li>• Sudden loss of assets</li> <li>• Unusual or inappropriate financial transactions</li> <li>• Visitors whose visits always coincide with the day a person's benefits are cashed</li> <li>• Insufficient food in the house</li> <li>• Bills not being paid</li> <li>• A sense that the person is being tolerated in the house due to the income they bring in; sometimes with that person not included in the activities the rest of the family enjoys</li> <li>• A new friend or reunited family member appears to be making decisions for the vulnerable person</li> </ul>
5	Modern Slavery	Modern slavery includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.	<ul style="list-style-type: none"> <li>• Forced to work through mental or physical threat</li> <li>• Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse</li> <li>• Physically constrained or has restrictions placed on his/her freedom of movement</li> </ul>

No.	Type of Abuse	Definition	Possible Signs
6	Neglect or Acts of Omission	Failing to meet the basic need of a vulnerable person through actions such as ignoring medical or physical care needs and preventing access to health, social care or educational services.	<ul style="list-style-type: none"> <li>• Weight loss, increased frequency of illness and reduced energy levels</li> <li>• Weight increase, affecting blood pressure, leading to falls and other medical complaints</li> <li>• Injuries, including ingestion of toxic substances</li> <li>• Exposure to inadequate, dirty and/or cold environments</li> <li>• Signs of health deterioration</li> </ul>
7	Organisational Abuse	When people are mistreated because of poor or inadequate care, neglect and poor practice that affect the whole of that service.	<ul style="list-style-type: none"> <li>• Inability to make own decisions</li> <li>• Over dependent behaviour</li> <li>• Agitation if routine is broken</li> <li>• A number of people displaying signs of abuse</li> <li>• High mortality rate</li> <li>• High staff turn over</li> <li>• Low customer retention</li> </ul>
8	Physical Abuse	Where a person is physically hurt or injured such as hitting, pushing, pinching, shaking, misusing medication, scalding, restraint, hair pulling.	<ul style="list-style-type: none"> <li>• Fingertip bruising (Grasp marks)</li> <li>• Bruises reappearing in the same place</li> <li>• Outline bruises (hand prints, belt marks or bite marks)</li> <li>• Cigarette burns</li> <li>• Fractures or repeated breaks</li> <li>• Female genital mutilation (FGM)</li> </ul>

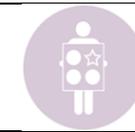
No.	Type of Abuse	Definition	Possible Signs
9	Self-neglect	Self-neglect covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.	<ul style="list-style-type: none"> <li>• Not eating enough food to the point of malnourishment.</li> <li>• Wearing clothes that are filthy, torn, or not suited for the weather.</li> <li>• Living in filthy, unsanitary, or hazardous conditions.</li> <li>• Not getting needed medical care</li> </ul>
10	Sexual Abuse	Making someone carry out a sexual act they have not or cannot consent to. This could include full intercourse, masturbation, and physical contact with sexual intent, inappropriate conversation with sexual intent or showing pornographic material.	<ul style="list-style-type: none"> <li>• Recurring urinary infections</li> <li>• Inappropriate relationships amongst staff and service users</li> <li>• Grooming those who are vulnerable</li> <li>• Genital and/or rectal itching with soreness</li> <li>• Unexplained bleeding and discharge</li> <li>• Sexually explicit behaviour</li> <li>• Over familiar behaviour towards professionals</li> <li>• A rapid decline in interaction or fear of contact</li> <li>• Newly obsessive behaviour</li> </ul>

5.10 Abuse, exploitation or neglect of adults at risk can happen in many different ways. If you suspect someone is at risk of abuse, exploitation or neglect contact your line manager or the Designated Safeguarding Lead in the first instance. If you believe that the adult at risk is in immediate danger, you can also contact the police and the relevant Local Authority Social Services team.

- 5.11 Patterns of abuse may reflect very different dynamics, such as:
  - 5.11.1 Serial abuse in which someone seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
  - 5.11.2 Long term abuse. This may occur in the context of an ongoing relationship such as domestic violence between partners or generations or persistent psychological abuse
  - 5.11.3 Opportunistic abuse. Such as theft occurring because money or jewellery has been left lying around
  - 5.11.4 Self-neglect. Where a person declines support and assistance with their care and support needs impacting on their individual wellbeing
- 5.12 Abuse may consist of:
  - 5.12.1 A single or repeated acts
  - 5.12.2 An act of commission or omission
  - 5.12.3 Multiple acts, for example, an adult at risk may be neglected and also being financially abused
- 5.13 Abuse may be intentional or unintentional. A number of abusive acts are crimes and informing the police must be a key consideration
- 5.14 This Policy is relevant to all incidents of abuse, regardless of who has committed them. Anyone might be responsible for abuse, including:
  - 5.14.1 A member of staff, a proprietor or service manager
  - 5.14.2 A member of a recognised professional group
  - 5.14.3 A service user, or other adult at risk
  - 5.14.4 A volunteer
  - 5.14.5 A member of a community group such as place of worship or social club
  - 5.14.6 A spouse, relative, member of the person's social network or an unpaid carer
  - 5.14.7 A child, including the person's own son or daughter
  - 5.14.8 A neighbour, member of the public or stranger
  - 5.14.9 A person who deliberately targets adults at risk in order to exploit them

## 6. The Fundamental Standards

6.1 In England, as a registered provider, by law we must abide by the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#). The 'fundamental standards' are those regulations setting out standards of care below which we must never fall.

						
<b>Person-Centred Care</b>  Providing care, treatment or support that is tailored to individuals and meets their needs and preferences	<b>Dignity and Respect</b>  Treating service users with dignity and respect at all times	<b>Consent</b>  Gaining service user's (or anybody legally acting on their behalf) consent before any care, treatment or support is provided	<b>Safety</b>  Providing safe care, treatment and support at all times and not putting service users at avoidable risk of harm	<b>Safeguarding from Abuse</b>  Service users must not suffer any form of abuse or improper treatment while receiving care, treatment or support	<b>Food and Drink</b>  Ensuring service users have enough to eat and drink to keep them in good health while they receive care, treatment or support	<b>Premises and Equipment</b>  Care and treatment environments and the equipment used in it must be clean, suitable and looked after properly
						
<b>Complaints</b>  Ensuring a system is in place to handle and appropriately respond to complaints	<b>Good Governance</b>  Having plans that ensure we can meet these standards	<b>Staffing</b>  Having sufficient, suitably qualified, competent and experienced staff to make sure they can meet these standards	<b>Fit and Proper Staff</b>  Only employing people who can provide care, treatment or support and appropriate to their role	<b>Duty of Candour</b>  Being open and transparent with service users about their care, treatment or support	<b>Display of Ratings</b>  Displaying our CQC rating in a place where it can be seen and including this information on our website	

- 6.2 There are two key standards concerned with safeguarding, firstly, [Regulation 12](#) states that all care and treatment must be provided in a safe way. This means we must:
- 6.2.1 Assess the risks to the health and safety of people we support
  - 6.2.2 Do all that is reasonably practicable to mitigate any such risks
  - 6.2.3 Ensure that staff have the qualifications, competence, skills and experience to provide support safely
  - 6.2.4 Ensure that premises are safe to use for their intended purpose and are used in a safe way
  - 6.2.5 Ensure that the equipment used for providing care to people is safe and used in a safe way
  - 6.2.6 Where we supply equipment or medicines, ensure there are sufficient quantities to ensure the safety of people we support and meet their needs
  - 6.2.7 Properly and safely manage people's medicines
  - 6.2.8 Assess the risk of, and prevent, detect and control the spread of, infections, including those associated with health care
  - 6.2.9 Where we share responsibilities for people we support with other providers, help ensure that timely care planning and information sharing takes place to keep the person healthy and safe
- 6.3 Secondly, [Regulation 13](#) states that people must be protected from abuse and improper treatment. It defines abuse as:
- 6.3.1 Any behaviour towards a supported person that is an offence under the [Sexual Offences Act 2003](#)
  - 6.3.2 Ill-treatment (whether of a physical or psychological nature) of a supported person
  - 6.3.3 Theft, misuse or misappropriation of money or property belonging to a supported person
  - 6.3.4 Neglect of a supported person
- 6.4 The regulation defines improper treatment as:
- 6.4.1 Discrimination against a supported person
  - 6.4.2 Acts intended to control or restrain a supported person that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the person or another individual

- 6.4.3 Treatment that is degrading to the supported person
- 6.4.4 Actions that significantly disregard the needs of the supported person
- 6.5 [Regulation 13](#) also defines the control and restraint of a supported person as any circumstance in which another person:
  - 6.5.1 Uses, or threatens to use, force to make a supported person do something they don't want to do
  - 6.5.2 Restricts their liberty of movement, whether or not they resist and includes physical, mechanical and chemical means
- 6.6 The Care Quality Commission (CQC) makes plain in its [Guidance for Providers](#) on meeting the regulations that **RESTRAINT MUST ONLY BE USED**:
  - 6.6.1 When absolutely necessary
  - 6.6.2 In a way that is proportionate to the risk of harm and the seriousness of that harm to the supported person or another individual
  - 6.6.3 When we have fully taken into account and can evidence the assessment of the supported person's needs and their capacity to consent to such treatment and that we must regularly monitor and review our approach to, and use of, restraint and restrictive practices
- 6.7 The Guidance also gives examples of degrading treatment to which we **must never** subject supported people to. These are as follows, but it is important to appreciate that the list is not exhaustive. We **must never**:
  - 6.7.1 Not provide help and aids to support people with their continence needs
  - 6.7.2 Leave supported people in soiled sheets for long periods
  - 6.7.3 Leave supported people on the toilet for long periods and without the means to call for help
  - 6.7.4 Leave supported people naked or partially or inappropriately covered
  - 6.7.5 Make supported people carry out demeaning tasks or social activities
  - 6.7.6 Ridicule supported people in any way

## **7. Fit and Proper Person Requirement**

- 7.1 The Fit and Proper Person Requirement applies to all Board appointments i.e. executive and non-executive directors and those senior managers which are formally recognised as part of the Executive Group. This includes permanent, interim and associate positions
- 7.2 emh group will comply with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Regulation 5: Fit and Proper Persons Requirement
- 7.3 The introduction of the fit and proper person's requirements (FPPR) places the ultimate responsibility on the Board Chair , to ensure that all relevant post holders meet the fitness test and do not meet any of the 'unfit' criteria
- 7.4 emh group will make every reasonable effort to assure itself about existing post holders and new applicants and to make specified information about Board Directors available to CQC on request
- 7.5 Individuals who fall into the categories above must satisfy that they:
  - 7.5.1 Are of good character
  - 7.5.2 Hold the required qualifications and have the competence, skills and experience required for the relevant position for which they're employed
  - 7.5.3 Are able, by reason of their physical and mental health, after any required reasonable adjustments if required, capable of properly performing their work
  - 7.5.4 Can supply relevant information as required by schedule 3 of the act, i.e. documentation to support the Fit and Proper Person's Requirements (FPPR)
  - 7.5.5 Not have been responsible for or privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on regulated activity (or providing a service elsewhere which if provided in England would be a regulated activity)
- 7.6 In accordance with schedule 4, part 1 of the act, a person is deemed "unfit" if:
  - 7.6.1 The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged
  - 7.6.2 The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland

- 7.6.3 The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986
- 7.6.4 The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it
- 7.6.5 The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland
- 7.6.6 The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment
- 7.7 In accordance with part 2 of the Act a person will fail the good character test if they:
  - 7.7.1 Have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom would constitute an offence
  - 7.7.2 Has been erased, removed, struck off a register of professionals maintained by a regulator of health care of social work professionals
- 7.8 All post holders identified above are obliged to complete a FPPR declaration prior to appointment. This declaration will be retained on the individual's personal file by the Human Resources Department
- 7.9 Where emh group or its subsidiary companies engages an interim worker, the same process FPPR test will apply if they are employed or registered as an external worker
- 7.10 Where an interim is sourced by an agency the recruitment agency will be made aware of the FPPR process and must confirm that they have undertaken the necessary checks. Executive search companies will also be required to confirm compliance with the FPPR and provide relevant evidence for inspection by emh Human Resources

## 8. Duties and Responsibilities

8.1 **All adults working or volunteering** in, or on behalf of emh group or its subsidiary companies have a responsibility to safeguard and promote the welfare of adults at risk. This includes:

8.1.1 A responsibility to provide a safe environment in which adults at risk can receive the care, treatment and support they require

8.1.2 Identifying adults at risk who may be in need of extra help and support or who are suffering, or are likely suffer abuse or significant harm

8.1.3 Taking timely and appropriate action, working with internal and external departments and agencies as needed

8.2 All staff and volunteers will:

8.2.1 Engender the principle that safeguarding is 'everyone's responsibility'

8.2.2 Receive safeguarding training proportionate to their roles and responsibilities, as well as health and safety training so that they are fully equipped with the knowledge and skills to keep adults at risk safe

8.2.3 Receive regular safeguarding awareness updates via email, staff newsletters and staff meetings to help provide them with up to date awareness of safeguarding issues and the relevant skills and knowledge to safeguard adults at risk effectively

8.2.4 Be aware of the process for making safeguarding referrals internally and externally to Adult Social Care, Local Authority Adult Services and other relevant agencies, and for statutory assessments that may follow referrals and the role they may play in such assessments

8.2.5 Know what to do if an adult at risk tells them they are being abused or neglected and how to record and share this information appropriately

8.3 All staff and volunteers should raise any concerns they have about poor or unsafe practice and potential failures in the workplace safeguarding regime. These concerns will be taken by the Executive Management Team. See the emh group Whistleblowing Procedures for how such concerns can be raised with the Executive Management Team and the other whistleblowing channels open to staff

8.4 ***Duties and responsibilities of the Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Lead (DDSL):***

8.4.1 The Designated Safeguarding Lead (DSL) is a senior member of staff who co-ordinates adult safeguarding and child protection arrangements by providing advice and support to other staff on safeguarding matters, to take part in strategy meetings and inter-agency meetings and /or to support other staff to do so and to contribute to the assessment of adults at risk

8.4.2 The DSL liaises with the relevant local authority and works with other agencies, particularly in line with 'Working Together to Safeguard Children (2015)' where there are serious/complex adult at risk needs or child protection concerns

8.4.3 The DSL will liaise with the Local Authority Designated Officer (LADO) (also known as Designated Officer) and partner agencies in event of any allegations of abuse made against a member of staff or volunteer

8.4.3 A Deputy Designated Safeguarding Lead (DDSL) is in place to cover for when the DSL is not available; the lead responsibility however remains with the Designated Safeguarding Lead

8.4.4 The DSL and DDSL will be available during core working hours for staff to discuss safeguarding concerns they may have. Adequate and appropriate contact arrangements will be made for any out of hours serious adult at risk concerns that arise

8.5 ***Duties and responsibilities of the Executive Management Team (EMT) and Senior Management Team (SMT).*** The EMT and SMT will ensure that:

8.5.1 The safeguarding policies and procedures approved and adopted by the Board(s) are fully implemented and followed by all staff and volunteers

8.5.2 Sufficient resources are allocated to enable the Designated Safeguarding Lead (DSL) and other staff to discharge their responsibilities, including recording and monitoring safeguarding activities, taking part in strategy discussions, other inter-agency meetings and contributing to the assessments

8.5.3 All staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to adults at risk, and concerns are addressed sensitively and effectively in a timely manner

8.5.4 They undertake appropriate training to carry out their safeguarding responsibilities effectively and keep this up-to-date

- 8.6 ***Duties and responsibilities of emh Board members.*** emh Boards have a responsibility to ensure that the organisation as a whole complies with safeguarding duties under legislation and will identify a senior board level lead to take leadership responsibility for overseeing safeguarding arrangements. Safeguarding is a standing item at all Board meetings
- 8.7 The Boards will ensure that:
- 8.7.1 There is an effective adult and child safeguarding policy which is consistent with relevant local authority safeguarding procedures, along with a staff behaviour policy (code of conduct). This will be provided to all staff on induction, will be updated annually and available on the company website(s)
  - 8.7.2 Safeguarding arrangements take into account procedures and practice of the relevant local authority as part of the inter-agency safeguarding procedures set up by Local Safeguarding Boards. This includes co-operation between partner agencies and ensuring the provision of information to the relevant Local safeguarding Board allow it to perform its functions effectively
  - 8.7.3 People who pose a risk of harm are prevented from working with adults at risk or children by adhering to statutory responsibilities to check staff working with adults at risk and/or children, taking proportionate decisions on whether to ask for checks beyond what are required and ensuring volunteers are appropriately supervised
  - 8.7.4 There are adequate procedures in place to handle allegations of abuse against staff and volunteers and that such allegations are referred to the Local Authority Designated officer (LADO)/Designed Officer at the relevant local authority and that procedures are in place to make a referral to the Disclosure and Barring Service (DBS) when the criteria has been met
  - 8.7.5 The importance of information sharing between professionals and local agencies is recognised as a key in promoting the welfare and protecting the safety of adults at risk and children
  - 8.7.6 There are appropriate safeguarding responses to adults at risk or children who go missing from services, particularly on repeat occasions
  - 8.7.7 Regular and adequate monitoring of safeguarding incidents and actions taken, ensuring any deficiencies or weaknesses in regard to safeguarding arrangements that are brought to their attention are addressed without delay
  - 8.7.8 All staff members and volunteers undergo initial mandatory safeguarding training which is proportionate to their roles and responsibilities and that this is updated at least every three years

## 9. Learning and Development

- 9.1 We have a clear framework of supporting and training our staffing group. On an annual basis all staff receive an appraisal which includes identification of training needs across our safeguarding agenda
- 9.2 Care Standards define the roles and responsibilities of care staff to continually develop their knowledge and understanding and we develop this as part of our working culture
- 9.3 Learning and development in the emh context takes account of the specific roles and responsibilities across the group environment. All subsidiary organisations of emh group will encourage the provision of training in order to ensure that:
  - 9.3.1 All emh staff who work directly with, or come into contact with children, young people, families and adults at risk as part of their day to day responsibilities are suitably inducted into emh group's policies and procedures on safeguarding
  - 9.3.2 Consistent training of the highest quality is offered to all emh staff and, volunteers who work directly with, or come into contact with children, young people, families and adults at risk
  - 9.3.3 All emh staff, Board Members, volunteers and key contractors receive training in aspects of safeguarding relevant and commensurate with their roles and responsibilities
  - 9.3.4 Safeguarding training is monitored and refreshed every **three years**
  - 9.3.5 Annual training needs analysis is conducted by management teams identifying staff, Board Members and volunteers who require update training, and a learning and development plan is developed based on this
  - 9.3.6 emh group facilitate the provision of an appropriate level of support to all involved with the delivery of safeguarding training
  - 9.3.7 Systems are developed which ensure that staff training and quality assurance around safeguarding are robust and monitored by the respective Boards

## 10. Confidentiality, Capacity and Consent

- 10.1 Due attention must always be paid to confidentiality when working with adults at risk. All staff must be familiar with emh group's Data Protection Policy
- 10.2 In accordance with The Care Act, staff should always try to discuss the raising of a Safeguarding Concern with the adult at risk, and their relative / carer as long as doing so will not place them in further danger
- 10.3 The reasons for their concerns should be discussed, and agreement sought from the parties involved for raising the concern
- 10.4 However, there may be instances where the adult at risk, their relatives or carers do not want a concern to be raised. In these circumstances staff must be mindful of the capacity of the adult at risk to make decisions on their own behalf
- 10.5 For all adults at risk, if it is believed that they are suffering, or at risk of suffering **significant harm, a concern should be raised whether they consent to it or not and whether or not they have the capacity to make informed decisions**. This should be explained to them and the local authority must be informed of the adult at risk's wishes when the safeguarding concern is raised with them
- 10.6 The Mental Capacity Act (2005) was created to enable people receiving support to make their own decisions, and to offer protection for those individuals charged with making decisions on the behalf of those lacking capacity
- 10.7 **Under no circumstances should an alleged abuser be alerted, directly or indirectly, that concerns have been raised**. This may result in important evidence being lost. Formal investigations will be carried out by the appropriate statutory agency
- 10.8 All requests for information about an adult at risk by an external organisation, in connection with an assessment of the need for protection should be discussed with the line manager
- 10.9 Working in partnership with statutory and other relevant agencies is a key element of investigations into suspected abuse. The wishes of the adult at risk or family in relation to what information should be shared, and with whom, should be respected where possible. However, where there is a concern that the adult at risk may be suffering or is at risk of abuse or neglect, their safety must be the over-riding priority. **Information must be shared with statutory authorities where there is any indication of abuse**

- 10.10 Data protection legislation is **NOT** a barrier to sharing information. The Data Protection Act 2018 and GDPR **do not** prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them
- 10.11 Consent is **not** necessarily needed to share personal information. Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share information, it must be explicit, and freely given
- 10.12 There may be some circumstances where it is **not appropriate to seek consent**, because the individual cannot give consent, or it is not reasonable to obtain consent, or because to gain consent would put the person's safety at risk
- 10.13 In circumstances where consent is overridden or not sought, the individual should be immediately informed of that decision, the reason for the decision, and reassured that as far as possible no actions will be taken which affect them personally without their involvement
- 10.14 Consideration should be given to any support the individual may require, as they may be distressed by the prospect of their information being shared without their consent

## **11. Review, Monitoring and Reporting**

11.1 This policy will be reviewed every two years unless there is a legislative change or organisational need prior to the scheduled review date

11.2 Key performance indicators comprise:

11.2.1 Number / percentage of staff completing safeguarding awareness training

11.2.2 Number / percentage of internal safeguarding concerns raised by emh companies

11.2.3 Number / percentage of safeguarding concerns referred externally to local authority safeguarding teams (adults and children)

11.2.4 Trends in safeguarding incidents by category and demographics

11.3 KPIs, along with qualitative reports relating to safeguarding incidents, practices, audits and developments will be submitted to the Board on a quarterly basis to provide members with assurances that emh group is meeting its safeguarding duties

## **12. References and Further Information**

12.1 [Mental Capacity Act 2005](#)

[https://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga\\_20050009\\_en.pdf](https://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf)

12.2 [The Care Act 2014](#)

[http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga\\_20140023\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf)

12.3 [CQC Guidance for Providers](#)

<https://www.cqc.org.uk/guidance-providers/adult-social-care>

12.4 [Care and Support Statutory Guidance](#)

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

12.5 [Information for Professionals – United Against Violence and Abuse](#)

<http://www.uava.org.uk/professionals/>

12.6 [Identifying Discrimination](#)

<https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/>

12.7 [Offences Involving ill-Treatment or Wilful Neglect](#)

<http://www.legislation.gov.uk/ukpga/2015/2/part/1/crossheading/offences-involving-illtreatment-or-wilful-neglect/enacted/data.pdf>

12.8 [Hoarding Disorders](#)

<https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf>

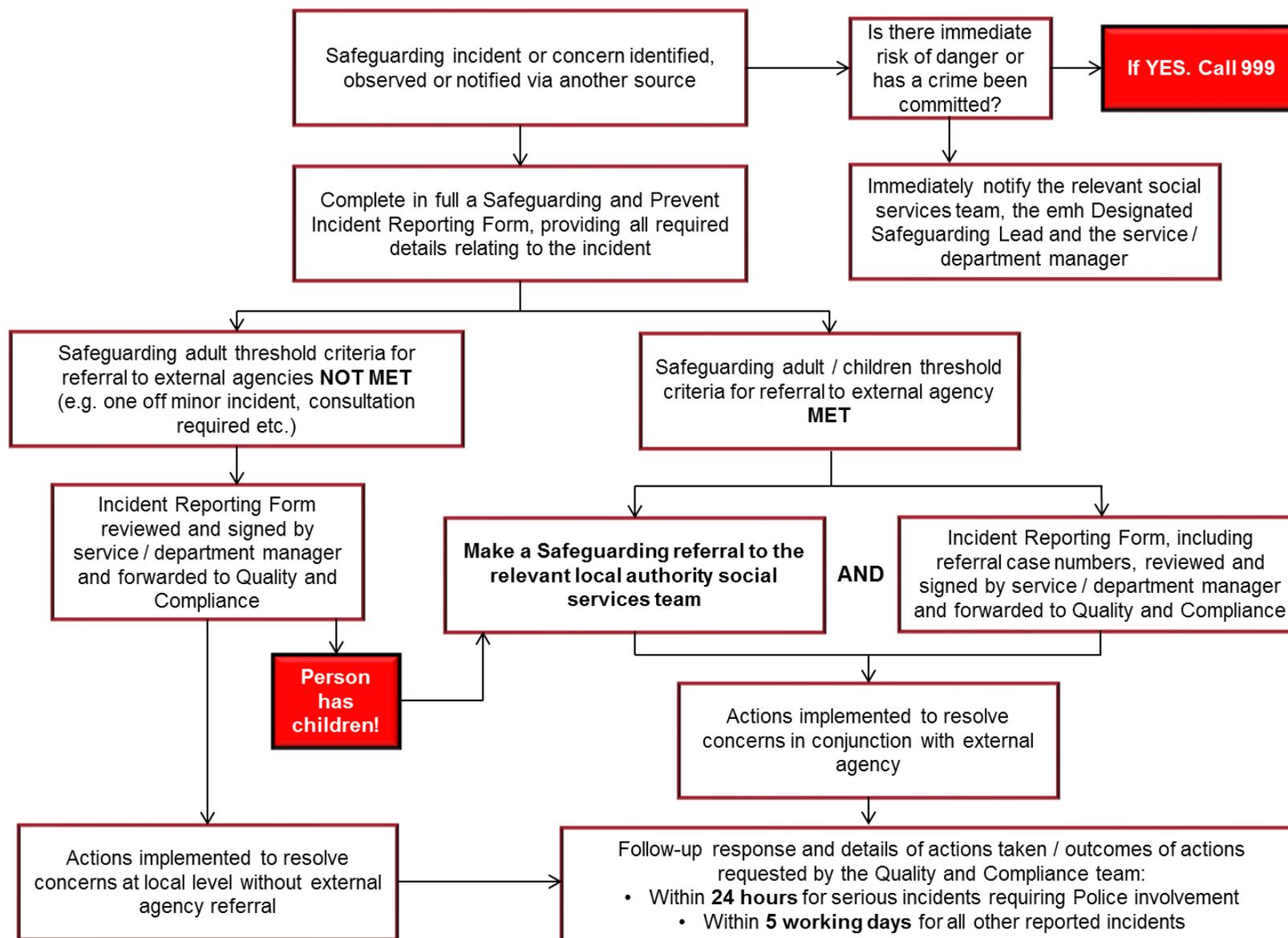
## PART 2: PROCESS AND PROCEDURE

### 13. Procedure for Reporting Safeguarding Incidents

- 13.1 If you have any concerns about an adult at risk, or if someone else has reported their concerns to you, the following procedure must be followed:
  - 13.1.1 Assess the incident and identify if there is immediate risk to the individual, other individuals or staff members
  - 13.1.2 If there is a risk of serious danger, or a crime has been committed, immediately report the incident to the Police calling 999, or press the onsite panic alarm (where available)
  - 13.1.3 The relevant Social Services team, the emh Designated Safeguarding Lead and your Line Manager must be notified immediately of incidents where there is a risk of serious danger
  - 13.1.4 emh management and staff, working in conjunction with the Police and Social Services, must take all reasonable steps available to safeguard the individual, others involved and staff from danger
  - 13.1.5 For all alleged safeguarding incidents, a [Safeguarding and Prevent Incident Reporting Form](#) must be completed as soon as reasonably possible
  - 13.1.6 Depending on the nature of the safeguarding incident, a referral to external agencies (Social Care Services, CQC etc.) may also be required. Staff should use the [Adult Safeguarding Referral Threshold Guidance](#) to help inform the decision to refer to an external agency or Commissioning Body (***this guidance is not a substitute for professional judgement***)
  - 13.1.7 Within 24 hours of the incident occurring, the fully completed Incident Reporting Form must be sent to the relevant manager (Registered Manager / Scheme Manager / Service Manager / Service Safeguarding Lead). Once reviewed and signed by the relevant manager, the Incident Reporting Form should be forwarded to the Quality and Compliance Team at [centralhub@emhcareandsupport.org.uk](mailto:centralhub@emhcareandsupport.org.uk)
  - 13.1.8 emh staff and managers should ensure that all relevant internal systems and files (such as Orchard, CAS, e-cins, Support Plans, CRM etc.) are updated to reflect that a safeguarding referral has been submitted
  - 13.1.9 Quality and Compliance will update the central safeguarding database with the incident details and provide a reference number for the incident submitted. Any updated incident reports submitted should make reference to the incident reference number provided

- 13.1.10 Where there is no onward referral to an external agency, emh staff and managers should implement required actions to resolve the safeguarding incident in a timely and efficient manner, making a record of the action(s) taken and the outcome(s) of the action
- 13.1.11 Where there is a referral to an external agency, emh staff and managers will work in partnership with the relevant agencies to address the safeguarding concerns, attending meetings and facilitating visits as required
- 13.1.12 A follow-up response will be requested by the Quality and Compliance team as follows:
  - 13.1.12.1 Within 24 hours for serious cases where there was significant risk of immediate danger
  - 13.1.12.2 Within 5 working days for all other reported incidents, whether involving external agencies or not
  - 13.1.12.3 In the case of no response from an external agency following a referral, this matter must be escalated to the relevant manager for follow up with the external agency
- 13.1.13 Follow-up responses should identify whether the case is ongoing or closed, the nature of the work undertaken, the outcome and lessons learnt to minimise the risk of reoccurrence of incidents of a similar nature
- 13.2 If you have any concerns about an adult 's safety, welfare or wellbeing which involves concerns about the actions of a Board member, staff member or volunteer, immediately evoke the emh Whistle Blowing Policy
- 13.3 Social Care Services and CQC should be informed after liaison with the emh Designated Safeguarding Lead and relevant Director, unless they are implicated
- 13.4 Depending on the nature of the allegation, the emh Designated Safeguarding Lead will liaise with the relevant Local Authority Designated Officer (LADO) and report actions taken and progress to the Director and Human Resources

13.5 Safeguarding Incident Reporting Flowchart:



## **14. Procedure for Supporting Person(s) at Risk**

- 14.1 emh group will adopt a victim-centred approach to all safeguarding incidents. This means that it will take all reports of abuse seriously and that a victim's report alone will be sufficient for them to be given support, advice and assistance as a matter of priority
- 14.2 Supplementary evidence will be required if rehousing is requested or if there are other serious resource implications. This does not mean that the alleged perpetrator is immediately assumed to be guilty. They will also be offered advice and support where appropriate and necessary depending on the severity of the reported incident
- 14.3 Although emh group is committed to supporting its service users who are at risk of or victims of abuse, the majority of our staff can only offer basic advice and assistance
- 14.4 emh staff and managers, where confident and competent to do so will:
  - 14.4.1 Provide the person at risk of abuse with initial advice and support. This may include providing them with information on specialist support agencies include IDVA (Independent Domestic Violence Advisor), MARAC (Multi-Agency Risk Assessment Conference) MAPPA (Multi Agency Public Protection Arrangements) and ISVA (Independent Sexual Violence Advisor)
  - 14.4.2 Agree with the person at risk how they would like to be contacted in the future, and by whom, taking care not to endanger them further by making contact with them in a way that might be inappropriate or prompt further abuse from the alleged perpetrator
  - 14.4.3 Help meet their cultural or language need by referring to safe, independent specialist agencies
  - 14.4.4 For persons at risk with a disability, we aim to where possible; meet all of their needs during the entire process, sometimes in partnership with adult social care services
  - 14.4.5 Request additional guidance and support as appropriate from line managers, the emh Designated Safeguarding Lead or Deputy to ensure support for persons at risk or victims of abuse is timely and efficient
- 14.5 emh group will work with the person at risk or victim of abuse and specialist agencies to give the full range of options available to resolve the situation.
- 14.6 Ultimately the person at risk or victim of abuse will be given the decision on how we proceed with the support structure implementation

## **15. Procedure for Dealing with Alleged Perpetrators**

- 15.1 Extreme care should be taken not to alert the alleged perpetrator to the allegations and sensitivity should be shown at all times
- 15.2 We will not assume guilt of an alleged perpetrator until the allegation has been fully investigated and the allegation is proven
- 15.3 Although we take a victim-centred approach to reported incidents of abuse, alleged perpetrators will also be supported where appropriate, given advice and signposted to relevant agencies for the help they need once they have been made aware of the allegations
- 15.4 If proven guilty, the perpetrator (if a resident / service user) may be evicted in line with their contract / tenancy agreement. They will be signposted to agencies that can support them through the eviction process
- 15.5 Staff will however need to remain alert and protect their own safety, taking extra precautions to protect themselves and others should a person have the potential to be violent towards them
- 15.6 Care should always be taken to establish whether the perpetrator's behaviour is connected to any form of illness or disability that may require consideration under the Equality Act 2010. (Examples include someone with a hearing impairment not being aware that they are shouting, and someone with a mental illness who may be in need of medication and not realising their actions and behaviours are damaging)
- 15.7 Staff should inform/work alongside the Multi-Agency Risk Assessment Conference (MARAC) and Multi-Agency Safeguarding Hub (MASH) to consider where and how the perpetrators should be re-housed. Each local area has a Board that is responsible for the co-ordination of multi-agency working and local procedures and protocols and it is essential that services are aware of this to ensure positive partnership working
- 15.8 If the victim and perpetrator are residing under the same roof, then staff and managers should take appropriate action to minimise the risk of escalation or reoccurrence, providing support to both parties and ensuring that we treat individuals in line with our equality and diversity procedures. We will respect confidentiality and offer advice on future options and obtain additional support from relevant specialist agencies

## **PART 3: DOCUMENTATION AND FORMS**

### **16. Reporting Forms:**

- 16.1 Safeguarding / Prevent Incident Reporting Form
- 16.2 Safeguarding / Prevent Incident Reporting Continuation Sheet
- 16.3 Body Map for Reporting Alleged Physical Abuse Concerns Form
- 16.4 Safeguarding / Prevent Incident Follow-Up Record
- 16.5 Safeguarding Incident Local Protection Plan

## PART 4: APPENDICES

### 17. Adult Safeguarding External referral Thresholds

This guidance seeks to provide emh staff with support in making a decision about whether a referral regarding an adult who may be experiencing abuse or neglect, requires a further referral to the local authority adult social services team.

**Important: This is a guide showing limited illustrations to help you when deciding on the best course of action and you should use your professional judgement in deciding if a concern is similar to the illustrations below**

#### ***Prior to raising an adult safeguarding concern***

Does the concern meet the criteria for a Section 42 (S42) safeguarding enquiry under the requirements of The Care Act 2014? The requirements are as follows:

- The adult is reported as having or appears to have needs for care and support?
- The adult is reported or appears to be experiencing or at risk of abuse or neglect?
- As a result of care and support needs is the adult unable to protect themselves from either the risk of, or the experience of abuse or neglect?

#### ***Has the person given their consent to the information to be shared and do they know a S42 enquiry may be the result?***

Consent is ***not essential*** when deciding whether concerns should be raised. However, wherever possible you should discuss your concerns with the person and/or their representative and seek their consent. Where the person is not willing or able to freely give their consent to information about their circumstances being shared you will need to consider if there are any children and/or other adults with care and support needs involved, or is there a potential risk to others. If this is the case, ***consent can be overridden in the interests of protecting others.***

If you remain unsure as to what action to take you should discuss this with your manager or the Designated Safeguarding Lead. Ensure you record all actions clearly with reasons for your decision.

#### ***Guidance on Threshold Categories***

***Non-reportable*** – Incidents that do not require referring to local authority safeguarding teams, however an internal referral should be made and this should clearly state if there are multiple non-reportable incidents occurring

***Requires Consultation*** – This is a consultation with the Designated Safeguarding Lead. The Designated Safeguarding Lead will consult with the relevant local authority safeguarding team as necessary

***Reportable*** – This means it is highly likely the case will meet the criteria for a safeguarding enquiry (known as a Section 42 (Care Act 2014) Enquiry and must be immediately referred to the relevant local authority safeguarding team

Type of Abuse	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
Discriminatory / Hate Crime	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences</li> <li>Isolated incident of support planning that fails to address an adult's specific diversity associated needs for a short period</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>Recurring failure to meet specific care/support needs associated with diversity that cause little distress</li> <li>Denial of civil liberties e.g. voting, making a complaint</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>Hate crime resulting in injury/emergency medical treatment/fear for life</li> <li>Hate crime resulting in serious injury/attempted murder/honour based violence</li> <li>Inequitable access to service provision as a result of diversity issue</li> <li>Being refused access to essential Services</li> <li>Humiliation, threats or taunts on a regular basis</li> <li>Recurring failure to meet specific care/support needs associated with diversity that cause distress</li> </ul>
<p><b>NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements</b></p>			

Type of Abuse	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
<p><b>Domestic Abuse</b></p>	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <p>Service user has no current fears and there are adequate protective factors, <b>AND</b> it is:</p> <ul style="list-style-type: none"> <li>• One off incident with no injury or harm experienced</li> <li>• Occasional taunts or verbal outbursts where the service user has capacity to decide whether to have the case referred on</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• Unexplained marking or lesions or grip marks on a number of occasions</li> <li>• Controlling or coercive behaviour is witnessed</li> <li>• Frequent verbal outbursts that cause some distress or some level of harm</li> <li>• Sexual assault or humiliation where the service user has capacity and does not want to be referred</li> <li>• Experiences occasional episodes of fear of the alleged perpetrator</li> <li>• Subject to severe controlling behaviour e.g. finances/medical</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Subject to regular violent behaviour</li> <li>• Threats to kill/choke /suffocate etc.</li> <li>• In constant fear of being harmed</li> <li>• Sex without valid consent (rape)</li> <li>• FGM female genital mutilation</li> <li>• Honour based violence &amp;/or forced marriage</li> <li>• Service user denied access to medical treatment/care/vital equipment to maintain independence by alleged abuser</li> <li>• Frequent physical outbursts that cause distress or some level of harm</li> <li>• Subject to stalking/harassment</li> </ul>

**NOTE: Where there are Children (under 18s) in household or present the case MUST be referred to Children’s Safeguarding as well as following the Adult Safeguarding referral process**

Type of Abuse	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
<b>Financial or Material Abuse</b>	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>• Money is not recorded safely or recorded properly</li> <li>• Single incident of missing money and/or belongings where the quality of the service user's life has not been affected, little or no distress is caused and no other service user cared for by that worker/team has been affected</li> <li>• Adult not involved in a decision about how their money is spent or kept safe - capacity in this respect is not properly considered</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest</li> <li>• High levels of anti-social behaviour reported</li> <li>• High levels of visitors to the property tenant/ service user does not appear to be able to say 'no'</li> <li>• Tenant/service user is socially isolated</li> <li>• Service user falling behind on rent payments</li> <li>• Service user deemed to be 'failing to engage' with professionals</li> <li>• General deterioration in service users health and wellbeing</li> <li>• Property falling into disrepair</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Suspected fraud/exploitation relating to benefits, income, property or will, including 'cuckooing'</li> <li>• Lasting Power of Attorney claimed to exist but unregistered</li> <li>• Adult denied access to his/her own funds or possessions</li> <li>• Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards</li> <li>• Personal finances removed from adult's control</li> <li>• Adult coerced or misled into giving over money or property</li> </ul>
<p><b>NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements</b></p>			

Type of Abuse	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
Modern Slavery	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>All concerns about modern slavery are deemed to be of a level at least requiring consultation</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>Appears under control of another</li> <li>Long hours at work</li> <li>Poor living conditions/low wages</li> <li>Lives in work place</li> <li>No health and safety in work place</li> <li>Risk of physical/psychological harm</li> <li>Service user being encouraged to participate in unsafe or criminal activity</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>Any direct disclosure of slavery</li> <li>Regularly moved to avoid detection</li> <li>Lives in sheds/lockup/containers</li> <li>Risk of fatality or serious injury</li> <li>No freedom/unable to leave</li> <li>Wages used for debt</li> <li>Not in possession of ID or passport</li> <li>Subject to forced marriage</li> <li>Unable to access medical treatment / care / equipment required to maintain independence</li> <li>Under control of others e.g. gang master, dealers, pimp for prostitution</li> <li>Subject to violence/threats/ fearful</li> <li>Actual physical/psychological harm</li> </ul>

**NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements**

Type of Abuse	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
Neglect or Acts of Omission	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>• Isolated missed home care visit - no harm occurs and no other service users/clients is missed that day</li> <li>• Adult is not assisted with a meal/drink on one occasion and no harm occurs</li> <li>• Inadequacies in care provision leading to discomfort - no significant harm e.g. left wet for a period of time</li> <li>• An unwitnessed fall that requires no external medical treatment/consultation</li> <li>• IE no call to 111 or admission to hospital</li> <li>• Unwitnessed fall where 111 are called but do not recommend getting external medical treatment</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs</li> <li>• Discharge from hospital where harm occurs that does not require readmission</li> <li>• Recurrent lack of care to extent that health and well-being deteriorate e.g. pressure ulcers, dehydration, malnutrition (assessed to the capability of the person reporting)</li> <li>• Unwitnessed fall where 111 are called and recommend getting external medical treatment e.g. an ambulance</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Failure to arrange access to life saving services or medical care</li> <li>• Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk</li> <li>• Discharge from hospital where harm occurs that does require re-admission</li> </ul>
<p><b>NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements</b></p>			

Type of Abuse	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
<b>Organisational Abuse</b>	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>• Lack of stimulation/ opportunities to engage in social and leisure activities</li> <li>• Service user not enabled to have a say in how the service is run</li> <li>• Denial of individuality and opportunities to make informed choices and take responsible risks</li> <li>• Support planning documentation not person-centred/does not involve the service user or capture their views</li> <li>• Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• Rigid/inflexible routines that are not always in the Service User's best interests</li> <li>• Service users' dignity is occasionally undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing</li> <li>• Recurrent bad practice lacks management oversight and is not being reported to commissioners/the safeguarding service</li> <li>• Unsafe and unhygienic living environments that could cause harm to the service users or have caused minor injury requiring no external medical intervention/consultation</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Staff misusing position of power over service users</li> <li>• Over-medication and/or inappropriate restraint managing behaviour</li> <li>• Recurrent or consistent ill-treatment by care provider to more than one service user over a period of time</li> <li>• Recurrent or consistent incidents of insufficient staffing resulting in harm requiring external medical intervention or hospitalisation of service users</li> <li>• Recurrent incidents of insufficient staffing resulting in actual harm</li> </ul>
<p><b>NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements</b></p>			

Type of Abuse	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
<b>Physical Abuse</b>	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>• Error by staff causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling</li> <li>• Isolated incident by other resident causing no/little harm e.g. one resident strikes another but it leaves no mark and does not cause emotional distress lasting hours</li> <li>• Unexplained very light marking/bruising found on one occasion</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• Unexplained minor marking or lesions, minor cuts or grip marks on a number of occasions or on a number of service users cared for by a specific team/Carer</li> <li>• Inappropriate restraint that causes marks to be left but no external medical treatment/consultation required</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Serious bodily harm/assault with a weapon leading to irreversible damage or death</li> <li>• Intended harm towards a service user</li> <li>• Deliberately withholding of food, drinks or aids to independence</li> <li>• Unexplained fractures/serious injuries</li> <li>• Assault by another resident requiring medical treatment</li> </ul>
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Type of Abuse	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
<b>Psychological Abuse</b>	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>• Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused</li> <li>• Occasional taunts or verbal outbursts which do not cause distress between service users</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• Treatment that undermines dignity and damages esteem</li> <li>• Repeated incidents of denying or failing to recognise an adult's choices or of failing to value their opinion, particularly in relation to a service or care they're receiving</li> <li>• Occasional taunts or verbal outbursts which do cause distress between service users</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage</li> <li>• Prolonged intimidation</li> <li>• Vicious/personalised verbal attacks</li> <li>• Humiliation of service user</li> <li>• Emotional blackmail e.g. threats of abandonment/ harm</li> <li>• The withholding of information to disempower</li> <li>• Allegations or concerns relating to 'cuckooing'</li> </ul>
<p><b>NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements</b></p>			

Type of Abuse	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
Self-Neglect	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>• Self-care causing some concern - no signs of harm or distress</li> <li>• Property neglected but all main services work</li> <li>• Some evidence of hoarding – no major impact on health/safety</li> <li>• First signs of failing to engage with professionals</li> <li>• Property shows some signs of neglect</li> <li>• Evidence of low-level hoarding</li> <li>• No access to support</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• Refusing medical treatment/care/equipment required to maintain independence</li> <li>• High level of clutter /hoarding</li> <li>• Insanitary conditions in property</li> <li>• Won't engage with professionals</li> <li>• Problematic substance misuse</li> <li>• Potential fire risk/gas leaks</li> <li>• Lack of essential amenities</li> <li>• Property/environment shows signs of neglect that are potentially damaging to health</li> <li>• Chaotic substance misuse</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Life in danger without intervention</li> <li>• Chaotic substance misuse</li> <li>• Environment injurious to health</li> <li>• Imminent fire risk/gas leaks</li> <li>• Access obstructed within property</li> <li>• Multiple reports from other agencies</li> <li>• Behaviour poses risk to self/others</li> <li>• Self-neglect is life threatening</li> <li>• Tenancy at risk because of hoarding/property condition IE notice served</li> <li>• Lack of self-care results in significant deterioration in health/wellbeing</li> </ul>

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Type of Abuse	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
Sexual Abuse	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p><b>Actions/outcomes may include advice, information, risk management and staff training.</b></p> <p>Not committed by a person in a position of trust, <b>AND:</b></p> <ul style="list-style-type: none"> <li>Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person at risk is low</li> <li>Isolated incident of teasing or low level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists - no harm or distress caused</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>Non-contact sexualised behaviour which causes distress to the person at risk</li> <li>Verbal sexualised teasing or harassment</li> <li>Being subject to indecent exposure where the service user isn't distressed</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li><b>Any</b> allegation of sexualised behaviour relating to a person in a position of trust against a person in their care</li> <li>Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user</li> <li>Sex without valid consent (rape)</li> <li>Voyeurism</li> <li>Sexualised touch or masturbation without valid consent</li> <li>Being made to look at pornographic material against will/where valid consent cannot be given</li> <li>Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent</li> </ul>
<p><b>NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements</b></p>			

## Common Safeguarding Issues

Issue	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
<b>Medication Errors</b>	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>Isolated incident where the person is accidentally given the wrong medication, given too much or too little medication or given it at the wrong time but no harm occurs</li> <li>Isolated incident causing no harm that is not reported by staff member</li> <li>Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>Recurring missed medication or errors that affect more than one adult and result in actual or potential harm to one or more adults</li> <li>Recurring prescribing or dispensing errors by GP, pharmacist or other medical professional that affect more than one adult and/or result in harm to one or more adults</li> <li>Covert administration without the person's consent or having a best interest decision recorded in the support plan</li> <li>Misuse of/over-reliance on sedatives to control challenging behaviour</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>Deliberate maladministration of medications or failure to follow proper procedures, e.g. controlled medication</li> <li>Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death</li> <li>Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting</li> </ul>
<p><b>NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements</b></p>			

Issue	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
Pressure Ulcers	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>• Single or isolated incident of Grade 1 or 2 pressure ulcer</li> <li>• Grade 3 &amp; 4, Unstageable and Suspected Deep Tissue Injury or multiple grade 2 pressure ulcers where: <ul style="list-style-type: none"> <li>○ A support plan is in place</li> <li>○ Action is being taken</li> <li>○ Other relevant professionals have been notified</li> <li>○ There has been full discussion with the service user, their family or representative</li> <li>○ There are no other indicators of abuse or neglect</li> </ul> </li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• Grade 3 &amp; 4, Unstageable and Suspected Deep Tissue Injury pressure ulcers or multiple grade 1 and 2 pressure ulcers where: <ul style="list-style-type: none"> <li>○ The support plan has NOT been fully implemented</li> <li>○ It is NOT CLEAR that professional advice or support has been sought at the appropriate time. e.g. Tissue Viability Team</li> <li>○ There have been other similar incidents or areas of concern</li> <li>○ There are other indicators of abuse or neglect</li> </ul> </li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Grade 3 &amp; 4, Unstageable and Suspected Deep</li> <li>• Tissue Injury where: <ul style="list-style-type: none"> <li>○ The person has been assessed as NOT having mental capacity and treatment and prevention NOT provided</li> <li>○ No assessment and support planning has not been completed or is of very poor quality</li> <li>○ No professional advice or support has been sought at the appropriate time, e.g. Tissue Viability Team</li> <li>○ There are other indicators of abuse or neglect</li> <li>○ Evidence demonstrates this is part of a pattern or trend</li> </ul> </li> </ul>

**NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements**

Issue	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
Falls	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>• Isolated incident where no significant harm occurs</li> <li>• Multiple incidents where no significant harm occurs and: <ul style="list-style-type: none"> <li>○ A support plan is in place</li> <li>○ Action is being taken to minimise further risk</li> <li>○ Other relevant professionals have been notified</li> <li>○ There has been full discussion with the service user, their family or representative</li> <li>○ There are no other indicators of abuse or neglect</li> </ul> </li> <li>• Isolated incident requiring attendance at hospital and no other form of abuse or neglect is suspected</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• More than one incident during a 6 month period requiring attendance at hospital</li> <li>• Multiple incidents where: <ul style="list-style-type: none"> <li>○ The support plan has NOT been fully implemented</li> <li>○ It is NOT CLEAR that professional advice or support has been sought at the appropriate time</li> <li>○ There have been other similar incidents or areas of concern</li> </ul> </li> <li>• Any fall where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant support plans, policies or procedures</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant support plans, policies or procedures</li> </ul>

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Issue	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
<b>Incident Involving Another person with Care and Support Needs</b>	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>• Isolated incident where no significant harm occurs</li> <li>• More than one incident where no significant harm occurs and: <ul style="list-style-type: none"> <li>○ A support plan is in place</li> <li>○ Action is being taken to minimise further risk</li> <li>○ Other relevant professionals have been notified</li> <li>○ There has been full discussion with the service user, their family or representative</li> <li>○ There are no other indicators of abuse or neglect</li> </ul> </li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• Any incident requiring medical attention or attendance at hospital</li> <li>• Multiple incidents where: <ul style="list-style-type: none"> <li>○ The support plan has not or cannot be fully implemented</li> <li>○ It is NOT CLEAR that professional advice or support has been sought at the appropriate time</li> <li>○ There have been other similar incidents involving this perpetrator or areas of concern</li> <li>○ There are other indicators of abuse or neglect</li> </ul> </li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Any incident resulting in intentional or intended harm or risk of harm to the victim</li> <li>• Any incident where a weapon or other object is used with the deliberate intention of harm</li> <li>• Repeated incidents where the victim lacks capacity and is unable to take action to defend themselves</li> <li>• The victim is, or appears, fearful in the presence of the other person or is adapting their behaviour to pacify or avoid the other person</li> </ul>
<p><b>NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements</b></p>			

Issue	Non-reportable Incidents	Incidents Requiring Consultation	Reportable Incidents
<b>Evictions or Risk of Homelessness</b>	<p>Incidents at this level do not require reporting to the local authority safeguarding team. However, you should complete and submit an internal safeguarding incident reporting form</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> <ul style="list-style-type: none"> <li>• Appropriate accommodation which no longer meets the needs of the family</li> <li>• Low household income</li> <li>• Debt problems increasing</li> <li>• No sense of budgeting or financial responsibility</li> </ul>	<p>Incidents at this level should be discussed with the emh Designated Safeguarding Lead or Deputy.</p> <p>After the conversation, you may be asked to formally refer the concern.</p> <ul style="list-style-type: none"> <li>• Rent arrears putting individual or family at risk of eviction proceedings commencing</li> <li>• Individual or family intentionally putting their home risk</li> <li>• Significant rent arrears accumulating despite repayment plan being in place</li> </ul>	<p>Incidents at this level should be reported using the contact number or online form for the relevant local authority.</p> <p>If there is any indication a criminal act has occurred the Police must also be notified</p> <ul style="list-style-type: none"> <li>• Extreme financial difficulties impacting on ability to have basic needs met</li> <li>• Inability to pay rent leading to loss realistic loss of home</li> <li>• Court order being executed for repossession of home</li> </ul>
<p><b>NOTE: The above guidance does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements</b></p>			

## 18. Key Safeguarding Contacts

### 18.1 Key Internal Contacts

Internal Contacts				
Service Area / Department	Role	Email	Tel. No.	Mobile No.
Quality and Compliance	emh Designated Safeguarding Lead	<a href="mailto:david.mcmillan@emhcareandsupport.org.uk">david.mcmillan@emhcareandsupport.org.uk</a>	0115 850 8536	07736 822253
Quality and Compliance	emh Deputy Designated Safeguarding Lead	<a href="mailto:amy.smith@emhcareandsupport.org.uk">amy.smith@emhcareandsupport.org.uk</a>	0115 850 8548	n/a
Quality and Compliance	emh Central Hub	<a href="mailto:centralhub@emhcareandsupport.org.uk">centralhub@emhcareandsupport.org.uk</a>	0300 123 1571	n/a
emh homes	ASB Manager	<a href="mailto:sarah.gee@emhhomes.org.uk">sarah.gee@emhhomes.org.uk</a>	0116 282 1859	07917 876108
emh homes	Income Collection Manager	<a href="mailto:stuart.russell@emhhomes.org.uk">stuart.russell@emhhomes.org.uk</a>	8740	07771 342771
emh homes	Income Collection Manager	<a href="mailto:lucie.westbury@emhhomes.org.uk">lucie.westbury@emhhomes.org.uk</a>	8754	07827984235
emh homes	Housing and Neighbourhoods Manager	<a href="mailto:Joanna.connolly@emhhomes.org.uk">Joanna.connolly@emhhomes.org.uk</a>	1806	07827 984223
emh homes	Housing and Neighbourhoods Manager	<a href="mailto:Sarah.dickens@emhhomes.org.uk">Sarah.dickens@emhhomes.org.uk</a>	1618	n/a
emh homes	Planned Maintenance Operations Manager	<a href="mailto:Michael.abell@emhhomes.org.uk">Michael.abell@emhhomes.org.uk</a>	1855	07827 984241
emh homes	Planned Maintenance Operations Manager	<a href="mailto:Ashley.norwood@emhhomes.org.uk">Ashley.norwood@emhhomes.org.uk</a>	6217	n/a
emh homes	Responsive Maintenance Operations Manager	<a href="mailto:Jane.buchanan@emhhomes.org.uk">Jane.buchanan@emhhomes.org.uk</a>	6535	n/a
emh homes	Responsive Maintenance Operations Manager	<a href="mailto:Shaun.featherstone@emhhomes.org.uk">Shaun.featherstone@emhhomes.org.uk</a>	1866	07827 984213
emh homes	Service Improvement Manager	<a href="mailto:Deanne.elton@emhhomes.org.uk">Deanne.elton@emhhomes.org.uk</a>	1885	n/a
emh homes	Maintenance Manager	<a href="mailto:Edward.haywood@emhhomes.org.uk">Edward.haywood@emhhomes.org.uk</a>	6519	n/a
emh homes	Sheltered Housing Manager	<a href="mailto:Maria.ward@emhhomes.org.uk">Maria.ward@emhhomes.org.uk</a>	1822	07789 272813
emh homes	Customer Service Centre Manager	<a href="mailto:Mari.hughes@emhhomes.org.uk">Mari.hughes@emhhomes.org.uk</a>	1440	n/a
emh sharpes	Head of Sharpes	<a href="mailto:Colin.sharpe@emhsharpes.org.uk">Colin.sharpe@emhsharpes.org.uk</a>	8178	n/a
emh sharpes	General Manager	<a href="mailto:David.wyatt@emhsharpes.org.uk">David.wyatt@emhsharpes.org.uk</a>	n/a	07531 090210
emh care & support	Head of Care and Support	<a href="mailto:adrian.watson@emhcareandsupport.org.uk">adrian.watson@emhcareandsupport.org.uk</a>	6245	07531 088497

<b>Service Area / Department</b>	<b>Role</b>	<b>Email</b>	<b>Tel. No.</b>	<b>Mobile No.</b>
emh care & support	Operations Manager – Regulated Services	<a href="mailto:Julian.Fennell@emhcareandsupport.org.uk">Julian.Fennell@emhcareandsupport.org.uk</a>	6537	07855 083891
emh care & support	Operations Manager – Community and Engagement	<a href="mailto:Tom.Whittaker@emhcareandsupport.org.uk">Tom.Whittaker@emhcareandsupport.org.uk</a>	5913 / 5972	07736 822305
emh care & support	Operations Manager - Housing	<a href="mailto:Ramesh.raikundal@emhcareandsupport.org.uk">Ramesh.raikundal@emhcareandsupport.org.uk</a>	0115 850 8504	n/a
C&S Supported Living	Assistant Manager - High Peak	<a href="mailto:jamie.smith@emhcareandsupport.org.uk">jamie.smith@emhcareandsupport.org.uk</a>	5970	n/a
C&S Supported Living	Assistant Manager - Chesterfield	<a href="mailto:Nicki.Green@emhcareandsupport.org.uk">Nicki.Green@emhcareandsupport.org.uk</a>	5907 / 5950	n/a
emh care & support	Operations Manager – Regulated Services	<a href="mailto:Julian.Fennell@emhcareandsupport.org.uk">Julian.Fennell@emhcareandsupport.org.uk</a>	6537	07855 083891
C&S Supported Living	Assistant Manager - Nottingham and NE Derbyshire	<a href="mailto:Iain.Hardaker@emhcareandsupport.org.uk">Iain.Hardaker@emhcareandsupport.org.uk</a>	5994	n/a
C&S Extra Care	Scheme Manager - Oak Court	<a href="mailto:Louise.Devenish@emhcareandsupport.org.uk">Louise.Devenish@emhcareandsupport.org.uk</a>	0153 027 6044	n/a
C&S Extra Care	Scheme Manager - Waterside Court	<a href="mailto:Alison.Mills@emhcareandsupport.org.uk">Alison.Mills@emhcareandsupport.org.uk</a>	0153 027 6027	n/a
C&S Extra Care	Scheme Manager - St Mary's House	<a href="mailto:Marie.Jacques@emhcareandsupport.org.uk">Marie.Jacques@emhcareandsupport.org.uk</a>	n/a	07767 646976
C&S Nursing Homes	Service Manager	<a href="mailto:Sylvia.Browne@emhcareandsupport.org.uk">Sylvia.Browne@emhcareandsupport.org.uk</a>	5912 / 5963	n/a
C&S Nursing Homes	Registered Manager - Meadowview	<a href="mailto:Kim.Maddison@emhcareandsupport.org.uk">Kim.Maddison@emhcareandsupport.org.uk</a>	5893	n/a
C&S Nursing Homes	Registered Manager - Fisher Close	<a href="mailto:Liz.Hirst@emhcareandsupport.org.uk">Liz.Hirst@emhcareandsupport.org.uk</a>	6221	n/a
C&S Nursing Homes	Registered Manager - Amberley	<a href="mailto:Mary.Woulfe@emhcareandsupport.org.uk">Mary.Woulfe@emhcareandsupport.org.uk</a>	5898	n/a
C&S Day Services	Service Co-ordinator	<a href="mailto:Rachel.Biddles@emhcareandsupport.org.uk">Rachel.Biddles@emhcareandsupport.org.uk</a>	6525	n/a
C&S Outreach Care	Assistant Manager - High Peak	<a href="mailto:jamie.smith@emhcareandsupport.org.uk">jamie.smith@emhcareandsupport.org.uk</a>	5970	n/a
C&S Outreach Care	Assistant Manager - Chesterfield	<a href="mailto:Nicki.Green@emhcareandsupport.org.uk">Nicki.Green@emhcareandsupport.org.uk</a>	5907 / 5950	n/a
C&S Outreach Care	Assistant Manager - Nottingham and NE Derbyshire	<a href="mailto:Iain.Hardaker@emhcareandsupport.org.uk">Iain.Hardaker@emhcareandsupport.org.uk</a>	5994	n/a
C&S Registered Care	Assistant Service Manager	<a href="mailto:Alison.Mahoney@emhcareandsupport.org.uk">Alison.Mahoney@emhcareandsupport.org.uk</a>	5989	n/a
C&S Supported Housing	Project Leader (South)	<a href="mailto:Julia.Wooton@emhcareandsupport.org.uk">Julia.Wooton@emhcareandsupport.org.uk</a>	5501	07909 926891
C&S Supported Housing	Project Leader (Central)	<a href="mailto:John.Thompson@emhcareandsupport.org.uk">John.Thompson@emhcareandsupport.org.uk</a>	n/a	07823 444069

## 18.2 Key External Contacts

<b>External PREVENT Contacts</b>			
<b>Name</b>	<b>Email</b>	<b>Tel. No.</b>	<b>Mobile No.</b>
Derbyshire Police Prevent Team	<a href="mailto:EMSOU-SB-Derbys@Derbyshire.PNN.Police.UK">EMSOU-SB-Derbys@Derbyshire.PNN.Police.UK</a>	101	n/a
Leicestershire Police Prevent Team	<a href="mailto:prevent.team@leicestershire.pnn.police.uk">prevent.team@leicestershire.pnn.police.uk</a>	101	n/a
Nottinghamshire Police Prevent Team	<a href="mailto:prevent@nottinghamshire.pnn.police.uk">prevent@nottinghamshire.pnn.police.uk</a>	101	n/a
Northamptonshire Police Prevent Team	<a href="mailto:prevent@northants.pnn.police.uk">prevent@northants.pnn.police.uk</a>	101	n/a

<b>External Safeguarding Contacts</b>			
<b>Name</b>	<b>Email</b>	<b>Tel. No.</b>	<b>Out of Hours</b>
Derby / Derbyshire Safeguarding Duty Team	<a href="#">Online reporting</a>	0162 953 3190	01629 532600
Leicester / Leicestershire Safeguarding Duty Team	<a href="mailto:AdultsandcommunitiesCSC@leics.gov.uk">AdultsandcommunitiesCSC@leics.gov.uk</a>	0116 305 4933	0116 255 1606
Nottingham / Nottinghamshire Safeguarding Duty Team	<a href="mailto:mash.safeguarding@secure.nottsc.gov.uk">mash.safeguarding@secure.nottsc.gov.uk</a>	0300 500 8090	0300 456 4546
Northampton / Northamptonshire Safeguarding Duty Team	<a href="mailto:MASH@northamptonshire.gcsx.gov.uk">MASH@northamptonshire.gcsx.gov.uk</a>	0300 126 1000	01604 626938

<b>Other External Contacts</b>			
<b>Name</b>	<b>Email</b>	<b>Tel. No.</b>	<b>Out of Hours</b>
Emergency Services	n/a	999	999
Police / Ambulance (Non-emergency)	n/a	101	101
Care Quality Commission (CQC)	n/a	03000 616 161	n/a
Ofsted	n/a	0300 123 1231	n/a
Local Government and Social Care Ombudsman	n/a	0300 061 0614	n/a

## 19. The Care Act 2014 – Key Facts

19.1 The Care Act 2014, for the first time, sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect.

### What is Safeguarding?

'Adult safeguarding' is working with adults with care and support needs to keep them safe from abuse or neglect. It is an important part of what many public services do, and a key responsibility of local authorities.

Safeguarding is aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect. In these cases, local services must work together to spot those at risk and take steps to protect them.

### Why the law needed to Change

Although local authorities have been responsible for safeguarding for many years, there has never been a clear set of laws behind it. As a result, it has often been very unclear who is responsible for what, in practice.

The Act aims to put this right by creating a legal framework so key organisations and individuals with responsibilities for adult safeguarding can agree on how they must work together and what roles they must play to keep adults at risk safe.

### What Does the Act Do?

<b>Safeguarding Adults Boards</b>	<p>Safeguarding is everyone's business, and it is important that organisations work together to protect people who need help and support. Yet one of the biggest challenges is how to bring together the huge number of teams and organisations involved in keeping people safe.</p> <p>That's why the Act requires local authorities to set up a safeguarding adults board (SAB) in their area, giving these boards a clear basis in law for the first time.</p> <p>The Act says that the SAB must:</p> <ul style="list-style-type: none"><li>• Include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues</li><li>• Develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations</li><li>• Publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way</li></ul>
<b>Safeguarding Enquiries by Local Authorities</b>	<p>The Act also requires local authorities to make enquires, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed. This applies whether or not the authority is actually providing any care and support services to that adult.</p> <p>The enquiry may lead to a number of outcomes, depending on the circumstances, including to prosecution if abuse or neglect is proven. In other cases, the risk of abuse may be tackled, but the adult may have other care and support needs which require different services, and may lead to a needs assessment or review of an existing care and support plan.</p>

<p><b>Safeguarding Adult Reviews</b></p>	<p>When there is any failure in safeguarding, the results can be severe and tragic and therefore demand a strong response.</p> <p>That is why the Act says that SABs must arrange a safeguarding adults review in some circumstances – for instance, if an adult with care and support needs dies as a result of abuse or neglect and there is concern about how one of the members of the SAB acted.</p> <p>The reviews are about learning lessons for the future. They will make sure SABs get the full picture of what went wrong, so that all organisations involved can improve as a result.</p>
<p><b>Independent Advocacy</b></p>	<p>The local authority will arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review, if they need help to understand and take part in the enquiry or review and to express their views, wishes, or feelings.</p>
<p><b>Supply of Information</b></p>	<p>It is important that organisations share information related to abuse or neglect with SABs. Not doing so could prevent them from being able to tackle problems quickly and learn lessons to prevent them happening again.</p>