

ADULT AT RISK SAFEGUARDING POLICY



Policies & Procedures			
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PROTECTIVE MARKING	Not protectively marked		
PORTFOLIO	Directors		
OWNER	Board of Directors		
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THIS POLICY REPLACES:	Child and Vulnerable Adult Policy and Procedures		
VERSION	DATE	REASON FOR AMENDMENT	AMENDED BY
1	November 2022	Update Policy	Lianne Simpson

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Company Limited by Guarantee

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1. Policy Introduction:

- 1.1 Diamond Hampers CIC (hereinafter referred to as Diamond Hampers will adopt this policy in all its work with adults to safeguard them against neglect and harm.
- 1.2 It is the responsibility of every member of Diamond Hampers' staff, Committee, Board and volunteers to safeguard the welfare of all those they contact through Diamond Hampers.
- 1.3 This policy was created using the support and advice from the Cambridgeshire and Peterborough Safeguarding Partnership website and Cambridgeshire and Peterborough Healthwatch safeguarding policy.
- 1.4 This policy has links to further information throughout the document and, therefore, should be viewed on a device so that those links are active.

2. Definition of 'Adults at Risk.'

- 1.1 As defined by the [Care Act 2014](#)

The term '[Adult at Risk](#)', is a short form of the phrase 'An [adult at risk](#) of [abuse](#) or neglect' and refers to adults who may have safeguarding needs according to the Care Act (2014).

An [Adult at Risk](#) (sometimes referred to as AAR) is an adult (someone aged 18 or older) who:

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- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, [abuse](#) or neglect, and
- as a result of those needs, is unable to protect himself or herself against the [abuse](#) or neglect or the risk of it.

As set out in the [Care Act 2014](#), statutory Adult Safeguarding duties exist when adults who are experiencing, or at risk of, [abuse](#) or neglect cannot protect themselves due to their care and support needs.

1.2 Injury, illness, or impairment, either mental or physical, can mean that a person needs help or support to live well. For example, a person may have care and support needs as a result of:

- physical disability, learning disability or sensory impairment
- mental health needs, including dementia or a personality disorder
- long-term health conditions
- Substances or alcohol misuse to the extent that it affects ability to manage day-to-day living

An adult may be considered to be at risk, even if:

- A formal assessment of care needs has not been carried out
- The adult pays for their care and support themselves
- Care and support needs are being met by family or friends
- Having care and support needs does not automatically mean that an adult cannot protect him or herself from [abuse](#); it is important not to make assumptions about an adult's vulnerability based on the presence of care and support needs alone.

3. Safeguarding Adults

3.1 Safeguarding involves all people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time, in deciding on any action making sure that the adult's wellbeing is promoted, including, where appropriate, having regard to their views, wishes, feelings and beliefs.

3.2 This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

3.3 Safeguarding adults aims to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs

- support adults in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult.
- address what has caused the abuse or neglect

4. Making Safeguarding Personal (MSP)

4.1 Statutory requirements regarding the Safeguarding of Adults at Risk are set out in the [Care Act 2014](#) and explained in the Care and Support Statutory Guidance.

4.2 Making Safeguarding Personal requires all staff and volunteers of Diamond Hampers to find out about the lived experience of the adult and use this to inform decisions and outcomes which are in the best interest of the individual.

4.3 As worded in the Care and Support Statutory Guidance (14.5):

Making safeguarding personal means, it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, [wellbeing](#) and safety.

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

4.4 There are six key principles of making safeguarding personal. These principles underpin all adult at risk safeguarding work and must be applied in line with Care Act 2014 and [Mental Capacity Act 2005](#), and the Code of Practice.

- Empowerment – People being supported and encouraged to make their own decisions and informed [consent](#).

Individuals are asked what they want as the outcomes from the safeguarding process and this directly inform what happens

- Prevention – It is better to take action before [harm](#) occurs.

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Staff receive clear and simple information about what [abuse](#) is, how to recognise the signs and what I can do to seek help

- Proportionality – The least intrusive response appropriate to the risk presented.

All staff work in the interest of the individual and only are involved where needed

- Protection – Support and representation for those in greatest need.

All staff and volunteers are given help and support to report [abuse](#) and neglect.

- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and [abuse](#).

The staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary.

- Accountability – Accountability and transparency in delivering Safeguarding.

Staff understand their responsibilities within Safeguarding, attend training and are accountable for how this relates to their role.

5. Identifying abuse and neglect

5.1 The Care Act 2014 guidance list the following type of neglect and abuse.

Physical abuse: including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence: including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

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

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial

transactions, or the misuse or misappropriation of property, possessions or benefits.

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

Discriminatory abuse: including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or Religion.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or 4 poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect: this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

5.2 In addition to these categories of [abuse](#), other potential abusive situations such as radicalisation, prevent and coercive control should also be considered.

6. Diamond Hampers Responsibilities to Safeguarding

6.1 Diamond Hampers is committed to ensuring that all staff and volunteers are sufficiently vigilant about safeguarding.

This will include all staff and volunteers;

- knowing about different types of abuse and neglect, and their signs
- knowing who to tell about suspected abuse or neglect
- supporting adults to make informed decisions when exercising choice and control

6.2 Ensure that the welfare of adults at risk is given the highest priority by the organisation, its committee, staff and volunteers.

6.3 Promote good practice and ensure that employees and volunteers can work with adults at risk with confidence

6.4 Ensure that procedures and policies around Safeguarding are regularly reviewed and updated by the Governance Committee.

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6.5 Monitor contact with adults at risk to ensure that the frequency and intensity of the contact are consistent with the DBS threshold levels for employees and volunteers.

6.6 Ensure that the concerns of adults at risk are heard and acted upon

6.7 Act responsibly in reporting incidents or concerns to appropriate authorities

6.8 Attend appropriate training relevant to the level of engagement with adults at risk to ensure all employees/volunteers remain up to date with current practice and legislation

6.9 Ensure employees and volunteers have access to further appropriate information

Diamond Hampers will ensure that all staff and volunteers have a basic DBS check that enables them to safely make deliveries to vulnerable adults. We will make sure that all staff and volunteers are trained on the process and to identify and report on safeguarding issues. All staff and volunteers will identify themselves on arrival, showing the vulnerable adult their identity lanyard.

The staff and volunteers will call ahead before making a delivery to ensure the vulnerable adult is aware and expecting them.

They will make contact with the lead/manager when all deliveries are finalised.

When working in our stores, all staff and volunteers have up to date and relevant training to enable to deal appropriately and effectively with vulnerable that enter the stores.

Any safeguarding are immediately reported.

Our Lone Worker Policy covers all areas of personal safety and handling difficult and vulnerable clients.

7. Making a referral

7.1 When a disclosure is made, it is the staff member's responsibility to make sure that all information is collected in a non-biased and objective way.

7.2 Where staff or volunteers recognise that the person meets the criteria for an 'adult at risk' a set of procedures must be adhered to.

Gaining Consent: There may be circumstances where [consent](#) cannot be obtained because the [adult at risk](#) lacks the capacity to give it or is subject to coercion or undue influence. There are occasions when you may need to raise a [safeguarding concern](#) without the person's [consent](#), for example:

- it is in the [public interest](#),
- there is a risk to other 'adults at risk', or children, or
- the concern is about organisational [abuse](#), or
- the concern or allegation of [abuse](#) relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk

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- note that risk to other "adults at risk" may include financial scams or other forms of exploitation
- the [adult at risk](#) lacks the capacity to make the specific decision to [consent](#) to share information, and a decision is made to raise a [safeguarding concern](#) in the person's "[Best Interests](#)" ([Mental Capacity Act 2005](#))
- the [adult at risk](#) is subject to coercion or undue influence, to the extent that they are unable to give [consent](#)
- it is in the [adult at risk](#)'s vital interests (to prevent serious [harm](#) or distress or life-threatening situations)
-

If you are not sure whether you should raise a [safeguarding concern](#), you should seek advice from the Cambridgeshire and Peterborough Partnership Board by calling 0345 045 5202.

Risk Assessment: The staff member's must assess if the individual is at immediate risk. The police or ambulance must be called straight away on 999.

Record disclosure/concern: The disclosure/concern facts must be recorded as soon as possible on an 'Incident Record Form'. This includes the dates, times of disclosure, what the individual has disclosed in bullet points if they feel they are currently at risk, what they would like the following steps. Again, this MUST be the fact and no bias or point of view of the staff member.

Internal Report: This information must be passed over to the Safeguarding Lead within Diamond Hampers. This must happen as soon as possible, and if the lead is not available, then the most senior Manager must be contacted.

Report to Multi-Agency Safeguarding Hub (MASH): The Safeguarding Lead or Manager must contact MASH using the online referral form and telephone.

There may be occasions when the designated safeguarding lead is unsure whether to report or not, e.g. the adult has refused [consent](#) to share the information, or the adult's vulnerability is uncertain. If in any doubt, the designated person / manager must consult the MASH via the Council's Customer Services for advice

Customer Services (8 am to Monday to Friday, 9 am to 1 pm on Saturday)
Telephone 0345 045 5202
Email: referralcentre-adults@cambridgeshire.gov.uk

If someone is in danger and unable to protect themselves or cannot remain in the community without immediate intervention, telephone the Emergency Duty Team on 01733 234 724.

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Referral to the Multi-Agency Safeguarding Hub via the Council's Customer Services must be made on the same day using the Adult Safeguarding Referral form (Online for Cambridgeshire). Please note that agencies should not submit referrals on any other form. Reporting should not be delayed by the need to complete the form.

[Practitioner reporting of concerns about an Adult at Risk – Cambridgeshire County Council](#)

Staff Leads

Diamond Hampers Designated Safeguarding Lead is one of the Directors. If they cannot be contacted, it is vital to contact the next line manager. If they are also not present, then the most senior staff member will be required to call through any concerns or referrals.

Safeguarding Lead

Name: Lianne Simpson
Role: Founder/Director
Work Mobile: 07769312711

In the instance of the Safeguarding Lead not being accessible, please get in touch with the below individual

Name: Sandra Webb
Role: Director
Work Mobile: 07761756263

Confidentiality and GDPR

There is a common law, "Duty of Confidence", where a person has a right to expect information given in confidence to be kept confidential by the person receiving the information i.e. doctor and patient, solicitor and client.

It is a requirement for all staff to treat all information confidentially and use it solely for lawful purposes following acts of legislation and national guidance, specifically the Data Protection Act 2018, the General Data Protection Regulation (GDPR) the [Care Act 2014](#) and the Caldicott Principles.

Incident Record Form

Use this form to take as many details as you can. It should then be passed over to the Staff Lead. This information is confidential and should only be shared with

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the Staff Lead and used to identify if a case needs to be made to the County Council and aid in the referral process.

Only take facts and never lead the conversation.

Your name:		
Your contact number/email:		
Your position:		
Adult's name:		
Their address:		
Date of birth:		
Date and time of any incident:		
Your observations:		
Exactly what was said/happened, and what you said: (Do not lead the complainant – record actual details.)		
Action taken so far:		
External agencies contacted (date & time):		
Police:	yes/no	If yes: Name and contact number: Details of advice received:

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Social Services	yes/no	If yes: Name and contact number: Details of advice received:
Other: (e.g. Age UK, NSPCC 0800 800500)	yes/no	Name and contact number: Details of advice received:

Signature:
Print name:
Date:
CONFIDENTIAL WHEN COMPLETED

A copy of this form should be kept by the person completing it, and the original given to the Chief Executive/Committee member of [Organisation].

Remember to maintain confidentiality on a **need to know** basis. Do not discuss this incident with anyone other than those who need to know!