

**CHURCH ROAD MEDICAL PRACTICE
GP
PRACTICE
SAFEGUARDING ADULTS
POLICY**

Date: Updated 25th May 2021

Version:	004
Ratified by:	This policy has been adapted to reflect the policies and procedures of Wirral Safeguarding Adults Partnership Board
Date Ratified:	
Name & title of Originator/Author:	This is a sample safeguarding adult policy which has been developed by Val Tarbath Designated Nurse Safeguarding Adults Wirral CCG
Date Issued:	25th May 2021
Review Date:	25th May 2023 (or earlier if changes are made)
Target Audience:	GP and practice employed staff.
Consultation Process:	
Mandatory/Statutory Standards or Requirements:	Care Quality Commission Safeguarding Adults: roles & competencies for Health Care Staff – intercollegiate Documents Feb 2016

Safeguarding Adults Policy

Safeguarding Adults Policy Statement

This policy will enable the practice to demonstrate its commitment to keeping safe patients who are adults at risk and other adults with whom it comes into contact with. The practice acknowledges its duty to respond appropriately to any allegations, reports or suspicions of abuse.

It is important to have the policy and procedures in place so that all who work at the practice can work to prevent abuse and know what to do in the event of abuse.

The Policy Statement and Procedures have been drawn up in order to enable the Practice to:

- promote good practice and work in a way that can prevent harm, abuse and coercion occurring.
- to ensure that any allegations of abuse or suspicions are dealt with appropriately and the person experiencing abuse is supported.
- and to stop that abuse occurring.

The Policy and Procedures relate to the safeguarding of adults at risk. The safeguarding duties apply to an adult who:-

- Who have needs for care & support (whether or not the Local Authority is meeting any of those needs)
- Is experiencing, or at risk of abuse or neglect
- As a result of those, care and support needs are unable to protect themselves from either the risk of or the experience of abuse or neglect (The Care Act 2014).

It is acknowledged that significant numbers of vulnerable adults are abused and it is important that the practice has a Safeguarding Adults Policy, a set of procedures to follow and puts in place preventative measures to try and reduce these numbers.

The practice is committed to implementing this policy. The protocols it sets out for all staff and partners will provide in-house learning opportunities. This policy will be made accessible to staff and partners via the practice intranet and paper copy and will be reviewed annually.

It addresses the responsibilities of all members of the practice team and those

outside the team with whom we work. It is the role of the practice manager and Safeguarding Adults Lead to brief the staff and partners on their responsibilities under the policy, including new starters and sessional GPs. For employees, failure to adhere to the policy could lead to dismissal or constitute gross misconduct.

In order to implement the policy the practice will work:

- to promote the freedom and dignity of the person who has or is experiencing abuse
- to promote the rights of all people to live free from abuse and coercion
- to ensure the safety and well being of people who do not have the capacity to decide how they want to respond to abuse that they are experiencing
- to manage services in a way which promotes safety and prevents abuse
- to recruit staff safely, ensuring all necessary checks are made
- to provide effective management for staff through supervision, support and training. The practice will seek to meet the requirements of the Safeguarding Adults: Roles & Competencies for Health Care staff – intercollegiate document

the practice

- will work with other agencies within the framework of the local Safeguarding Adults Board Policy and Procedures, issued under The Care Act 2014
- will act within GMC guidance on confidentiality and will usually gain permission from patients before sharing information about them with another agency
- will pass information to Adult Services when more than one person is at risk. For example: if there are concerns regarding any form of abuse, including neglect, within a care home.
- will inform patients that where a person is in danger, an adult is at risk or a crime has been committed then a decision may be taken to pass information to another agency without the service user's consent
- will make a referral to Adult Services as appropriate
- will endeavour to keep up to date with national developments relating to preventing abuse and the making safeguarding personal agenda

The Practice Safeguarding Adults Lead is **DR SOUL MUGERWA**

The Practice recognises that it is the role of the practice to be aware of maltreatment and share concerns but not to investigate or to decide whether or not a adult at risk has been abused.

This policy should be read in conjunction with the local Multi-Agency Safeguarding Adults Policy and Procedures documents which are available at:

Procedures Template

1. Introduction

These procedures have been designed to ensure the welfare and protection of any adult who accesses services provided by the practice. The procedures recognise that adult abuse can be a difficult subject for workers to deal with. The practice is committed to the belief that the protection of adults at risk from harm and abuse is everybody's responsibility and the aim of these procedures is to ensure that all partners and staff act appropriately in response to any concern around adult abuse.

2. Preventing abuse

The practice is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services it offers and that all those involved with the practice will be treated with respect.

Therefore this policy needs to be read in conjunction with the following Policies & legislation

- Equal Rights and Diversity
- Complaints
- Whistle Blowing
- Confidentiality
- Disciplinary and Grievance
- Information Governance
- Recruitment and Selection
- Any other policies which are relevant that the practice has in Place
- Care Act 2014

The practice is committed to safer recruitment policies and practices for partners and employees.

The minimum safety criteria for safe recruitment of all staff that work at the practice are that they:

- have been interviewed face to face
- have 2 references that have been followed up
- have been CRB checked [enhanced for clinical staff]

The practice will work within the current legal framework for reporting staff or Volunteers to the Criminal Records Bureau (CRB) where this is indicated.

The complaints policy and Safeguarding Adults policy statement will be available to patients and their carers/families. Information about abuse and safeguarding adults will be available within public areas of the practice.

The practice is committed to the prevention of abuse and will highlight the records of patients about whom there is significant concern. The practice will be alert for warning signs such as failure to attend for chronic disease management reviews and take appropriate action. The practice recognises its role in supporting carers as one way of preventing abuse.

3. Recognising the signs and symptoms of abuse

All who work at the practice should take part in training and if appropriate significant event discussion regarding safeguarding adults. This should take note of Adult Safeguarding – a toolkit published by the British Medical Association which identified that is essential



Acrobat Document

- Health professionals should be able to identify adults whose physical, Psychological or social conditions are likely to render them at risk of abuse or neglect
- Health professionals should be able to recognise signs of abuse and neglect, including institutional neglect
- Health professionals need to familiarise themselves with local procedures and protocols for supporting and protecting adults at risk

<https://www.wirralccg.nhs.uk/About%20Us/safeguarding.htm>

The practice will seek to meet the requirements of the Wirral GP Guidance Training document.

Who abuses & neglects adults?

Anyone can perpetrate abuse or neglect including:

- spouses/partners
- other family members
- neighbours
- friends
- acquaintances
- local residents
- people who deliberately exploit adults they perceive as vulnerable to abuse
- paid staff or professionals & volunteers
- strangers

Abuse includes:

Physical abuse including:

- assault

- hitting
- slapping
- pushing
- misuse of medication
- restraint
- 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
- sexual assault
- 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
- 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
- the misuse or misappropriation of property, possessions or benefits

Modern slavery encompasses:

- slavery
- human trafficking
- forced labour and domestic servitude.
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Read [Modern slavery: how the UK is leading the fight](#) for further information.

Discriminatory abuse including forms of:

- harassment
- slurs or similar treatment:
 - because of race
 - gender and gender identity
 - age
 - disability
 - sexual orientation
 - religion

Read [Discrimination: your rights](#) for further information.

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 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. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

14.18 Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the CCG, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor

care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

14.19 Patterns of abuse vary and include:

- serial abuse, in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse
- long-term abuse, in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse
- opportunistic abuse, such as theft occurring because money or jewellery has been left lying around

Domestic abuse

14.20 The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- sexual
- financial
- emotional

14.21 A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

14.22 The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.

14.23 The offence criminalising coercive or controlling behaviour was commenced on 29 December 2015. Read the [accompanying statutory guidance](#) for further information.

Financial abuse

14.24 Financial abuse is the main form of abuse investigated by the Office of the Public Guardian both amongst adults and children at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility.

14.25 Potential indicators of [financial abuse](#) include:

- change in living conditions
- lack of heating, clothing or food
- inability to pay bills/unexplained shortage of money
- unexplained withdrawals from an account
- unexplained loss/misplacement of financial documents
- the recent addition of authorised signers on a client or donor's signature card

- sudden or unexpected changes in a will or other financial documents

14.26 This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed. Read report on [The Financial Abuse of Older People](#)

Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts. Abuse may occur in any setting including private homes, day centres and care homes. Abuse may consist of acts of omission as well as of commission.

The aims of adult safeguarding are to:

- prevent harm & reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise 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 to understand the different types of abuse, how to stay safe & what to do to 'raise' a concern about safety or well-being of an adult
- Address what has caused the abuse or neglect

4. Practice Lead for Safeguarding Adults

The Practice Safeguarding Adults Lead is **DR SOUL MUGERWA**

The practice lead

- implements the practice's safeguarding adults policy
- ensures that the practice meets contractual guidance
- ensures safe recruitment procedures
- supports reporting and complaints procedures
- advises practice members about any concerns that they have
- ensures that practice members receive adequate support when dealing with safeguarding adults concerns
- leads on analysis of relevant significant events
- determines training needs and ensures they are met
- makes recommendations for change or improvements in practice procedural policy
- acts as a focus for external contacts
- has regular meetings with others in the Primary Healthcare Team to discuss particular concerns

5. Responding to people who have experienced or are experiencing abuse

The practice recognises that it has a duty to act on reports, or suspicions of abuse or neglect. It also acknowledges that taking action in cases of adult abuse is never easy

How to respond if you receive an allegation:

- Reassure the person concerned
- Listen to what they are saying
- Record what you have been told/witnessed as soon as possible
- Remain calm and do not show shock or disbelief
- Tell them that the information will be treated seriously
- Don't start to investigate or ask detailed or probing questions
- Don't promise to keep it a secret

If you witness abuse or abuse has just taken place the priorities will be:

- To call an ambulance if required
- To call the police if a crime has been committed
- To preserve evidence
- To keep yourself, staff, volunteers and service users safe
- To inform the patient's GP or the Practice Adult Safeguarding Lead
- To record what happened in the medical records

The flowchart below provides a framework to support decision making. Key points are

- If immediate action is needed this requires a referral to the police or immediately to Adult Social Care depending on the situation
- Patients should normally be informed of a referral being made. This stage is known as an alert.
- Guidance (appendix 1) is one way of determining whether a referral is indicated and what action is indicated. If in doubt err on the side of caution and seek advice.
- If a referral is not made a plan should still be put in place to reduce the risk of abuse in the future and this should be reviewed at agreed intervals.
- A referral will normally be made by the most appropriate senior clinician available but any member of the clinical or non-clinical staff may take action if the situation justifies this
- If there is uncertainty whether a patient has capacity to safeguard themselves then an assessment of capacity should be undertaken.
- If the patient does not have capacity then a referral can be made in their best interests
- Referrals can be made without consent if there is a good reason to do so e.g. a risk to others, immediate risk to self

- If a member of staff feels unable to raise a concern with the patient's GP or the Practice Adult Safeguarding Lead then concerns can be raised directly with Adult Social Care and/or the Safeguarding Adults Unit.
- Advice may be taken from Adult Social Care and/or the Safeguarding Adults Unit and/or other advice giving organisations such as Police.

Following an alert, a Safeguarding Adults Manager from Adult Social Care will decide if the safeguarding process should be instigated or if other support/services are appropriate. Feedback will be given to the person who raised the safeguarding adults alert.

If the Safeguarding Adults Manager decides the safeguarding process needs to be instigated this will then lead to the implementation of the next stages of the Multi-Agency Policy and Procedures.

See Safeguarding Adult Flowchart updated January 2020



Safeguarding Adult
Flowchart - Jan 20.pc

6. Whistle Blowing and Complaints

The practice has a whistle-blowing policy that recognises the importance of building a culture that allows all Practice Staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour. This will also include behaviour that is not linked to safeguarding adults but that has pushed the boundaries beyond acceptable limits. Open honest working cultures where people feel they can challenge unacceptable colleague behaviour and be supported in doing so, help keep everyone safe. Where allegations have been made against staff, the standard disciplinary procedure and the early involvement of the Local Authority Safeguarding Adults team may be required.

The practice has a clear procedure that deals with complaints from all patients.

7. Case conferences, strategy meetings etc.

The contribution of GPs to safeguarding adults is invaluable and priority should be given to attendance and sending a report to meetings wherever possible. Consider liaising with your district nurse or other relevant professionals in addition about your attendance. If attendance is not possible, the provision of a report is essential.

8. Recording Information

- Concerns and information about vulnerable adults should be recorded in the medical records. These should be recorded using recognised computer codes.
- Concerns and information from other agencies such as social care, e or the police or from other members of the Primary Health Care Team, including district nurses should be recorded in the notes under a computer code
- Email should only be used when secure, [e.g. nhs.net to nhs.net] and the email and any response(s) should be copied into the record
- Conversations with and referrals to outside agencies should be recorded under an appropriate computer code
- Case Conference notes may be scanned in to electronic patient records as described below. This will usually involve the summary/actions, appropriately annotated by the patient's usual doctor or Practice Adults Safeguarding Lead
- Records, storage and disposal must follow national guidance for example, Records Management, NHS Code of Practice 2009
- If information is about a member of staff this will be recorded securely in the staff personnel file and in line with your own jurisdiction guidance

9. Case Conference Summaries & Minutes

Case conference minutes frequently raise concerns - much of it about information concerning third parties. See also the Good Practice Guidance to GP electronic records: (accessed 11/1/12)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125310

Case conference minutes should be stored in the patient's records.

Conference minutes should not be stored separately from the medical records because:

- they are unlikely to be accessed unless part of the record
- they are unlikely to be sent on to the new GP should the patient register elsewhere
- they may possibly become mislaid and lead to a potentially serious breach in patient confidentiality.

Whilst GPs may have concerns about third party information contained in case conference minutes, part of the solution is to remove this information if copies of medical records are released for any reason, rather than not permitting its entry into the medical record in the first place.

10. Sharing Information and Confidentiality

The practice will follow GMC guidance on patient confidentiality. In most situations patient consent must be obtained prior to release of information including making a safeguarding adults alert.

If the patient may lack capacity an assessment of mental capacity should be undertaken. If this assessment indicates that the patient lacks capacity then an alert may be made and information shared under best interest's guidance.

In some circumstances disclosure of confidential information should be made without patient's consent in the public interest. This is most commonly if there is a risk to a third party. An example would be if children or other vulnerable adults were potentially at risk. The patient should normally be informed that the information will be shared but this should not be done if it will place the patient, yourself or others at increased risk.

General Principles of Information Sharing

The 'Seven Golden Rules' of information sharing are set out in the Government guidance, Information Sharing: Pocket Guide. This guidance is applicable to all professionals charged with the responsibility of sharing information, including in safeguarding adults scenarios

1. The Data Protection Act is not a barrier to sharing information but provides a framework to ensure personal information about living persons is shared appropriately.
2. Be open and honest with the person/family from the outset about why, what, how and with whom information will be shared and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you have any doubt, without disclosing the identity of the person if possible.
4. Share with consent where appropriate and where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent, if, in your judgment, that lack of consent can be overridden by the public interest. You will need to base your judgment on the facts of the case.
5. Consider safety and well-being, base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure, ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely.
7. Keep a record of your concerns, the reasons for them and decisions whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

11. Staff Training

1. All healthcare staff have a duty to safeguard and protect the welfare of children and vulnerable adults. The responsibilities for ensuring staff are properly trained rests with their employers. This document aims to provide guidance on the content and timetable for such training in general practice. It is aimed at the needs of those staff who are employed by GP practices, as opposed to attached staff employed by local NHS Trusts who may receive training directly from their own employers. Inserted below is the training guide and training data base for use by GP Practises:



Safeguarding
Training for GP Staff



Safeguarding
Training database.xls

Declaration

In law, the responsibility for ensuring that this policy is reviewed belongs to the partners of the practice.

We have reviewed and accepted this policy

Signed by: Date: 25.05.2021

Signed: Dr S Mugerwa Partner

on behalf of the partnership

The practice team has been consulted on how we implement this policy

Signed by: Date: 25.05.2021

Signed: G C MCNICHOLAS Practice Manager

This policy will be reviewed on DATE: 25.05.2021

THRESHOLD INFORMATION: APPENDIX 1 – USE AS A GUIDE ONLY AND IF IN DOUBT SEEK ADVICE

These examples provide a limited illustration of the abuse that can occur, along with an indication of the possible range of severity

Type of Abuse	Lower Level Harm		Significant	Very significant Harm	Critical
Physical	<ul style="list-style-type: none"> Staff error causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling Minor events that still meet criteria for 'incident reporting' 	<ul style="list-style-type: none"> Isolated incident involving service user on service user Inexplicable very light marking found on one occasion 	<ul style="list-style-type: none"> Inexplicable marking or lesions, cuts or grip marks on a number of occasions 	<ul style="list-style-type: none"> Inappropriate restraint Withholding of food, drinks or aids to independence Inexplicable fractures/injuries Assault 	<ul style="list-style-type: none"> Grievous bodily harm/assault with weapon leading to irreversible damage or death
Medication	<ul style="list-style-type: none"> Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs 	<ul style="list-style-type: none"> Recurring missed medication or administration errors that cause no harm 	<ul style="list-style-type: none"> Recurring missed medication or errors that effect more than one adult and/or result in harm 	<ul style="list-style-type: none"> Deliberate maladministration of medications Covert administration without proper medical authorisation 	<ul style="list-style-type: none"> Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Sexual	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Verbal sexualised teasing or harassment 	<ul style="list-style-type: none"> Sexualised touch or masturbation without valid consent Being subject to indecent exposure Contact or non-contact sexualised behaviour which causes distress to the person at risk 	<ul style="list-style-type: none"> Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent Being made to look at pornographic material against will/where valid consent cannot be given 	<ul style="list-style-type: none"> Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user Sex without valid consent (rape) Voyeurism

Psychological	<ul style="list-style-type: none"> Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused 	<ul style="list-style-type: none"> Occasional taunts or verbal outbursts which cause distress The withholding of information to disempower 	<ul style="list-style-type: none"> Treatment that undermines dignity and damages esteem Denying or failing to recognise an adult's choice or opinion Frequent verbal outbursts 	<ul style="list-style-type: none"> Humiliation Emotional blackmail e.g. threats of abandonment/harm Frequent and frightening verbal outbursts 	<ul style="list-style-type: none"> Denial of basic human rights/civil liberties, overriding advance directive, forced marriage Prolonged intimidation Vicious/personalised verbal attacks
Financial	<ul style="list-style-type: none"> Money is not recorded safely or recorded properly 	<ul style="list-style-type: none"> Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered 	<ul style="list-style-type: none"> Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest Adult denied access to his/her own funds or possessions 	<ul style="list-style-type: none"> Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards Personal finances removed from adult's control 	<ul style="list-style-type: none"> Fraud/exploitation relating to benefits, income, property or will Theft
Neglect	<ul style="list-style-type: none"> Isolated missed home care visit – no harm occurs Adult is not assisted with a meal/drink on one occasion and no harm occurs 	<ul style="list-style-type: none"> Inadequacies in care provision leading to discomfort – no significant harm e.g. occasionally left wet No access to aids for independence 	<ul style="list-style-type: none"> Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs Hospital discharge, no adequate planning and harm occurs 	<ul style="list-style-type: none"> On going of lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence 	<ul style="list-style-type: none"> Failure to arrange access to life saving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk
Discriminatory/Hate Crime	<ul style="list-style-type: none"> Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences 	<ul style="list-style-type: none"> Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period Recurring taunts 	<ul style="list-style-type: none"> Inequitable access to service provision as a result of diversity issue Recurring failure to meet specific care/support needs associated with 	<ul style="list-style-type: none"> Being refused access to essential services Denial of civil liberties e.g. voting, making a complaint Humiliation or threats on a regular basis 	<ul style="list-style-type: none"> Hate crime resulting in injury/emergency medical treatment/fear for life Hate crime resulting in serious injury/attempted murder/honour-based
Institutional (any one or combination of the other forms of abuse)	<ul style="list-style-type: none"> Lack of stimulation/opportunities to engage in social and leisure activities SU not enabled to be involved in the running of service 	<ul style="list-style-type: none"> Denial of individuality and opportunities to make informed choices and take responsible risk Care-planning documentation not person-centred 	<ul style="list-style-type: none"> Rigid/inflexible routines Service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing 	<ul style="list-style-type: none"> Bad practice not being reported and gong unchecked Unsafe and unhygienic living environments 	<ul style="list-style-type: none"> Staff misusing position of power over service users Over-medication and/or inappropriate restraint managing behaviour Widespread, consistent, ill treatment

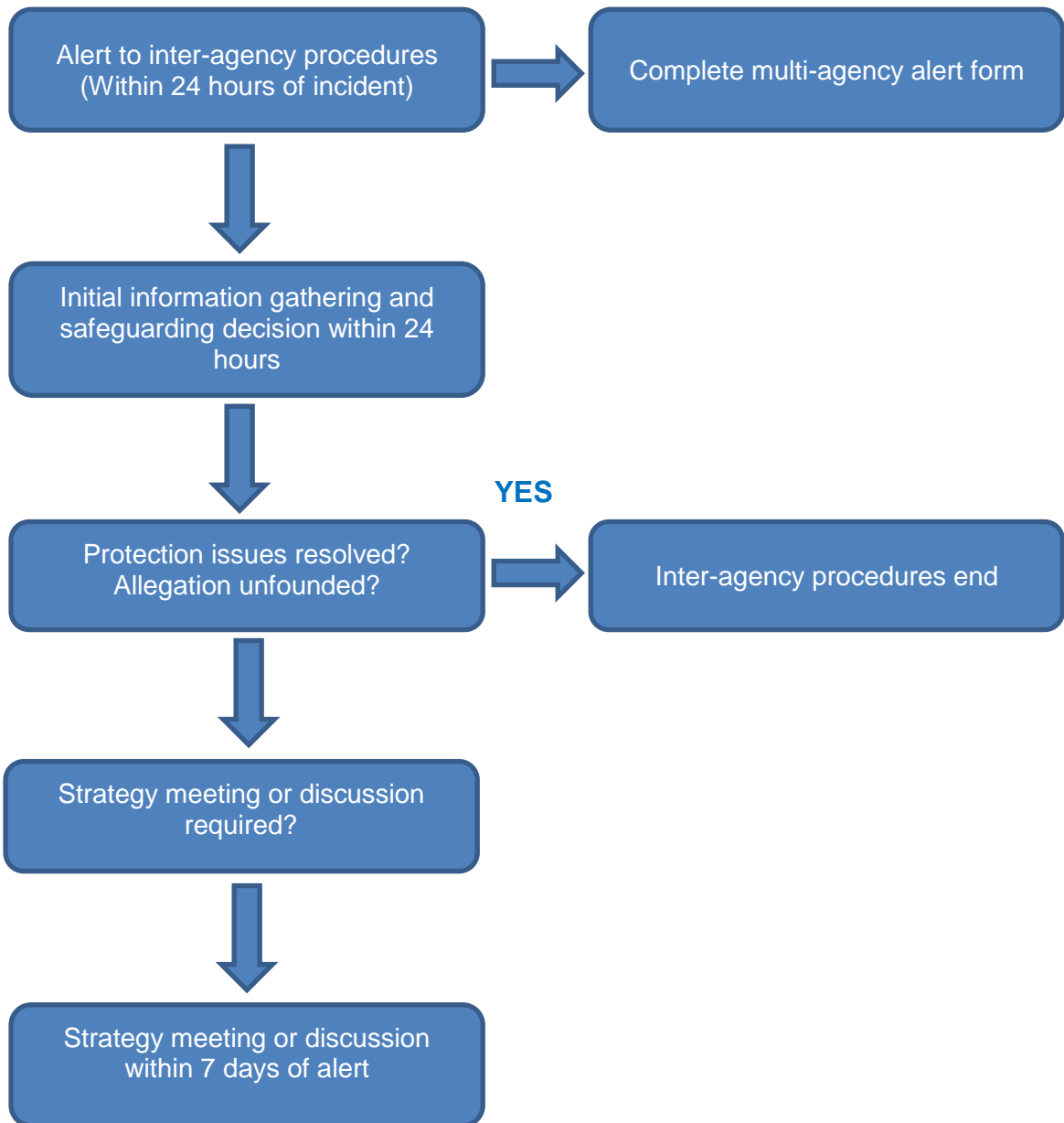
Professional	<ul style="list-style-type: none"> • Service design where groups of service users living together are incompatible 	<ul style="list-style-type: none"> • Poor, ill informed or outmoded care practice no significant harm • Denying VA access to professional support and services such as advocacy 	<ul style="list-style-type: none"> • Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted • Failure to refer disclosure of abuse 	<ul style="list-style-type: none"> • Failure to support vulnerable adult to access health, care, treatments • Punitive responses to challenging behaviours 	<ul style="list-style-type: none"> • Entering into a sexual relationship with a patient/client
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If you are in any doubt about whether a concern constitutes a safeguarding matter, then you should submit an alert your local team

Insert local link: - . <http://www.wirral.gov.uk/my-services/social-care-and-health/im-worried-about-someone/policies-procedures-guidance-protocols>

Appendix 2

Decision and strategy stage Example – Timescales may vary between Local Authorities



Strategy and Protection Plan Stage

