

Reference number B02

Type Combined

Safeguarding Adults

Statement of purpose

A brief reasoning of the topic and linking with our vision, mission, values, strategy

This document provides Caring Together Charity's approach to safeguarding people aged 18 and over.

The purpose of this policy is to protect all adults that come into contact with the charity and outlines Caring Together Charity's approach to safeguarding.

The intended outcome of the adults' safeguarding document is to:

- Protect adults at risk from abuse or harm.
- Promote their wellbeing.
- Respond promptly and effectively if concerns are raised about them.

Scope

Who does this policy affect

This document is relevant to all Trustees, employees and volunteers throughout Caring Together Charity.

Version history

Date	Version	Comments	Actioned by
May 2019	1.0	Carers Trust national reviewed	V. Kinsey-Thatcher
August 2020	2.0	Revised document in line with national changes, renumbered from B05a	V. Kinsey-Thatcher
August 2021	3.0	Reviewed and minor amendments	Sarah Harvey
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Date archived

Related documents

This document should be read in conjunction with the following, which can be found on [Our Place](#):

- Confidentiality and disclosure policy
- Children and young person safeguarding
- Freedom to Speak Up
- Diversity and equality
- Code of conduct
- Complaints policy
- Personal care
- Duty of candour policy
- Medication, including medicines relating to safeguarding

- Behaviour management, including use of restraint
- Autonomy and independence
- Financial protection.

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Policy

1. Statement

1.1. Caring Together Charity:

- Recognises that all adults have the right to live in safety, free from abuse or harm and that by being and feeling safe, their wellbeing and quality of life will be improved.
- Recognises that everyone involved with services for adults at risk has a role to play in protecting and promoting their welfare and that everything possible must be done to prevent, report and tackle abuse.
- Is committed to fostering an honest, open, and transparent safeguarding culture for employees and volunteers at all levels, ensuring they feel empowered to raise concerns in potential or actual abusive situations regarding the service users with whom they are involved, fully recognising that abuse can be carried out by friends and family or by strangers as well as by those providing services.
- Is committed to the principles of making safeguarding personal, being person-led and outcome-focused in line with local authorities' approach.

1.2. Caring Together Charity also recognises that people who lack mental capacity are particularly exposed to potential abuse, harm and exploitation. In this context, it is committed to following the principles and practice guidance of the Mental Capacity Act 2005, including where appropriate, signposting to the advocacy support to which service users are entitled.

1.3. Caring Together Charity seeks to comply with the six principles of safeguarding, as set out in the Care Act 2014, namely:

- **Empowerment** - people being supported and encouraged to make their own decisions.
- **Prevention** - it is better to take action before harm occurs.
- **Proportionality** - the least intrusive response appropriate to the risk presented.
- **Protection** - support and representation for those in greatest need.
- **Partnership** - local solutions through services working with their communities.
- **Accountability** - accountability and transparency in safeguarding practice.

2. Legislation

2.1. Caring Together Charity seeks to comply in all respects with:

- Human Rights Act 1998
- Mental Capacity Act and Code of Practice 2005
- Sexual Offences Act 2003
- Health and Social Care Act (2008) Regulations 2014
- Equality Act 2010
- Protection of Freedoms Act 2012
- Care Act 2014
- Children and Families Act 2014
- Counterterrorism and Security Act 2015 ([Prevent Agenda](#))
- Safeguarding Vulnerable Groups Act 2008
- Data Protection Act 2018
- General Data Protection Regulation (GDPR) 2018
- Health and Care Act 2022
- Online Safety Act 2023
- GOV.UK The Charity Commission Strategy for dealing with safeguarding <https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities>

2.2. Caring Together Charity takes the following into account:

- Department of Health Care and Support Statutory Guidance November 2022¹
- National Council for Voluntary Organisations (NCVO) guidance on safeguarding²
- Adult Safeguarding: roles and competencies for health care Employees, August 2018³.

¹ See [Care and support statutory guidance](#) (November 2022)

² See [NCVO Safeguarding](#)

³ See [Adult Safeguarding: roles and competencies for health care Employees](#)

3. Responsibilities of Trustees

- 3.1. Safeguarding is a key governance concern for all charities. The [Charity Commission](#) states that Trustees 'must put safeguards in place to protect those who come into contact with your charity'⁴.
- 3.2. All Trustees have a personal responsibility to familiarise themselves with the adults' safeguarding policy, and to be aware of the associated procedure and guidance documents. The responsibility for having detailed knowledge of the procedure and guidance, and the monitoring of compliance to these documents within the charity has been delegated by the Trustees to the Head of Care as **Designated Safeguarding Lead (DSL)**.
- 3.3. Trustees are responsible for ensuring managers have safe and effective systems in place whereby employees and volunteers at all levels of the charity:
 - Work according to the adults' safeguarding policy documents.
 - Receive appropriate supervision and support, including following a safeguarding concern.
 - Receive training in safeguarding that is relevant to and at a suitable level for their role.
 - Are clear about their responsibilities and accountability in relation to preventing, identifying and reporting abuse.
- 3.4. Specifically, Trustees have a responsibility to:
 - Promote a culture of openness and candour at all levels.
 - Ensure their organisation operates zero tolerance to all forms of abuse, including unlawful discrimination, degrading or inhuman treatment, excessive or inappropriate use of restraint, including restrictions on movement and activities.
 - Ensure the establishment of sound management structures to oversee and monitor the service that it operates safely and effectively for those receiving care and support.
 - Ensure senior managers are fully committed to safeguarding adults at risk.
 - Oversee performance and risk in relation to safeguarding adults.
 - Provide an adequate level of scrutiny within their organisation.
 - Ensure robust systems are in place to monitor and review safeguarding practice on an ongoing basis across the organisation to inform continued development, quality assurance and improvement.

⁴ See The Charity Commission publication: [Safeguarding and protecting people for charity and trustees \(December 2019, updated October 2019\)](#)

- Ensure provision to support employees who raise concerns (whistleblowers).

3.5. In addition, Trustees will ensure managers have established and operate robust systems to:

- Liaise with and report safeguarding issues to the appropriate local authority within the geographical areas in which they operate.
- Work in accordance with local safeguarding arrangements as set out by the relevant local Safeguarding Adults Boards (SAB).
- Implement local authority inter-agency agreements, including protocols on information sharing.
- Work with other agencies in the statutory, voluntary and independent sectors.
- Select, recruit and vet employees in compliance with legal requirements and good practice.
- Make checks against and referrals to the [Disclosure and Barring Service](#) in accordance with Department of Health and Social Care guidance.
- Deal with allegations against, and concerns about, employees who may have harmed an adult at risk or behaved in a way that indicates they may pose a risk of harm, in line with local authority protocols (see also 5. below).
- Report incidents to The Charity Commission, Care Quality Commission and any other statutory bodies, as required.
- Undertake internal inspections to monitor and review safeguarding practice on an ongoing basis.

3.6. Trustees are responsible for ensuring that:

- A senior employee (suitably trained and competent to handle adults' safeguarding issues) is appointed as the **charity's DSL**.
- The DSL maintains an up-to-date knowledge of national changes and developments in adults' safeguarding policy and disseminates this information across the charity in a format that is relevant to the intended audience, as appropriate.
- Individuals who use our services are informed of their right to independent professional advocacy under the Care Act 2014 where relevant.

3.7. The Board of Trustees will nominate a board member, who is suitably trained/experienced in safeguarding, to act as trustee safeguarding lead, to:

- Work with Caring Together Charity's (DSL) and officers to ensure all necessary safeguarding protocols are in place.

- Bring to the board's attention where safeguarding protocols need revision following any issue/incident that identifies weaknesses or has policy implications.

4. Recognising abuse and raising safeguarding concerns

- 4.1. Employees and volunteers will be trained to be vigilant regarding the welfare of adults at risk, to recognise the early signs of abuse and to understand the importance of taking speedy action to prevent problems escalating.
- 4.2. Caring Together Charity will ensure safeguarding training stresses that abuse may be prevented or diminished by good level of employee vigilance at all levels, from an employee's team that is open to raising the alert in all potential as well as actual risk situations to best protect the service users.
- 4.3. Full details of raising an alert, reporting requirements and necessary follow-up action are contained within the procedure and guidance within this document.

5. Allegations of abuse against employees and volunteers

- 5.1. Trustees will ensure managers have systems in place whereby allegations that an employee or volunteer may have abused an individual we are supporting are listened to, taken seriously, handled in line with local authority protocols and reported, as necessary, to the following:
 - Adult social care.
 - The Care Quality Commission.
 - The police if a crime has been or is suspected of being committed.
 - Caring Together Charity's Board of Trustees (details anonymised).
 - Caring Together Charity's insurers.
 - The Disclosure and Barring Service (DBS).
 - The Charity Commission
<https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities>.

6. Learning and development

- 6.1. **The DSL is responsible** for assessing the roles undertaken by employees and volunteers to determine the level of briefing/induction/training they require in relation to safeguarding adults.
- 6.2. For employees involved in the provision of regulated care and support services, general learning and development requirements relating to

safeguarding adults are contained in the Learning and **Development policy and procedure** documents.

- 6.3. Employees who work only with adults may still come into contact with children or young people in the course of their work. Therefore, all employees involved in the planning or provision of services to adults also require training in the safeguarding and protection of children. In addition, the local authority has a statutory duty to consider the needs of any children and young people in a household where adult safeguarding issues have been raised, and this will be highlighted in both adults' and children's safeguarding training.

7. Approval

- 7.1. Caring Together Charity's Board of Trustees will approve this policy and review it on an annual basis.

8. Acceptance

- 8.1. Employees and volunteers are required to evidence that they have received, read and understood this document's content.
- 8.2. Responsibility for following this policy, and accompanying procedures and guidance rests with the individual employee. Failure to do so may result in disciplinary proceedings.

Appendix 1: Definitions

Safeguarding	‘Safeguarding’ means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted, including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances (DH Care and Support Statutory Guidance June 2022)
Adult at risk	This is a person aged 18 or over who: a) Has needs for care and support (whether or not a local authority is meeting any of those needs) b) Is experiencing, or is at risk of, abuse or neglect, and c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
Abuse	Abuse is a violation of an individual’s human and civil rights by any other person or organisation. It can happen anywhere that people interact with other people, can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. There are multiple forms of abuse relating to adults at risk, and incidents can often involve several categories. The different types of abuse are covered in detail in Appendix 6 including modern slavery, trafficking, exploitation, radicalisation, organisational abuse and criminal exploitation, to which vulnerable young adults in particular may be exposed.
Harm	This includes: • Ill-treatment (including sexual abuse and forms of ill-treatment that are not physical). • The impairment of, or an avoidable deterioration in, physical or mental health. • The impairment of physical, emotional, social or behavioural development. • Unlawful use of restraint, including inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005. • Intentional misuse of medication. • Unlawful restraint.

The abuser To best protect their service users from abuse, staff should be alert to potential as well as actual risk situations across all service users' contacts. Abuse can take place by any of a wide range of people, and no-one can be excluded.

Examples include:

- Relatives, friends, family members.
- Neighbours and those in a person's social network.
- Professional paid staff or volunteers (including colleagues) in an institutional or community setting, including a person's own home.
- Other service users.
- Someone known to the person or by strangers.
- By 'befriending'.

Procedure

9. Working with adults at risk of harm

- 9.1. Adult safeguarding means protecting a person's right to live in safety, free from neglect and abuse. The Care Act 2014 emphasises the need for organisations to adopt a person-led approach to safeguarding, which is outcome-focused and based on a community approach from all partners and providers. Adult safeguarding policies need to empower and support people to maintain their independence and to have choice and control over their lives wherever possible.
- 9.2. All employees and volunteers have a responsibility to safeguard and promote the well-being of adults who may be at risk of harm, by being responsible for the quality, efficiency and effectiveness of their work. As part of this work, they need also to be alert to risks faced by individuals beyond the services they provide.
- 9.3. Managers responsible for the planning and provision of regulated services. See Appendix 3 for information about the provision of intimate personal care and support.

10. Recognising abuse

- 10.1. The services provided by Caring Together Charity can play an important part in the lives of people who may be experiencing a range of problems and stresses. These services are delivered in a variety of settings (in an individual's own home, in day centres, at clubs/classes/events for both those with care needs and for their carers) and place employees and volunteers in a position to recognise the early signs of abuse that may escalate or lead to harm if ignored.
- 10.2. Managers need to ensure that employees involved in service planning or provision are trained to:
 - Recognise the signs of abuse in relation to adults at risk. See Appendix 5.
 - Be vigilant for the welfare of all adults with whom their work brings them into contact.
- 10.3. It is important to recognise that both carers and those with care needs may be either subject to or perpetrators of abuse.

11. Workforce reporting concerns

- 11.1. Managers need to build a culture that fosters an open, honest, trusting communication structure in which employees are encouraged to discuss

their safeguarding concerns, (including potential, suspected, alleged or actual abuse, however minor). Employees and volunteers need to know that:

- Their concerns will be taken seriously, and they will be listened to.
- Reporting a minor incident may prevent escalation into something more serious.
- Such action is a marker of good care, not a negative outcome of poor care.

11.2. In addition, managers will encourage employees to recognise that a commitment to the highest possible standards of care and support must, where necessary, overrule loyalty to colleagues or others and that failing to report incidents or suspicions of abuse could in itself be abusive and may lead to disciplinary or criminal proceedings.

11.3. It is imperative that employees and volunteers at all levels of Caring Together Charity:

- Are made aware of the need to report safeguarding concerns without delay.
- Know to whom they report their concerns (both in and out of office hours) and how.

11.4. The reporting line in relation to safeguarding is:

- Employees and volunteers are directed to report safeguarding concerns to Caring Together Charity's Designated Safeguarding Officers or their line manager or, within care, the out of hours on call service.
- If a Designated Safeguarding Officer or a senior manager is not available, and all efforts have been made to contact one, they have a responsibility to personally report their concerns to the local authority adult social care safeguarding team without delay.
- See flowchart in Appendix 2.

11.5. Employees and volunteers must, therefore, be given contact details for:

- Caring Together Charity's Designated Safeguarding Officer(s).
- Their line manager.
- The person on call when working out of office hours.
- The local authority adult social care safeguarding team (in and out of hours).
- The local police.

11.6. Employees and volunteers must be trained that if, after reporting a concern to a senior member of staff, they feel the matter has not been taken

seriously or dealt with properly, they need to raise it again, using the Caring Together Charity's Freedom to Speak Up policy.

- 11.7. Employees and volunteers must also be made aware that they have a duty to escalate their concerns directly to the local authority adult social care safeguarding team without delay if:
- They are unable to locate a Designated Safeguarding Officer or senior manager within Caring Together Charity.
 - Their concerns involve the actions of senior managers within Caring Together Charity.
 - Designated Safeguarding Officers or senior managers in Caring Together Charity fail to respond appropriately to their concerns.
- 11.8. Employees and volunteers need to be informed that if they observe any marks, bruises or injuries on an individual, they are to be recorded on a body map chart. **EMPLOYEES AND VOLUNTEERS MUST NEVER TAKE PHOTOGRAPHS** to record marks, injuries or bruises.

12. Responsibilities of the Designated Safeguarding Lead (DSL)

- 12.1. The **DSL** will be required to:
- Monitor the nature and extent of safeguarding issues and report routinely, for example, monthly, to the senior management team, who in turn will be responsible for regular reporting to Caring Together Charity's Board of Trustees.
 - Ensure all such local protocols are kept for the length of time required by the Caring Together Charity's insurers.
 - Ensure the trustee safeguarding lead is informed about specific safeguarding issues, ensuring the anonymity of those involved so that members can objectively hear appeals under the complaints, grievance or disciplinary procedures.
- 12.2. Caring Together Charity's **DSL** will have robust systems in place to ensure employees and volunteers working with adults, children and young people:
- Understand and comply with the adults' safeguarding policy, procedure, and guidance.
 - Receive effective, timely supervision and support, the frequency of which is determined by the severity of the child or young person's circumstances and the individual needs of the staff concerned, with detailed records kept.
 - Are given additional support and supervision if involved in a safeguarding incident and assisted to reflect and learn from it.
 - Receive support if they raise concerns through the charity's Freedom to Speak Up policy.

13. Responsibilities of the Designated Safeguarding Officers (DSOs)

13.1. Caring Together's Designated Safeguarding Officers (and other managers as appropriate to the charity's management structure) are required to:

- Be first point of call for employees and volunteers for safeguarding concerns.
- Be familiar with the content of the Safeguarding Adults policy, procedure, and guidance for employees and guidance for volunteers.
- Undertake investigations as required on safeguarding concerns.
- Convene, during the process of a safeguarding investigation, a review panel to ensure that all processes have been completed, and the appropriate outcome reached. This panel should consist of the DSO and manager investigating the incident, and an additional DSO who will audit the process.
- Be conversant with local Safeguarding Adults Board (SAB) requirements regarding inter-agency working – there may be more than one SAB operating in the area covered by the charity and the Designated Safeguarding Officer needs to be conversant with the requirements of each of them.
- Develop protocols that are compliant with local SAB requirements, including, for example, escalation of safeguarding concerns attendance at safeguarding planning meetings and conferences, co-operation with other relevant agencies.
- Establish and maintain effective working relationships with adult social care and other relevant agencies delivering services to adults at risk, following their guidance and instructions where applicable, including issues arising from multi-agency involvement.
- Contribute to and co-operate with safeguarding enquiry processes and safeguarding adults' reviews if asked to do so by the statutory authorities.

13.2. The Designated Safeguarding Officers will:

- Establish clear arrangements for an ongoing, continuous cycle of internal inspection, quality control and review of safeguarding practice.
- Implement improvements to systems if inspection and monitoring reveal any deficiencies, inadequacies, or negligence in the way the service operates.

13.3. Caring Together's Designated Safeguarding Officers will ensure that individuals are:

- Informed of their right to independent professional advocacy.

- Provided with adequate information about safeguarding in a format that is suitable for their needs.

14. Raising safeguarding concerns

- 14.1. 'Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding adults but has been highlighted as a difficult area of practice'. See the Social Care Institute of Excellence guidance [Safeguarding adults: sharing information](#) for further details.
- 14.2. Caring Together Charity's Designated Safeguarding Officers have a responsibility to act on every report of potential, suspected, alleged or actual abuse from whatever source and to determine what action is necessary in accordance with the relevant local authority requirements.

15. Consent of the adult concerned

- 15.1. One of the charity's Designated Safeguarding Officers will, wherever possible, discuss the abusive situation with the adult at risk, in order to gain their consent to raise an alert/make a referral, **unless** such a discussion would place the adult or others at increased risk of significant harm. There may be circumstances, however, where the person at risk does not wish any action to be taken regarding a particular safeguarding incident and does not agree to a referral being made on their behalf (**please note this does not apply to children**).
- 15.2. In such cases, one of the charity's Designated Safeguarding Officers will consider whether there is a legitimate reason to override the person's wishes, for example:
 - Because it is in the public interest to do so.
 - To prevent further harm to the person themselves or to others.
 - Because a crime has been or is about to be committed.
- 15.3. If none of the above apply, the person's wishes have to be upheld, with a full record made of the incident, including details of the views expressed and reasons given. However, in such circumstances, managers may wish to seek guidance and support from the local authority adult social care safeguarding team, ensuring the individual's identity is anonymised.
- 15.4. Where there is evidence that an individual lacks the capacity to decide for themselves what to do, any decisions taken on their behalf must be made in accordance with the best interests principles as described within the [Mental Capacity Act Code of Practice 2005](#).
- 15.5. Caring Together Charity provides regulated care and support services, see the **Autonomy and Independence policy** for further details.

15.6. Having gained the necessary consent or believing there is sufficient reason to override the person's refusal to consent or in the best interests of a person lacking capacity to consent, one of the Caring Together Charity's Designated Safeguarding Officers will report the incident to:

- Local authority adult social care safeguarding team immediately by telephone.
- Police if a crime has or is suspected of having been committed.

The DSL will report the incident to:

- Purchasing or commissioning authority.
- Care Quality Commission (CQC) (for services regulated by them).
- The Charity Commission where the charity is a registered charity.
- Caring Together Charity's insurers.
- The charity's Board of Trustees (details anonymised).

15.7. One of Caring Together Charity's Designated Safeguarding Officers will also:

- Obtain a record from the employee or person reporting the incident, stating the facts (either typed or written in black ink, signed and dated), as soon as possible after the incident occurred and within 24 hours at the latest.
- Follow up the referral to adult social care within 48 hours with a written report of the incident, using the locally agreed referral form and including details of the person's mental capacity to make decisions.
- Undertake to inform and communicate with all parties the progress of the safeguarding process, as illustrated in the flowchart in Appendix 2.

15.8. Caring Together Charity's Designated Safeguarding Officers must ensure they receive confirmation of their referral from adult social care within one working day of making it and contact them again if they do not receive a response within three working days.

15.9. If it appears that adult social care has not acted on the referral, or if the staff member who made it still has concerns, they are required to escalate the matter to their line manager within the charity who will then escalate it to the next line of management within adult social care.

15.10. See Appendix 4 for further information on how the local authority is required to respond.

15.11. Caring Together Charity's Designated Safeguarding Officers will:

- Keep detailed records of discussions with staff, adult social care or other agencies involved, including contacts made, information shared, advice sought, advice received, and action taken.

- Ensure records are stored securely and confidentially.
- Ensure there is a process in place to retain documents relating to safeguarding incidents as required by the Caring Together Charity's insurers.

16. Allegations of abuse against employees and volunteers

16.1. Such allegations could include, for example, employees:

- Behaving in a way that has or may have harmed a person at risk.
- Committing a criminal act against or related to a person at risk.
- Behaving towards a person in a way that indicates they may pose a risk of harm.

16.2. Caring Together Charity's DSL will notify adult social care of allegations of abuse against staff within one working day of the allegation being brought to their attention and in accordance with procedures laid down by the local SAB. They will also inform:

- The purchasing or commissioning authority.
- The Caring Together Charity's insurers.
- Care Quality Commission (CQC).
- The Charity Commission.
- The Board of Trustees (details anonymised).
- The police if a crime has or may have been committed.

16.3. Caring Together Charity's Designated Safeguarding Officers are also required to:

- Establish the requirements of and limitations set by any formal investigation being carried out by the police or other statutory authority.
- Seek HR advice about whether to suspend the employee pending an inquiry.
- Within these limitations, carry out a thorough investigation in accordance with the charity's **Disciplinary policy**.

16.4. It is important to remember that suspension of an employee for alleged abuse is a neutral act, without prejudice, intended to protect them from further allegations and the individual from further risk of harm, and to ensure that a thorough and fair investigation can be carried out. This should be stressed to the employee involved and their team as a whole if relevant.

16.5. When such an allegation is made, confidentiality is paramount, and employees must be informed they are not allowed to discuss either the allegation or the employee concerned unless as part of a formal

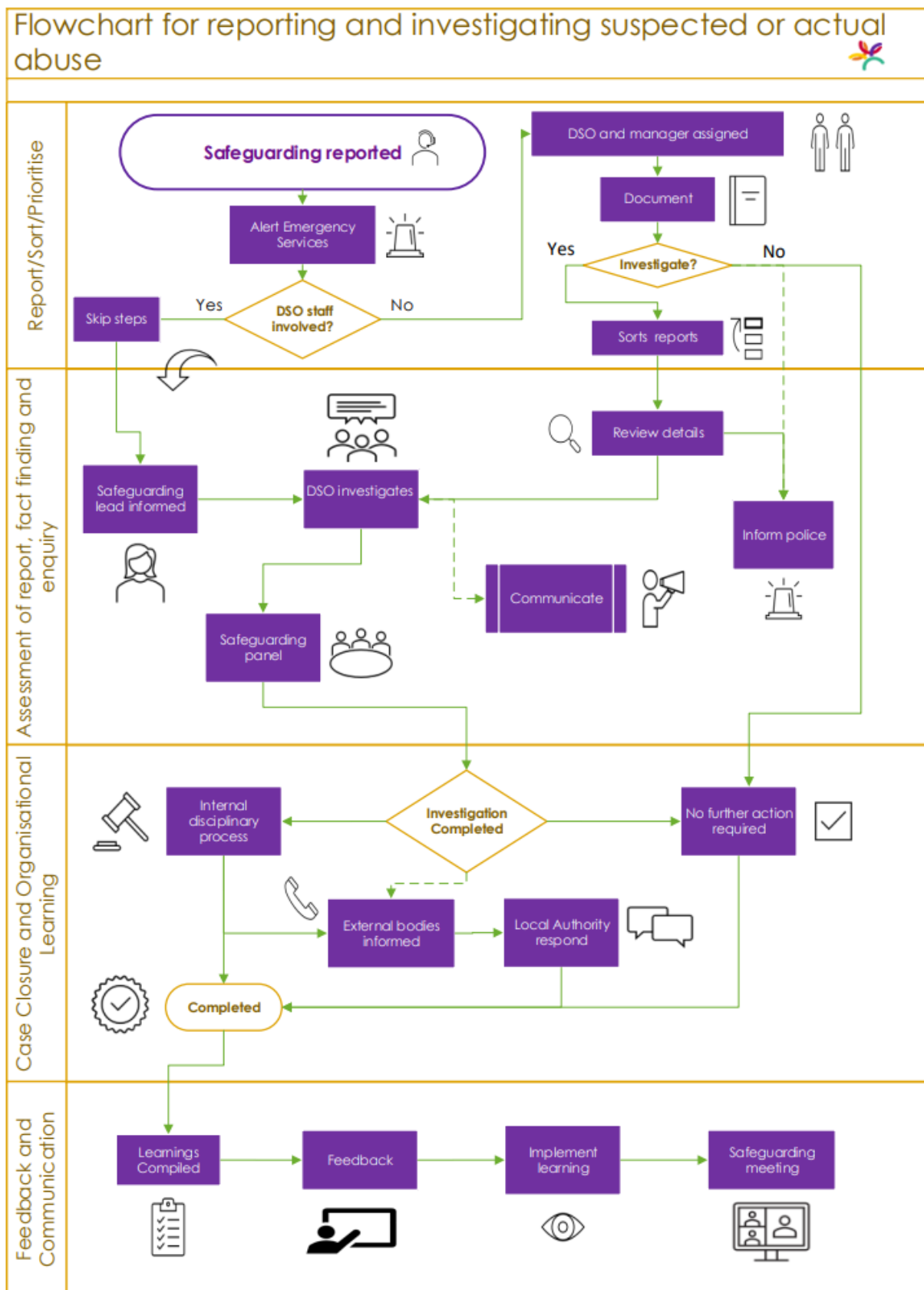
investigation. If they are found to be doing so it may result in disciplinary proceedings.

- 16.6. The charity's Designated Safeguarding Lead will also consider whether the person against whom the allegations have been made needs to be referred to the Disclosure and Barring Service. For further information visit the [DBS website](#) or contact their telephone helpline on 0300 0200 190.

17. Learning and development

- 17.1. Safeguarding adults training will be updated at least annually or sooner if necessary to comply with local authority requirements or to address any change in policy, legislative or reporting requirements.
- 17.2. Training needs to be at the level appropriate to the employees and volunteer's role and position within Caring Together Charity.
- 17.3. Employees working only with adults may still come in contact with children or young people. Therefore, all employees involved in the planning or provision of services require training in safeguarding children as well as adults. There is also a statutory duty to consider the needs of any children and young people in a household where adult safeguarding issues have been raised.

Appendix 2: Flowchart for reporting suspected or actual abuse



Appendix 3: Regulated providers of intimate personal care and support

Intimate personal care and support refers to any procedure involving physical care or treatment that is an invasion of bodily privacy and that may be a potential source of exposure or embarrassment to the individual concerned.

For details concerning:

- Planning intimate personal care and support tasks. See [Personal Care policy](#).
- Consent for care, see [Autonomy and Independence policy](#).

Managers will ensure that employees involved in the provision of intimate care and support are aware of and adhere to the good practice guidelines listed below.

Each person is treated with dignity and respect and given privacy.

This involves balancing the rights and needs of employees with those of the person receiving care and support by carefully considering the appropriate deployment of staff required to carry out the task safely, for example who, when, where and how many.

The individual is involved as far as possible in their own intimate care.

Employees will be trained to avoid carrying out tasks the person with care and support needs is able to do for themselves. If a person is completely dependent, staff will talk to them, tell them what they are doing and offer choices wherever possible.

Employees are responsive to the reactions of the person with care needs.

The manager will ensure employees are familiar with how each person expresses discomfort, unease or unhappiness in relation to the task being undertaken and be trained to respond appropriately.

Managers will also ensure that employees involved in the provision of intimate personal care and support are aware of the need to report to their line manager/the person on call if the person:

- Is accidentally injured or hurt during the provision of personal care.
- Appears to be unusually sore or has marks or injuries.
- Displays an extreme emotional reaction without apparent cause.

Employees need also to be directed to report if:

- They feel they are being placed in a vulnerable situation or have concerns when they are involved in the provision of intimate personal care and support.
- They have any concerns about the conduct of others, for example colleagues, other professionals, family members, when they observe or

are given information about how they carry out intimate care and support.

Appendix 4: How the local authority will respond

Under Section 42 of the Care Act 2014 the Local Authority Safeguarding Adults Manager has the responsibility for coordinating an 'enquiry' about safeguarding, (which might be undertaken by someone not within the Local Authority), and for reviewing the thoroughness of the work and making decisions about whether a multi-agency planning group should be convened.

There is a statutory duty of cooperation for all local agencies, and enquiries should be proportionate, and outcome focussed, involving the adult as far as possible.

Even if the abused or at-risk adult is reluctant for an enquiry to take place, the Local Authority and involved agencies have a duty to pursue an enquiry if it is in the public interest or the person's 'vital interest' for their protection.

Guidance

18. Working and volunteering with adult at risk of harm

- 18.1. If you work with people with care needs, Appendix 7 looks at how to best help them with their intimate personal care and support from a safeguarding perspective.
- 18.2. As a volunteer your volunteers' co-ordinator and employee link supervisor will ensure you have all the necessary information to carry out your agreed volunteering role effectively and to a high standard.

19. Reporting concerns

- 19.1. You have a responsibility to make sure that the individuals you are involved with are protected from abuse and kept safe. Many instances of abuse can be prevented or diminished by good vigilance, from a team of employees that is ready to report their concerns about all potential as well as actual risk situations, in order to best protect their individuals.
- 19.2. Within Caring Together Charity there is a team of Designated Safeguarding Officers appointed to deal with safeguarding issues. Details of who these individuals are can be found on Our Place, posters displayed in office locations and in charity directory with '(DSO)' at the end of their name. If you are still unsure please ask your line manager or Volunteer Co-ordinator.
- 19.3. Ordinarily you have to keep information about individuals confidential. However, if you observe, suspect or are told that someone is being abused or that there is a risk of them being harmed, or if you have any concerns about their safety, you must inform one of the following people straight away:
 - One of Caring Together Charity's Designated Safeguarding Officers.
 - Your line manager or Volunteer Co-ordinator.
 - The person on call.
- 19.4. **If you can't get hold of any of them, you must report it immediately to the local authority adult social care safeguarding team. Don't wait until the next day – do it straight away.**
- 19.5. **It is important to remember that sharing safeguarding information is lawful under UK GDPR when necessary to protect a person from harm. The Information Commissioner's Office (ICO) confirms data protection law enables proportionate, fair sharing. Consent is not always required; safeguarding concerns justify disclosure where risks outweigh privacy, ensuring a person's safety remains the overriding priority.**

- 19.6. Appendix 8 gives you the necessary contact details. Make sure you can access them quickly when you are working or volunteering.
- 19.7. If you report a concern and are not satisfied that it has been dealt with properly, you have a responsibility to raise the matter again, using Caring Together Charity 's **Freedom to Speak Up policy**.

Don't just leave it. Follow it up.

- 19.8. Remember, you must put the best interests of the individual first, above all other interests, when you see evidence of abuse or suspect it is happening. This means you don't have to wait until you are certain an incident has taken place; **as good practice we will raise** an alert to suspected and alleged abuse as well as to actual incidents of harm.

20. Be on the alert!

- 20.1. The service you provide is likely to be offering help to people who are having to deal with many different problems and stresses. This puts you in a prime position to recognise and act early on situations that may lead to harm if they are ignored.
- 20.2. Always be on the alert for signs of abuse or neglect. See Appendix 5.
- 20.3. A potential safeguarding referral to the local authority is generally appropriate when there are concerns about a person who:
- Has care and support needs.
 - May be experiencing or be at risk of abuse and neglect.
 - Is unable to protect themselves from that abuse and neglect because of their care and support needs.
- 20.4. You could have concerns about an individual for any of the following reasons:
- Seeing an actual injury.
 - Seeing signs of abuse or neglect.
 - Comments the person makes to you.
 - Comments someone else makes about something they have seen or heard.
 - Something odd about the way the person responds or behaves.
- 20.5. Individual concerns may sometimes seem insignificant on their own, but it is important to understand that several 'little things' could add up to something much bigger. You must report all your concerns to a Designated Safeguarding Officer, your line manager, Volunteer Co-ordinator, or the person on call straight away.

- 20.6. Remember that both carers and people with care needs may be subject to or perpetrators of all types of abuse.

21. Action required

21.1. If you WITNESS abuse taking place:

- If the person is injured, call for medical help immediately on 999 or 112.
- If they appear to be in danger, call the police immediately on 999 or 112.
- Ensure that an authorised person arrives to take them to hospital, or to a place of safety away from the abusing situation.
- Contact a Caring Together Charity Designated Safeguarding Officer, your line manager, Volunteer Co-ordinator, or the person on call as soon as you can to let them know what has happened and follow their guidance.
- At all points try to explain clearly to the person concerned what you are doing and why and try to keep them involved.
- If the alleged abuser remains present, try to calm the situation down, but don't put yourself at risk and leave the situation if you feel threatened in any way.
- Do not destroy, disturb or move articles that could be used as evidence.
- Record everything you remember about the incident (including your concerns, who said what, details of any injuries, other relevant information) as soon as you can.

If you see any marks, bruises or injuries, make a record of them, for example on a body chart.

****DO NOT UNDER ANY CIRCUMSTANCES TAKE PHOTOGRAPHS OF THEM****

21.2. If a person tells you, they have been abused:

LISTEN carefully to what they say and watch how they are behaving

- As soon as you can, write down what they have said.
- Explain that you can't keep such a serious matter secret or promise not to say anything to anyone and that you have to tell someone senior at work about it.
- Make sure they know you are taking what they say seriously.
- Reassure them that they will be involved in decisions about what happens next.
- Tell them that they did the right thing by telling you.

- Try and involve them throughout the discussion and, if appropriate, ask them what they would like to see happen.
- Note down the time, setting and details and any witnesses to the conversation.
- Make a record of anything you think is relevant (including any views they have expressed about what they would like to see happen as an outcome) and of what happens next.
- Contact one of Caring Together Charity's Designated Safeguarding Officers, your line manager, Volunteer Co-ordinator, or the person on call as soon as possible for guidance.
- Write up your report of the incident straight away and give this, along with any notes you made at the time, to your line manager or a Designated Safeguarding Officer as soon as possible.

Do not:

- Stop the person from talking if they want to tell you what has happened to them.
- Take the matter lightly or make a joke about it.
- Change the subject because you feel uncomfortable.
- Be judgemental or jump to conclusions.
- Prompt or directly question the person or ask leading questions.
- Investigate the allegation.
- Make commitments you cannot keep.

21.3. If you SUSPECT someone is being abused:

- Make a note of your concerns, including whether they are based on a 'one-off' incident or remark you have seen/heard or on things that have happened before.
- Discuss your concerns straight away with a Caring Together Charity Designated Safeguarding Officer, your line manager, Volunteer Co-ordinator, or the person on call.

22. Allegations of abuse against a staff member

22.1. Caring Together Charity's DSL is required to report allegations of abuse made against employees to various statutory authorities, for example LADO, adult social care, the police, who will then investigate the matter as appropriate. In addition, the safeguarding lead may decide to carry out an internal investigation using Caring Together Charity's **Disciplinary policy**,

having first made sure that it won't interfere with what the statutory authorities are doing.⁵

- 22.2. Caring Together Charity's safeguarding lead will consider whether to suspend the employee concerned from their duties while investigations are taking place. Suspension is always without prejudice and is undertaken to protect the employee from further allegations and the individual from further risk of abuse.
- 22.3. If allegations of abuse are made against you, you can get help from the telephone counselling helpline. See Appendix 4 for details. Alternatively, if you are a member of a union, they may be able to offer you help.
- 22.4. If an allegation is made to you about an employee, manager, or volunteer:
- Listen carefully to what is said.
 - Don't make any comments.
 - Give reassurance you will follow up 'without prejudice', but don't make a commitment you can't keep.
 - Don't check out with the person named.
 - Make notes as soon as you can.
 - Raise the matter with the Caring Together Charity's **DSL**, your line manager straight away, or with another manager or Trustee if your line manager is involved in the allegation. If this is not appropriate, contact the local authority adult social care safeguarding team directly.

23. Allegation of abuse against a volunteer

- 23.1. Usually, families and individuals are very pleased to have a volunteer work with them, and the charity tries to select and prepare volunteers and employees thoroughly, but occasionally problems will arise in relationships or expectations and, in some cases, this can lead to a complaint or an allegation against a volunteer. Some volunteers, and indeed employees, may prove to be unsuitable to the role. Because we know that vulnerable people can be abused by anyone caring for them or supporting them, all allegations need to be followed up and investigated to protect both the person at risk and the volunteer.
- 23.2. Caring Together Charity's DSL is required to report all allegations of abuse made against volunteers to various statutory authorities, for example adult social care, the police, who will then investigate as appropriate. In addition, the DSL may decide to carry out an internal investigation, having

⁵ The Local Authority Designated Officer (LADO) manages allegations against staff or volunteers working with children, ensuring safety and compliance with procedures.

first made sure that it won't interfere with what the statutory authorities are doing.

- 23.3. Caring Together Charity's DSL will discuss relieving the volunteer concerned of their volunteering duties whilst investigations are taking place. Any suspension of contact for volunteers is without prejudice and is a neutral act to allow protection for everyone while issues are followed up.
- 23.4. If allegations of abuse are made against you, you can get help and support from the telephone helpline. See Appendix 3 for details.
- 23.5. You may become aware of or directly receive complaints or concerns about other volunteers, paid employees or managers. You have a duty to report these to Caring Together Charity's DSL or the Volunteer Co-ordinator as soon as possible, or if you are not happy with their response, you have the right and the responsibility to raise your concerns with a senior manager or trustee in the charity. If this is not appropriate for some reason, you should contact the local authority adult social care safeguarding team direct.

Appendix 5: Abuse of adults, factors, types and indicators

The content of this appendix applies to adults aged 18 years and over.

Factors making abuse more likely to occur:

- a) Caring situations where employees or those providing informal care, for example carers or family/friends:
 - Have not been given adequate knowledge, skills or equipment to provide the necessary care and support.
 - Feel lonely or isolated.
 - Habitually lose their temper.
 - Feel unable to cope with the vulnerable adult.
 - Experience considerable change in lifestyle.
 - Have unsupervised/uninterrupted access to the vulnerable person.
 - Have begun to regularly speak negatively to the person or speak disparagingly about them to others.
- b) Unequal power relationships where one person:
 - Can tell the other what to do.
 - Gives intimate personal care.
 - Has more status/credibility.
 - Provides material goods.
 - Has total financial control.
 - Misuses confidential information.
- c) Situations where the adult at risk:
 - Has hit out at the carer.
 - Cannot converse normally.
 - Disturbs the carer at night.
 - Has stolen from or abused the carer in the past.
 - Is or appears to be rejecting and/or ungrateful.
 - Behaves bizarrely or is experiencing personality changes.
- d) Family situations where:
 - Relationships have been poor over years, subject to violence.
 - Living conditions are poor.
 - Carers are not receiving practical/emotional support from other family members and/or professionals.
 - Carers have other responsibilities.

- Role reversal has been experienced.
- The person cared for is inconsiderate towards other family members.
- The carer is being abused by the dependent person.

Appendix 6: Types and indicators of abuse

There are multiple forms of abuse relating to adults at risk as set out below, and incidents can often involve several categories. It may consist of a single act or repeated acts, be an act of neglect or of omission to act.

Physical abuse	
This is defined as pain or injury caused deliberately or through lack of care. It can include: • Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing. • Rough or careless handling. • Scalding and burning. • Physical punishments. • Making someone purposefully uncomfortable, for example opening a window and removing blankets. • Misuse of medication, for example over-sedation. • Forcible feeding or withholding food. • Incorrect moving and handling. • Inappropriate or unauthorised use of restraint and deprivation of liberty, including restriction of movement and activities. • Force used when the person is resisting, other than in an emergency. • Not adhering to the rules of the road while driving with an individual as passenger, for example speeding, using mobile phone.	Possible indicators of physical abuse: • A history of unexplained falls or minor injuries. • Injuries inconsistent with the account of what happened. • Bruising ○ In well protected areas, such as on the inside of the upper arms or thighs, behind ears, on face, buttocks, breasts, lower abdomen, genital or rectal area. ○ Resulting from pinching, gripping, biting ○ In shape of hand or object ○ Clustered from repeated injury (different discolouration of bruises in the same area may indicate on-going abuse). • Injury ○ Unexplained burns and/or scalds particularly to feet, back or palms of the hands. ○ Unexplained fractures or fractures of varying ages. ○ Injury to head, face or scalp. ○ Signs of over or under use of medication, for example over-sedation. ○ Rope or cigarette burns.

	○ Pressure sores, ulcers, bed sores (which may indicate neglect). ○ Lacerations. ○ Injury that is inconsistent with the person's lifestyle. ● Failure to seek medical treatment or frequent changes of doctor. ● Subdued or changed behaviour in the presence of a particular person. ● Restricted access to people with whom the person has a significant relationship. ● The person constantly expressing a wish to leave, or to live elsewhere. ● The person's access to the community being severely restricted in a situation where they would benefit from such access. Please note: natural ageing processes can make it more difficult to recognise abuse or neglect in some older people. For example: ● Skin bruising can occur very easily due to blood vessels becoming very fragile. ● Fractures may result from osteoporosis.
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Domestic violence or abuse	
Domestic violence or abuse can include signs of any of the following forms of abuse: • Psychological or emotional. • Physical. • Sexual. • Financial. Domestic violence or abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour or violence between those aged 16 or over who are or have been, intimate partners or family members, regardless of gender or sexuality. It also includes so called 'honour-based' violence, female genital mutilation and forced marriage. Coercive or controlling behaviour is a core part of domestic violence and is now enshrined in law as an offence. Coercive behaviour can include: • Acts of assault, threats, humiliation and intimidation. • Harming, punishing, or frightening the person. • Isolating the person from sources of support. • Exploitation of resources or money. • Preventing the person from escaping abuse. • Regulating everyday behaviour.	Possible indicators of domestic violence or abuse: • Low self-esteem. • Feeling that the abuse is the person's own fault when it is not. • Physical evidence of violence such as bruising, cuts, broken bones. • Verbal abuse and humiliation in front of others. • Fear of outside intervention. • Damage to home or property. • Isolation – not seeing friends and family. • Limited access to money.

Sexual abuse	
This may include involvement of the individual in sexual activities: • That they may not fully understand. • To which they have not given/were unable to give consent or were persuaded/pressured into consenting. • From which they wish to withdraw. • That violate social taboos of family roles. • That are against the law. Sexual abuse may be: Non-contact abuse, for example: • Inappropriate looking. • Sexual photography. • Witnessing sexual acts. • Indecent exposure. • Innuendo. • Exposure to inappropriate or offensive language. • Forced use of or involvement in the making or showing of pornography. • Sexual teasing and harassment. Contact abuse, for example: • Rape, attempted rape or sexual assault. • Inappropriate touching or fondling. • Non-consensual masturbation of either or both persons.	Possible indicators of sexual abuse: • Bruising, particularly to the inner thighs and genital, anal or breast areas. • Torn, stained or bloody underclothing. • Bleeding, abrasion, pain or itching in the genital/rectal area. • Unusual difficulty in walking or sitting. • Foreign bodies in genital or rectal openings. • Infections, unexplained genital discharge, or sexually transmitted diseases. • Pregnancy in a woman who is unable to consent to sexual intercourse. • Uncharacteristic use of explicit sexual language. • Significant changes in sexual behaviour or attitude. • Incontinence not related to a medical diagnosis. • Self-harming. • Poor concentration, withdrawal, sleep disturbance. • Excessive fear/apprehension of, or withdrawal from, relationships. • Fear of receiving help with personal care. • Reluctance to be alone with a particular person.

- Non-consensual sexual penetration or attempted penetration of the vagina, anus, or mouth.

Psychological or emotional abuse

This is defined as acts or behaviour that can cause emotional distress or anguish. It includes:

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends.
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance.
- Preventing someone from meeting their religious and cultural needs.
- Preventing the expression of choice and opinion.
- Failure to respect privacy.
- Preventing stimulation, meaningful occupation or activities.
- Intimidation, coercion, harassment, humiliation, bullying, swearing, blaming.
- Verbal abuse.
- Unreasonable demands.
- Deliberate ignoring.
- Addressing a person in a patronising or infantilising way.
- Threats of harm or abandonment.
- Cyber bullying.

Possible indicators of psychological or emotional abuse:

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the person.
- Loss of interest in activities the person used to enjoy.
- Insomnia or disturbed sleep.
- Low self-esteem.
- Uncooperative and aggressive behaviour.
- A change of appetite, weight loss or gain.
- Signs of distress: tearfulness, anger.
- Apparent false claims by someone involved with the person, to attract unnecessary treatment.

Financial or material abuse	
This can include: • Theft of money or possessions. • Misappropriation of property. • Fraud, internet scamming. • Preventing a person from accessing their own money, benefits or assets. • Employees taking a loan from a person using the service. • Undue pressure, duress, threat or influence put on the person in connection with money, loans, wills, property, inheritance or financial transactions. • Arranging less care than is needed to save money in order to maximise inheritance. • Denying assistance to manage/monitor financial affairs. • Denying assistance to access benefits. • Misuse of personal allowance in a care home. • Misuse of benefits or direct payments in a family home. • Someone moving into a person's home and living rent free without agreement or under duress. • False representation, using another person's bank account, cards or documents. • Exploitation of a person's money or assets, for example unauthorised use of a car. • Misuse of a power of attorney, deputy, appointeeship or other legal authority.	Possible indicators of financial or material abuse: • Missing personal possessions. • Evidence of large or repetitive payments to third parties with no material benefit to the person concerned. • Bills not being paid. • Unexplained lack of money or inability to maintain lifestyle. • Unexplained withdrawal of funds from accounts. • Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity. • Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so. • The person allocated to manage financial affairs is evasive or uncooperative. • The family or others show unusual interest in the person's assets. • Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA. • Recent changes in deeds or title to property. • Rent arrears and eviction notices. • Failure to provide receipts for shopping or other financial transactions carried out on the person's behalf.

• Rogue trading, for example unnecessary or overpriced property repairs, failure to carry out agreed repairs or poor workmanship.	• Disparity between the person's living conditions and their financial resources, for example not having enough food or clothing. • Person expressing concern that they do not have enough money for basic needs. • Person being accompanied by family, staff or others who appear to coax, or otherwise pressure them into making transactions. • Forging the person's signature. • Unnecessary property repairs.
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Modern day slavery

This can include:

- Human trafficking.
- Forced labour.
- Domestic servitude.
- Sexual exploitation, such as escort work, prostitution and pornography.
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to.

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.

Possible indicators of modern-day slavery:

- Signs of physical or emotional abuse.
- Appearing to be malnourished, unkempt or withdrawn.
- Isolation from the community.
- Seeming under the control or influence of others.
- Living in dirty, cramped or overcrowded accommodation and/or living and working at the same address.
- Lack of personal effects or identification documents.
- Always wearing the same clothes.
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers.

See [Modern slavery awareness and victim identification guidance](#) for further information

Criminal exploitation

There is now growing awareness of the risk to vulnerable adults (and some young people or even children), of their exploitation by criminal gangs who supply drugs to county towns, seaside towns and rural areas. In order to establish drug routes and bases, gangs from cities may manipulate vulnerable people by, for example, moving into their homes, and this abuse can also involve sexual exploitation and abuse. This can result in prosecutions, and the police and relevant authorities should be involved by the usual referral routes if this kind of activity is suspected.

See [Criminal exploitation of children and vulnerable adults: county lines](#) for further information.

Possible extremism or radicalisation

This can be seen as a type of emotional abuse of vulnerable adults and young people.

The 2011 Prevent Strategy has been updated to deal with all forms of terrorism, radicalisation and non-violent extremism. See [Prevent duty guidance for England and Wales](#).

Terrorist threats to the United Kingdom (UK) include not just organisations involved in Middle Eastern conflicts, but also those involved with the extreme right in the UK. One of the specific objectives of the Prevent Strategy includes work with all sectors and organisations where there might be risk of radicalisation for children, young people or adults. The emphasis is on working in partnership with the police and local authorities through multi agency forums, and this includes local Adults and Children's Safeguarding Boards. [Channel panels](#) are being established under the Counter-Terrorism and Security Act (2015), to ensure multi-agency assessments and support plans for individuals are in place.

Discriminatory abuse	
This includes: • Unequal treatment based on age, disability, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, gender reassignment (known as protected characteristics under the Equality Act 2010). • Verbal abuse, disrespect, derogatory remarks or inappropriate use of language related to a protected characteristic. • Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader. • Harassment or deliberate exclusion on the grounds of a protected characteristic. • Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic. • Substandard service provision relating to a protected characteristic.	Possible indicators of discriminatory abuse: • The person appears withdrawn and isolated • Expressions of anger, frustration, fear or anxiety • The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

Organisational or institutional abuse	
This is defined within the Care and Support Statutory Guidance as “the mistreatment or neglect of an adult at risk by a regime or individuals within settings or services...that violate the person's dignity, resulting in lack of respect for their human rights.” It occurs when services are focused on the needs of the organisation rather than on the needs of the individual receiving the services. It includes neglect and poor standards of care resulting from the structure, processes, policies and practices of the organisation, including for example: • Lack of leadership and management overview. • Lack of staff learning, development and support. • Insufficient staff or high turnover resulting in poor quality care. • Failure to respond to abuse appropriately. • Failure to respond to complaints.	Indicators of organisational/institutional abuse (including in domiciliary care settings): • Lack of flexibility concerning when and how individuals receive care and support. • Lack of choice for individuals. • Not promoting independence. • Absence of individual care and support plans. • Individual care and support plans not being followed. • Poor, inadequate record-keeping and missing documents. • Public discussion of personal matters. • Unnecessary exposure during bathing or using the toilet. • Leaving individuals in an unsafe situation. • Care and support team not kept up to date. • Abusive and disrespectful attitudes towards people using the service. • Lack of respect for dignity and privacy. • Misuse of medication. • Inappropriate use of restraints. • Not taking account of individuals' cultural, religious or ethnic needs.

Neglect	
This is also referred to as the 'omission to act' or 'failure to act' and is a failure to meet the basic needs of the individual. It includes: • Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care. • Providing care and support in a way that the person dislikes. • Failure to administer medication as prescribed. • Refusal of access to visitors. • Not taking account of an individual's cultural, religious or ethnic needs • Not taking account of educational, social and recreational needs. • Ignoring or isolating the person. • Preventing the person from making their own decisions. • Preventing access to glasses, hearing aids, dentures, etc. • Failure to ensure privacy and dignity.	Possible indicators of neglect and acts of omission: • Poor environment – dirty or unhygienic. • Poor physical condition and/or personal hygiene. • Dirty clothing or bedding. • Pressure sores or ulcers. • Malnutrition or unexplained weight loss. • Untreated injuries and medical problems. • Inconsistent or reluctant contact with medical and social care organisations. • Accumulation of untaken medication. • Uncharacteristic failure to engage in social interaction. • Inappropriate or inadequate clothing.

Self-neglect or self-abuse	
This includes: • Lack of self-care to an extent that it threatens personal health and safety. • Neglecting to care for one's personal hygiene, health or surroundings. • Inability to avoid self-harm. • Failure to seek help or access services to meet health and social care needs. • Inability or unwillingness to manage one's personal affairs.	Possible indicators of self-neglect or self-abuse: • Poor personal hygiene. • Unkempt appearance. • Lack of essential food, clothing or shelter. • Malnutrition and/ or dehydration. • Living in squalid or unsanitary conditions. • Neglecting household maintenance. • Hoarding. • Collecting a large number of animals in inappropriate conditions. • Non-compliance with health or care services. • Inability or unwillingness to take medication or treat illness or injury.

Appendix 7: Intimate personal care and support

You are expected to be sensitive to each person's views, wishes, feelings and beliefs and to be responsive to their personal requirements. This includes cultural, religious and emotional needs as well as to their physical care and support.

Intimate personal care and support refers to any procedure involving physical care or treatment that is an invasion of a person's bodily privacy and that may be a potential source of exposure or embarrassment to them.

It can vary from individual to individual and culture to culture. It includes such things as:

- Assistance with eating and drinking.
- Oral care.
- Washing.
- Dressing or undressing.
- Toileting.
- Menstrual care.
- Treatments such as enemas, suppositories, enteral feeds.
- Administration of medication.
- Catheter and stoma care.
- Supervision of a person involved in intimate self-care.

A care planner/assessor will:

- Discuss the care and support the person with care needs requires/wishes to receive with the person concerned and/or their carer.
- Obtain the necessary consent before you begin to provide the service.

The care planner/assessor will put the necessary information into the person's care and support plan, including:

- Details of exactly what tasks are required.
- Where and how they will be carried out.
- What gender of employee is required to meet the person's needs.
- How the person communicates.

The care planner/assessor will also assess whether you are able to carry out the intimate care and support task/s safely on your own or whether there needs to be two of you.

If for any reason you feel that you are being placed in a vulnerable situation or have concerns, let your line manager know.

When you are carrying out intimate care and support tasks, make sure that you:

- Treat the person with care needs with dignity and respect.
- Give them as much privacy as possible.
- Involve them as much as possible in their own intimate care.
- Respond in a positive way to their reactions and don't just ignore them.

You also need to be aware of how they will let you know if they are in pain or discomfort or are unhappy about the task being carried out/the way you are doing it.

Always communicate in the way the person likes and understands, for example using sign language, symbols or pictures, as well as verbally, and at their pace. This should all be in the care and support plan but ask your line manager if you are not sure.

When you are involved in carrying out intimate personal care and support tasks always be on the alert for and report:

- If the person is accidentally hurt or injured.
- Any concerns you have about how other people are acting, for example colleagues, other professionals, family members.
- If the person appears to be unusually sore, has marks or injuries or appears to be sexually aroused by the actions of others.
- If they display an extreme emotional reaction for no apparent reason.

Appendix 8: Contact details for reporting safeguarding concerns

Person to contact	Contact number
Caring Together Charity's Designated Safeguarding Lead	Head of Care
Caring Together Charity's Registered Manager	Head of Care
Caring Together Charity's out of hours contact	07985 738854
Adult social care safeguarding team: • Office hours • Out of hours See Our Place for further information	Cambridgeshire County Council Office hours: 0345 045 5202 Out of hours: 01733 234724 referral.centre-adults@cambridgeshire.gov.uk Peterborough City Council Office hours: 01733 864038 option 1 Out of hours: 01733 234724 adultsocialcare@peterborough.gov.uk Norfolk County Council Referral form
Local police	Emergency number: 999 or 112 from mobile Non-immediate response: 101

Appendix 9: Telephone counselling service

This service provides access to qualified, experienced and professionally accredited counsellors who will provide telephone support on matters causing your employee distress, either in their personal life or as a result of a workplace incident.

Support can be provided on issues such as depression, stress, financial difficulties, family problems or the psychological effects of suffering or witnessing an accident at work.

This helpline is available by phoning 01482 577 099 and is open 24 hours a day, 365 days a year.

All calls to the counselling helpline are confidential and are not recorded.