



Service Six

Safeguarding – Adults at Risk

January 2025

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Senior Co-ordinating Manager: Chief Executive
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Others Involved In Implementing: Board of Trustees, Designated Safeguarding Officer, Safeguarding Team, Managers, Personnel, outsourced specialist organisations and partner agencies.

Monitoring Arrangements: Annual unless legislation changes

What this policy covers:

To provide specific direction to all staff in relation to the duty of care of every member of staff in promoting the well-being, and safeguarding from significant harm of all Adults at Risk, including allegations against staff.

Policy Statement:

This policy is aimed at safeguarding the welfare of Adults at Risk aged 18 years and over. It includes guidance on how to respond appropriately to any cases of suspected abuse; whether information is received from a service user, staff member or affiliate.

Service Six's policy and procedures for the protection of Adults at Risk apply to all affiliate practitioners and practitioners working at Service Six Centre's (collectively referred to as Service Six practitioners) and Service Six Trustees and employees.

Service Six accepts that all adults should be able to live free from fear and harm and have their rights and choices respected. In support of this principle, Service Six is committed to:

- working in a preventative manner to protect Adults at Risk from being abused
- responding sensitively and coherently to reported incidents of self-neglect and abuse in a consistent manner, in accordance with this policy
- coordinating action and services in order to best protect and assist Adults at Risk
- ensuring the safety of Adults at Risk by integrating strategies policies and services relevant to abuse within the framework of all relevant legislation
- ensuring that adults identified as at risk have a right to confidentiality.

In so far as it is consistent with this right, Service Six will seek to share information with all safeguarding adult agencies to ensure the safety and well-being of those individuals.

This policy and procedure is in keeping with the Department of Health Report Care Act 2014. It is informed by the Northamptonshire Safeguarding of Vulnerable Adults Board (SOVA).

Who is an Adult at Risk?

An Adult at Risk is a person over 18 years of age:

"who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

Some people are more vulnerable or at risk than others because they are old and frail, or have a sensory impairment, a disability, a mental health problem, or have some form of illness. This means they may have difficulty in making their wishes and feelings known and this may make them vulnerable to abuse. It may also mean that they are not able to make their own decisions or choices. A person may also be vulnerable or at risk because of a temporary illness or impairment.

What is defined as abuse?

Abuse is:

- when one or more people do or say things that makes a person feel upset or frightened.
- mistreatment by one or more people that violates a person's human and civil rights.
- neglecting a person's needs, treating somebody disrespectfully or causing physical harm.

Abuse could be an isolated incident or it may be repeated incidents. It may be that the abuse is deliberate or it may be unintentional and due to ignorance or lack of training or understanding. It may be that a person is at risk of abuse or being abused in several ways.

Under the Mental Capacity Act, Amendment Act 2019, wilful neglect and ill treatment are a criminal offence.

Abuse and neglect can take a number of forms:

Physical abuse:

This includes hitting, pushing, shaking, inappropriate restraint, neglect or abandonment and withholding medication.

Emotional or psychological abuse:

This is failing to meet the emotional or psychological needs of a person. It may be when a person or people are controlling another person, taking away their privacy, or threatening them by intimidation or humiliation.

Sexual abuse:

This is involvement in any sexual activity against a person's will. This includes rape and being pressured into other sexual acts, which they do not understand or to which they have not given consent. This would include exposure to pornography, voyeurism and exhibitionism.

Neglect:

This is when a person or people deny another person what they need, for example ignoring medical or physical care needs. It may include failure to provide appropriate food; drink; or adequate heating or clothing. It may also be failing to provide access to health, social or educational services.

Financial:

This is when a person or people steal money or possessions from another person. It may be fraud, deception or misuse of property, possessions or benefits. It may also mean withholding what belongs to a person, or exerting improper pressure to sign over money from pensions or savings.

Discriminatory:

This includes being treated unfairly because of gender; age; sexual orientation; a disability; race; culture; religion; background; or an illness. It may result from routines, systems and norms of an institution compelling individuals to sacrifice their own preferred style and cultural diversity to the needs of the institution.

Personal exploitation/violation of rights:

This involves denying an individual their rights or forcing them to perform tasks that are against their will. It might include preventing an individual from expressing their thoughts and opinions.

Institutional or organisational:

This can be a repeated incident of neglect or poor standards of care that are being ignored. It may be that a person is not treated with the dignity and respect that they deserve. It can occur in various different places, including residential or nursing homes; hospital; or day centres. It may be one or more people who are responsible.

Protection of Adults at Risk

Protecting Adults at Risk means we are maintaining their safety and welfare and safeguarding them from actual or potential sources of harm, abuse or neglect. This may be achieved by continually assessing the risks to which they may be exposed, and taking all necessary steps to guard against them.

The characteristics of adult abuse can take a number of forms and cause victims to suffer pain, fear and distress reaching well beyond the time of the actual incident(s). Victims may be too afraid or embarrassed to raise any complaint. They may be reluctant to discuss their concerns with other people or unsure who to trust or approach with their worries.

There may be some situations where victims are unaware that they are being abused or have difficulty in communicating this information to others. In particular, it applies to those people.

- who may have learning or physical disabilities; who may have mental health problems;
- who may be old, frail or ill;
- who cannot take care of themselves or protect themselves without help.

What is disclosure?

This is when an Adult at Risk reveals that they are themselves currently being abused, or have been abused in the past and that the perpetrator is still active, or that they know someone else who is being, or has been abused, or that they are themselves currently abusing another adult, or that they have done so in the past.

ROLES AND RESPONSIBILITIES

Minimising risks to Adults at Risk

Managing staff

As part of Service Six's safer recruitment procedures, all practitioners undergo a rigorous selection and vetting process; with evidence of training and accreditation or registration being required. All Trustees, practitioners and employees undergo the enhanced DBS check.

The Safeguarding Adults at Risk policy will be reviewed annually, at which point obstacles to reporting abuse will be assessed.

In the event that an allegation relating to the possible or actual abuse of an adult is made against a Trustee, practitioner or member of staff, their manager or Chairperson in the case of the Board, should be informed immediately. Where the manager is not available or the allegation is against the manager this should be reported to the Operations Manager or in their absence the Chief Executive. Any allegation relating to the abuse of an adult will be reported to the statutory authorities who will be asked to carry out an investigation. The Service Six Trustees, Chief Executive, nor the Management team with Designated Safeguarding responsibilities, will attempt to carry out any such investigation. Service Six will report any suspicion to the Independent Safeguarding Authority (ISA) under the current Vetting & Barring Scheme regulations.

Induction and training

Staff induction and training will include this Safeguarding Adults at Risk Policy and Procedure and all procedures relating to safeguarding and the requirement to abide by them.

All staff will be made aware of internal reporting procedures and will be aware of local statutory arrangements in respect of the disclosure or discovery of abuse.

Service Six will ensure that the Designated Safeguarding Officers are sufficiently trained to implement this policy and procedures.

Service Six directs Trustees and staff to training relating to safeguarding adult issues, some of which will be mandatory.

Where possible, Service Six encourages staff to participate in training provided through Local Safeguarding Vulnerable Adult Boards, to promote links with the other organisations involved in providing services.

Promoting feedback and reporting

Service Six is aware that abuse of Adults at Risk may be difficult for a person to report whether for themselves or on behalf of another person and seeks to provide every opportunity to promote reporting should this occur within any service.

Opportunities for direct feedback include:

- Standard client satisfaction questionnaires are supplied to all clients at the end of services. Administrators sensitively enquire about reasons for cancelling appointments and feedback to managers any dissatisfaction with treatment for further investigation.

- Service user groups provide personal feedback about experiences of each service.
- The website and published literature provide contact details in case of any concerns or complaint.

Other indirect means of gathering feedback and detecting issues include:

- Encouraging staff to report adverse events and serious untoward incidents for follow up investigation by managers.
- Frequent reporting and feedback from referrers (e.g. GPs), with clear statements to report any concerns.
- Clear systems for managers and clinical supervisors to report any and all concerns about practitioners.

The Chief Executive

The Chief Executive will provide Service Six with up to date information and advice relating to safeguarding Adults at Risk issues, and will regularly review policy and procedures in the light of new initiatives.

The Chief Executive will give recommendations to Service Six Trustees and Management Team on new thinking in the field and liaises with the Managers to ensure teams are adequately inducted and trained.

The Designated Safeguarding Officers will consult with the Chief Executive as required. In cases where further expertise is needed, advice will be sought by contacting the local Adult Social Care department.

All cases where there has been a disclosure relating to the abuse of an Adults at Risk will be reported on My Concerns our Safeguarding Database.

Designated persons for alerting and reporting

Service Six has a designated Safeguarding team, currently including:

- Chief Executive– Emma Campion
- Operations Manager- Joanna Gilbert
- Milton Keynes Service Manager – Katie Byrne
- Youth Specialist/Social Worker – Tony Butcher
- Northamptonshire Service Manager – Pep Finn-Scinaldi
- Youth Specialist-Kerry Smith

who will be available during office hours, to discuss any concerns raised by practitioners, clients or employees and to provide advice and support.

Practitioners will be advised by their manager with designated safeguarding responsibilities to complete a Record of Concern on 'My Concerns' in every case where an Adult at Risk issue is raised, when further action is required; including when a member of staff hands over information regarding their involvement in a case. This will be used as the basis to record details for monitoring and analysis.

If a My Concern entry is required but no further action is to be taken, then this must be noted with a clear reasoning as to why no further action is taken.

The Designated Safeguarding team will act on behalf of Service Six and refer all disclosures, allegations, or

suspicions of abuse relating to Adults at Risk to the statutory authorities in accordance with these procedures and will consult the local Adult Social Care department as required.

In the event of an allegation being made about a practitioner or member of staff the Operations Manager should consult the Chief Executive to clarify actions to be taken are in accordance with personnel procedures. It is important to ensure that the action taken:

- protects the rights and wishes of the Adult at Risk
- protects the rights of the member of staff/practitioner concerned
- enables managers to take appropriate action either on behalf of the Adult at Risk or against the staff member/volunteer where appropriate.

Case managers

On receiving details of an Adult at Risk protection issue directly from a client or from an affiliate, personnel will follow the guidance for practitioners in these policies and procedures.

In the event of the manager being unable to offer support to practitioners or other staff with Adult at Risk concerns, these may be logged with a member of the designated Safeguarding team and further consideration and appropriate action as required.

Service Six therapeutic practitioners

When a practitioner is offering therapy to a client, they must be satisfied that the client understands and accepts the terms and conditions under which it is provided; including confidentiality and its limitations.

Service Six practitioners are always expected to report any concerns they may have about any aspect of the safety or well-being of any person, however slight or inconsequential they may seem. In the first instance, practitioners should contact the DSL in the event that they receive any disclosure or allegation concerning the abuse, past or present, of any Adult at Risk with whom they are working, or who is connected to any client receiving therapy, or if they have any suspicions or concerns about abuse relating to any Adult at Risk.

Out of office hours, Service Six practitioners will record all details carefully and advise the DSL for a referral to the Designated Safeguarding Team. In an emergency (case of serious and immediate risk to and Adult at Risk), the practitioner will contact the emergency services (i.e. police). The practitioner will ensure that the DSL is informed of the actions taken as soon as possible during the next working day, highlighting any further issues for action.

Practitioners are expected to keep their notes in accordance with Service Six's guidelines regarding maintaining security. In any case where a client makes a disclosure relating to abuse, notes which are being kept in basic form will have to be fully and clearly written, in relation to the disclosure.

Practitioners will have to provide copies of their notes to a court of law if they are required to do so. They may also be required to contribute reports in relation to Adult at Risk protection cases. The Chief Executive will be able to advise in such cases, in keeping with Service Six's information governance procedures.

Service Six employees

Following appropriate induction and training, Service Six expects its Trustees and employees to be aware of the Safeguarding Adults at Risk Policy and Procedures. They should know the name of the Designated Safeguarding Officers for the agency; who their manager is and how to contact them both.

Service Six employees are expected to report any concerns; suspicions or allegations they have to the DSL. Where these are not available, they may seek advice from the Chief Executive.

PROCEDURES FOR PRACTITIONERS RECEIVING A DISCLOSURE

Concerns that an adult is at risk of abuse may arise because someone has disclosed something; or a practitioner or member of staff may have seen or heard something that makes them feel uncomfortable or uneasy about the care of an Adult at Risk.

It is not possible to cover all situations that may possibly arise. The following procedures outline essential aspects that will need to be considered in most cases.

Who might be causing the abuse?

Abuse can happen to people by somebody the person knows well or it may be a stranger, it could be more than one person. It might be a family member, a friend, a neighbour, a paid or voluntary carer, a nurse, a social worker, a GP, a therapist, a visitor to someone's home, or somebody who they don't know. If a person lives in a residential setting, or visits a day centre, it may be another user of that service, a visitor or a carer.

Potential signs of abuse

The abuse may have only happened once or started recently, or it may have happened several times or been happening for a long time. It may be that the abuse is deliberate or it may be unintentional and due to ignorance or lack of training or understanding. It may be that a person is at risk of abuse or being abused in several ways.

There is no easy way to identify signs of abuse, but some of the signs may be:

- multiple bruising or finger-marks
- injuries that the person cannot give a good reason for
- deterioration of health for no apparent reason
- loss of weight
- inappropriate or inadequate clothing
- withdrawal or changes in usual behaviour
- a person who is unwilling to be alone with a particular carer
- unexplained shortage of money

What are the limits to confidentiality?

Service Six's terms and conditions, provided to all clients before service provision including before therapeutic services begin, provide a clear statement regarding confidentiality. It makes it clear that if it becomes apparent that someone is at risk of significant harm, their safety and welfare will take priority over all other considerations. It also indicates that a court of law may order information to be disclosed.

When a person is going to receive therapy, an assessment of their understanding and capacity to engage in a therapeutic contract must be made before therapy can commence. The degree of confidentiality and involvement of any parent(s) or carer(s) is clarified prior to therapy.

An individual's capacity refers to their ability to make a decision for themselves based on information available to them.

Individuals will be assumed to have the capacity to make informed decisions, unless there is clear evidence to the contrary. Adults at Risk should be supported to make their own decisions based on an awareness of the choices available. In all instances where a person demonstrates a lack of capacity in relation to a specific area or decision, everything which is done must be based upon an assessment of that person's best interest. To lack capacity a person must have a mental impairment.

Disclosure from an adult client

If an adult client tells you that:

- They themselves are currently abusing an Adult at Risk, or have done so in the past.
- They know of an Adult at Risk who is currently being abused.
- They know of someone who is currently abusing an Adult at Risk.
- As an Adult at Risk they themselves were abused and the abuser is still at large and in a position to abuse others.

In every case you should listen very carefully, clarify the details and reassure them that you believe them and that you take what they say seriously.

Make careful and legible notes recording:

- Exactly what was said leading up to the disclosure. Exactly what the client said when making the disclosure. Exactly what you said in reply.
- The date and time of the conversation.

Advise the client that you will have to share the information with the DSL and that you have no choice in this.

Advise them that it may be necessary for Service Six to make a report to the statutory authorities, with or without their consent, and they will usually be advised if this is the case.

Give the client every encouragement to report the situation himself or herself to the statutory authorities/police. It is always best that the client be persuaded to make the report themselves. If the client decides to report the abuse, offer appropriate support for them to do so.

Advise the client that Service Six will have to check that the abuse has been reported.

Discuss the case with your DSL as soon as possible. If these people are not available, speak to the Chief Executive. Follow whatever advice they give to you.

Maintain accurate and detailed notes of any conversations with Service Six. Keep all notes safe together with the clinical notes. Keep the client informed of what is happening, offer them reassurance and support as appropriate, following advice from the designated person.

In every case you should not:

- Attempt to carry out any form of investigation of your own.
- Do not stop someone who is freely recalling significant events; allow them to share whatever is important to them.
- Do not make promises you are unable to keep.
- Do not be judgmental (e.g. asking 'why didn't you try to stop them?')
- Do not interrogate the client in an attempt to obtain further details beyond what they are willing to share with you.
- Share the information with anyone other than your manager and Service Six Designated Safeguarding Team or in their absence the Chief Executive.

Disclosure from an adult under serious threat

On the rare occasion that an Adult at Risk discloses current and serious sexual or physical abuse, you may feel it necessary to act with such urgency that there is no time to contact your DSL. In an emergency situation, the priority is to ensure safety measures are put in place to protect the Adult at Risk from further abuse.

If this happens, in addition to the guidance above;

- Explain who it is that you are going to contact.
- Contact either the local Adult Social Care Department of Social Services, or the Police Family Protection Unit, immediately by phone.
- Follow whatever advice you are given.
- Keep the Adult at Risk informed of what is happening.
- Keep them safe until suitable arrangements are made for them.
- Advise Service Six of the situation at the very earliest opportunity by contacting the Operations Manager, the Manager on Call or the Chief Executive.
- Maintain detailed notes of all your conversations and actions.
- In an emergency situation do not contact the Adult at Risk's carers, or allow them to return home, until you have been told that it will be safe for them to do so.

PROCEDURES FOR DESIGNATED PERSONS

The Operations Manager and/or another member of the Designated Safeguarding Team will take a decision whether to refer the incident to the appropriate Adult Social Care or Mental Health Team.

Deciding whether to refer to another agency is crucial. The decision should make reference to;

- The wishes of the adult.
- Known indicators of abuse.
- Definitions of abuse.
- Circumstances in which an Adult at Risk's wishes may be overridden.
- The mental capacity of the adult.
- The level of risk to the individual.
- The level of risk to others (public interest considerations).

The Designated Safeguarding Team should seek affirmation for any decision from managers or the Chief Executive.

Disclosure from an Adult at Risk

The actions that you take will depend on what is being reported to you, and at what stage you receive this information from the practitioner. You may receive this as part of a consultation to consider whether further action is required, or following an emergency referral to the statutory authorities.

In every case you should:

- Collect as much information as possible to assess the immediate risk to the individual and others and take steps to ensure the immediate safety of the Adult(s) at Risk.
- If you are the designated person, complete the cause for concern form, noting any subsequent actions to be taken and reviewing these at each stage, in accordance with Service Six procedures for the service.
- If you are deputizing for the designated person, keep careful notes of all actions taken to support the hand-over of the case as soon as possible.
- Decide if there are grounds for a referral to the statutory authorities.
- Referrals are made regardless of whether the harm was intentional or unintentional.

Any case of abuse by a professional should always be referred because of that person's access to other vulnerable people. If necessary, consult the local contact in the Adult Social Care Department, without providing names, to maintain confidentiality at this stage.

Advise the practitioner about how to encourage the client to make the report themselves to the statutory authorities.

If the client is not willing to make the report himself or herself, contact the local Adult Social Care Department, or Police Family Protection Unit, immediately by phone and make a referral.

Follow up the referral with a written record within 48 hours. If the client agrees to make the report themselves, this must be followed up to make sure that they have done so.

Take advice about whether it will be safe for the Adult at Risk to return home.

Advise the practitioner what to do as soon as possible, following any advice given to you.

Ensure that the client is kept informed of what is happening as appropriate (usually via the practitioner).

Consider with the practitioner how the client may be best supported in the circumstances.

Take whatever action the statutory authority has advised.

Make careful notes of all conversations and actions. Keep all notes private and secure.

In every case you should not:

- Attempt to carry out any form of investigation.
- Let the practitioner return any Adult at Risk to their carer unless the statutory authority has said it

is safe for them to do so.

- Make any contact with carers, alleged abusers or victims.
- Disclose any information to anyone other than your manager, the Designated Safeguarding Team or the statutory authorities.
- Disclose any information that is not relevant to the immediate cause for concern.

If the Adult at Risk states that they do not want the situation disclosed further or reported, the matter should be referred to the designated person at the earliest opportunity. In such situations, Service Six will give careful consideration as to whether it has a duty to report the matter to Social Services/the police directly. The decision should be based on the risk to the client, the risk to others and seriousness of the allegation.

What to expect when making a referral to the statutory authorities

Social Services' main aim will be to help an Adult at Risk to live safely whilst maintaining the maximum possible level of independence, choice and control.

When making a referral to Adult Social Care or the Police staff may be asked to provide as much of the following as possible:

- Your name, organisation and contact details for follow up.
- Family information: The Adult at Risk's name, carers address, dates of birth. Any special needs or communication needs of the Adult at Risk or members of the family.
- State the reasons you feel the Adult at Risk is suffering or likely to suffer harm. Share knowledge and involvement of the Adult at Risk and carers/family.
- Share knowledge of other agencies involved.
- Indicate the Adult at Risk's knowledge of the referral and their expectations.
- Explain what actions have been taken.
- A written referral, if initial referral is verbal, to follow within 48 hours.

As the referrer staff should be given:

- An explanation of what is likely to happen next in relation to the referral.
- The name of a contact person who will be dealing with the referral.
- When/how you may expect information on the outcome following referral (you should at least receive an acknowledgement of your referral in 3 working days).

As soon as the referral is made, Social Services become the lead agency and will co-ordinate any action that is required and are responsible for deciding if they will be carrying out an investigation.

The police will lead on Adult Protection arrangements where there is evidence that a serious crime has been committed and the criminal investigation will take precedence.

AGENCY INFORMATION (Useful Contact Details)

Service Six:

Chief Executive: Emma

Campion

Tel: 01933 277520

Mobile: 07813366249

emma.campion@servicesix.co.uk

Operations Manager- Joanna Gilbert

Tel: 01933 277520

Mobile: 07824665455

Joanna.gilbert@servicesix.co.uk

Milton Keynes Service Manager: Katie Byrne

Tel: 01933 277520

Mobile: 07850 916600

katie.marsh@servicesix.co.uk

Youth Specialist / Social Worker: Tony Butcher

Tel: 01933 277520

Mobile: 074831 140566

tony.butcher@servicesix.co.uk

Northamptonshire Service Manager: Pep Finn-Scinaldi

Tel: 01933 277520

Mobile: 078813366222

pep.finn-scinaldi@servicesix.co.uk

Northamptonshire County Council Adult Care Team:

Initial Contact Team; Tel 0300 1267000 - Adults

Fax; 01604 366828

Email: adultcarenc@northamptonshire.gcsx.gov.uk

Northamptonshire Safeguarding Vulnerable Adults Board (SOVA)

[NCC Online forms and referral forms are available at:](#)

<http://www.northamptonshire.gov.uk/en/councilservices/social-care/plans/safeguarding/pages/safeguarding-adults-procedures-and-forms.aspx>

Milton Keynes Council Adult Health and Social Care Team:

Access Team; Tel 01908 253772

Email: ascat@milton-keynes.gov.uk

Milton Keynes Safeguarding Adults Board:

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<https://www.milton-keynes.gov.uk/social-care-and-health/safeguarding-people-at-risk/safeguarding-adults-policies-and-procedures>

Leicestershire County Council:

Adult Social Care- Tel. 0116 305 0004 (Monday to Thursday, 8.30am-5pm, Friday 8.30am- 4.30pm)

Email: adultsandcommunitiescsc@leics.gov.uk

Emergency Duty Team:

Tel. 0116 255 1606 (evenings, weekends, bank holidays)

Leicester City Council:

Leicester City Adult's Safeguarding Team:

Tel. 0116 454 1004 (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4.30pm)

Emergency Adult's Safeguarding Team:

Tel. 0116 255 1606

For further information and guidance please visit the [Northamptonshire County Council website](#), Milton Keynes Council website www.milton-keynes.gov.uk, Leicester City Council website www.leicester.gov.uk or Leicester County Council website Those sites contain the latest key referral forms and guidance available.