



HR POLICY

SAFEGUARDING ADULTS POLICY

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SAFEGUARDING ADULTS POLICY AND PROCEDURE

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1.0 INTRODUCTION

- 1.1 Link4Life will adopt guidance and practices approved by Rochdale Borough Safeguarding Adult Board (RBSAB) Multi-Agency Policy and Procedures for the protection of Adults at Risk.
- 1.2 Adult Safeguarding means protecting a person's right to live in safety, free from abuse or neglect.

2.0 POLICY STATEMENT AND AIMS

- 2.1 Link4Life has a duty of care to safeguard all Adults who may access any facilities or services managed by the Trust.
- 2.2 The aim of the Adults at Risk Policy is to '*promote well-being, prevent and reduce the risk of significant harm to Adults at risk from abuse, neglect or other types of exploitation whilst supporting individuals to maintain control over their lives and make informed choices without coercion*'.
- 2.3 We will promote good practice by:
 - providing a safe environment for all Adults at Risk when using Link4Life services;
 - allowing all staff (including volunteers) to make informed and confident responses with regard to safeguarding issues.
 - develop a culture that does not tolerate abuse;
 - ensure employees of Link4Life receive training to identify and act on suspected abuse;
 - prevent abuse wherever possible;
 - support those at risk to access the services they wish to use;
 - act on suspicions and allegations of abuse in line with documented procedures;
 - work with partners to promote multi-agency practices to safeguard adults at risk in line with Care Act 2014.

3.0 DEFINITION OF ADULTS AT RISK

- 3.1 The Care Act 2014 sets out new statutory requirements with regard to adult safeguarding and defines safeguarding as protecting an adults right to live in safety, free from abuse or neglect.
- 3.2 The Care Act 2014 replaces No Secrets (2000) and places procedures for safeguarding adults on a statutory footing for the first time. The act defines who may be at risk, types of adult abuse and places emphasis on multi-agency working with the focus on better outcomes for the individual.
- 3.3 Adults who may be at risk of abuse or neglect
 - 18 or over;
 - has needs for care or support;
 - is experiencing or at risk of abuse or neglect;
 - is unable to protect themselves against abuse due to their care or support needs.

- 3.4 An adult at risk may be a person who:
- is elderly or frail due to ill health, physical disability or cognitive impairment;
 - has a learning disability;
 - has a physical disability +/- a sensory impairment;
 - has mental health needs including dementia +/- a personality disorder;
 - has a long term illness or condition;
 - has a brain injury;
 - misuses substances or alcohol;
 - is a carer who provides personal assistance or care and is subject to abuse;
 - anyone who is at risk due to a specific circumstance e.g. domestic abuse, forced marriage, sexual or commercial exploitation;
 - anyone who is unable to demonstrate the capacity to make a decision and is in need of care and support.
- 3.5 The key principles in Safeguarding Adults at Risk
- Empowerment – focus on personalisation, person-led decision making and informed consent. We will consult the individual before we take any action. If an individual lacks capacity to make a decision, we will always act in their best interests and consult them on what outcome they would wish to see.
 - Protection – provide support and representation for those in need. We will ensure Link4Life reporting arrangements for suspected abuse, and our company risk assessments are clear and effective and provide support for our staff in reporting safeguard issues.
 - Prevention – It is better to take action before harm occurs. We will ensure our employees can identify and respond appropriately to signs of abuse +/- suspected criminal offences. We will provide appropriate training and guidance in how to recognise signs and take appropriate action. We will support individuals to take part in safeguarding processes to the extent they wish or are able to.
 - Proportionality – action must be proportionate and be the least intrusive response appropriate to the risk presented.
 - Partnerships – we adopt appropriate information sharing practices where appropriate and act for the welfare of the individual. Information sharing will be appropriate, sensitive and always in the interest of the individual.
 - Accountability – employees will understand their roles and responsibilities and what is expected from them. Managers will be clear about lines of reporting and accountability.
- 3.6 In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress or undue influence or pressure.

3.7 It is important to note that people with capacity can also be vulnerable at times due to personal characteristics, factors associated with their situation, environment or social factors.

3.8 Mental Capacity

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation;
- to take action themselves to prevent abuse;
- to participate to the fullest extent possible in decision making about interventions.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf.

- It applies to people aged 16+ and covers 5 statutory principles:
- always assume capacity unless proven otherwise;
- right of individuals to be supported to make their own decisions;
- right of individuals to make unwise decisions;
- best interest decision making;
- least restrictive interventions to be applied.

3.9 Responsibility for mental capacity and deprivation of liberty is the remit of the Local Authority or specialist officers.

4.0 THE MAIN FORMS OF ABUSE

4.1 For the purpose of the Safeguarding Adults at Risk Policy and procedures the term abuse is defined as “a violation of an individual’s human or civil rights by any other person or persons which results in significant harm”. (DH, 2000)

4.2 Abuse may be:

- a single act or repeated acts;
- grooming or serial abuse;
- an act of neglect or a failure to act;
- multiple acts, for example, an adult at risk may be neglected and may also be financially abused;
- Deliberate, as a result of negligence or ignorance;
- a crime.

4.3 Abuse is about the misuse of power and control that one person has over another;

- where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place;

- abuse can take place in settings such as the person's own home, day or residential centres, supported housing, educational establishments, or in nursing homes, clinics or hospitals;
- a number of abusive acts are crimes and informing the police must be a key consideration.

4.4 Abuse and neglect can take many forms and includes:

- physical
- sexual
- psychological/emotional
- financial and material
- neglect and acts of omission
- discriminatory
- institutional
- domestic
- exploitation
- modern slavery
- self-neglect
- Coercive and controlling behaviour
- Internet scams, postal scams and doorstep crime

4.5 Ill Treatment and Wilful Neglect

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the Mental Capacity Act.

Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

4.6 Consent

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent.

Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected *unless*:

- there is a public interest, for example, not acting will put other adults or children at risk;
- there is a duty of care to intervene, for example, a crime has been or may be committed.

4.7 Deprivation of Liberty Safeguards (DoLS)

DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to be given care or treatment.

These safeguards provide protection to people in hospitals and care homes. Care homes and hospitals must make requests to a local authority for authorisation to deprive someone of their liberty if they believe it is in their best interest.

All decisions on care and treatment must comply with the Mental Capacity Act and the Mental Capacity Act Code of Practice.

4.8 Examples of Abuse

- Physical Abuse

This is the physical ill treatment of an adult, which may or may not cause physical injury. Examples of physical abuse are hitting, pushing, pinching, shaking, misusing medication, scalding, the misuse or illegal use of restraint, inappropriate sanctions, exposure to heat or cold and not giving adequate food or drink.

- Restraint

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is physical abuse. There is a distinction to be drawn between restraint, restriction, and deprivation of liberty. A judgement as to whether a person is being deprived of liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restriction, duration, the effect and the manner of the implementation of the measure in question. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence.

Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

Providers of health and social care must have in place internal operational procedures covering the use of physical interventions and restraint.

- Sexual Abuse

This is any form of sexual activity that the adult does not want and to which they have not consented, or to which they cannot give informed consent.

Rape and other sexual assaults are among the most serious offences investigated by the Police.

Other examples of sexual abuse/assault include the direct or indirect involvement of the adult at risk in sexual activity or relationships which:

- they do not want or have not consented to;
- they cannot understand and lack the mental capacity to be able to give consent to;
- they have been coerced into because the other person is in a position of trust, power or authority eg a care worker;
- they may have been forced into sexual activity with someone else or may have been required to watch sexual activity.

- **Sexual Exploitation**

This is taking advantage of sexuality or attractiveness of a person to make a personal gain or profit. It is the abuse of a person at risk, differential power or trust, for sexual purposes.

- **Psychological / Emotional Abuse**

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- mental distress;
- the denial of basic human and civil rights such as self-expression, privacy and dignity;
- negating the right of the adult at risk to make choices and undermining their self-esteem;
- isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.

It is the wilful infliction of mental suffering by a person who is in a position of trust and power to an adult at risk. Psychological/emotional abuse results from threats of harm or abandonment, being deprived of social or any other sort of contact, humiliation, blaming, controlling, intimidation, coercion and bullying. Behaviour that can be deliberately linked to causing serious psychological and emotional harm may constitute a criminal offence. Specialist advice from the police should be sought.

- **Financial Abuse**

Financial abuse is a crime. It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes:

- theft;
- fraud;
- exploitation;
- undue pressure in connection with wills, property, inheritance or financial transactions;
- the misuse or misappropriation of property, possessions or benefits;

- the misuse of an enduring power of attorney or a lasting power of attorney.
- Neglect and Acts of Omission
Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide. Behaviour that can lead to neglect includes ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating. Neglect can be intentional or unintentional.

Intentional neglect would result from:

- wilfully failing to provide care;
- wilfully preventing the adult at risk from getting the care they needed;
- being reckless about the consequences of the person not getting the care they need.

If the individual committing the neglect is aware of the consequences and the potential for harm then the neglect is intentional in nature.

Unintentional neglect could result from a carer failing to meet the needs of the adult at risk because they do not understand the needs of the adult, may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult at risk.

- Discriminatory Abuse
Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

- Institutional/Organisational Abuse
Institutional abuse is the mistreatment or abuse or neglect of an adult at risk by an organisation or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.

Institutional abuse can occur in any setting providing health and social care.

- **Modern Slavery**
This includes slavery, human trafficking, forced labour and domestic servitude.
- **Self-Neglect**
This includes a failure to care for own personal hygiene, health or surroundings including hoarding.
- **Domestic Abuse**
This covers physical, psychological, sexual or financial abuse within a family relationship. It is repeated, random and habitual use of coercive behaviour and intimidation to control a partner or family member. It can happen to male or females and in straight, lesbian, gay or bisexual relationships.
- **Other forms of abuse may include:**
 - Hate crime
 - Mate crime
 - Female genital mutilation
 - Assisted suicide
 - Anti-social behaviour
 - Honour Based Violence
 - Forced Marriage

Further details can be found on the Rochdale Borough Safeguarding Adults website at www.safeguarding4rochdale.com

5.0 RAISING CONCERNS

5.1 This section covers:

- responsibilities of the person raising the alert;
- responsibilities of the alerting manager;
- factors to consider when raising an alert.

5.2 Alerts

All staff have a responsibility to inform the relevant manager of a concern that an adult at risk:

- has been harmed, abused or neglected or;
- is being harmed, abused or neglected or;
- is at risk of being harmed, abused or neglected.

5.3 A concern may be:

- a direct disclosure by the adult at risk;
- a concern raised by staff or volunteers, others using the service, a carer or a member of the public;
- an observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk or of one service user towards another.

5.4 Alerts may be made by anyone, including the Adult at Risk themselves.

5.5 Responsibilities of the person raising the alert

- Take immediate action;
- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
- If in immediate danger, dial 999 and then inform Adult Care;
- If urgent medical assistance is required, call an ambulance;
- Contact the police on 101 if a crime is suspected;
- Do not disturb or move articles that could be used in evidence, and secure the scene, for example, by locking the door to a room;
- Follow child safeguarding practices if a child may also be at risk;
- If possible, make sure that other service users are not at risk;

5.6 Responding to an adult who is making a disclosure

- Assure them that you are taking them seriously;
- Assist the adult to feel safe and comfortable, emotionally and physically;
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage;
- Do not give promises of complete confidentiality;
- Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them;
- Reassure them that they will be involved in decisions about what will happen;
- Explain that you will try to take steps to protect them from further abuse or neglect;
- If they have specific communication needs, provide support and information in a way that is most appropriate to them;
- Do not be judgemental or jump to conclusions.

5.7 Considering the person alleged to have caused harm

Do not discuss the concern with the person alleged to have caused harm, unless the immediate welfare of the Adult at Risk makes this unavoidable.

5.8 Making a record

All information must be recorded on the Link4Life Safeguarding Record Form (Appendix B). All copies must be forwarded promptly to the Human Resources Manager and relevant agency (Safeguarding Flow Chart, Appendix A) and archived for a minimum of 5 years within the Central Filing System managed by Human Resources.

5.9 Recordings should detail:

- date and time of incident;
- state exactly what the adult at risk said, using their own words;
- appearance and behaviour of the adult at risk;
- any injuries observed;
- name and signature of the person making the record;

- the record must be factual;
- information from another person must be attributed to them.

5.10 Reporting the matter to the Designated Safeguarding Officers should not be delayed by attempts to obtain more information.

5.11 Informing a manager or Designated Safeguarding Officer

- Inform your line manager or Designated Safeguarding Officer immediately;
- If you are concerned that a member of staff has abused an adult at risk, you have a duty to report these concerns;
- If you are concerned that your line manager has abused an adult at risk, you must inform a Designated Safeguarding Officer or senior manager;
- If you are concerned that an adult at risk may have abused another adult at risk, inform your line manager.

5.12 Responsibilities of the manager

Any manager may make safeguarding referrals but a Designated Safeguarding Officer should be informed at the earliest opportunity.

5.13 Training

Link4Life will ensure that all Designated Safeguarding Officers will complete training on Adult Safeguarding at intervals of no longer than 2 years; this may be done via face to face delivery or e-learning.

For all other staff:

- all new employees (including volunteers) will receive basic safeguarding training from a Designated Safeguarding Officer as part of their induction;
- all staff will then complete the RBC Me Learning training every 3 years.

5.14 Supporting immediate needs

In line with information-sharing considerations, the alerting manager may need to take the following actions:

- Make an immediate evaluation of the risk to the adult at risk;
- Take reasonable and practical steps to safeguard the adult at risk as appropriate;
- Consider referring to the police if the abuse suspected is a crime;
- If the matter is to be referred to the police, discuss risk management and any potential forensic considerations;
- If there is a need for immediate protection, refer to the relevant adult care services or Emergency Duty Team (EDT) if out of hours;
- If the person causing the harm is also an adult at risk, arrange for a member of staff to attend to their needs;
- Make sure that other service users are not at risk;
- In line with the organisation's disciplinary procedures, suspend staff suspected of abusing an adult or adults at risk.

5.15 Speaking to the adult at risk

It may be appropriate for the manager to speak to the adult at risk. To do this, the manager should consider:

- speaking to them in a private and safe place and informing them of any concerns;
- getting their views on what has happened and what they want done about it;
- giving them information about the Safeguarding Adults process and how that could help to make them safer;
- supporting them to ask questions about issues of confidentiality;
- identifying communication needs;
- explaining how they will be kept informed and supported;
- discussing what could be done to ensure their safety.

If it is felt that the adult at risk may not have the capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

It is important to establish whether the adult at risk has the capacity to make decisions, so the matter should be referred to the appropriate Adult Safeguarding Team.

5.16 Person alleged to have caused harm

- liaise with the police regarding the management of risks involved;
- however, if they are a member of staff and an immediate decision has to be made to suspend them, the person has a right to know in broad terms what allegations or concerns have been made about them;
- if the person causing harm is another service user, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met;
- ensure that any staff member or volunteer who has caused risk or harm is not in contact with service users and others who may be at risk, for example, whistleblowers.

5.17 Deciding whether or not to make a referral

The Manager or Designated Safeguarding Officer must decide whether or not to make a referral to the Police or Adult Safeguarding Team. Where it is suspected that a member of staff from another organisation may have caused harm, referral under the organisation's disciplinary procedures should also be considered.

5.18 A referral should be made when:

- the person is an adult with care or support needs and there is a concern that they are being or at risk of being abused or neglected, and at risk of significant harm;
- the adult has capacity to make decisions about their own safety and wants this to happen;
- the adult has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral;
- a crime has been or may have been committed against an adult without mental capacity to report a crime and a 'best interests' decision is made;
- the abuse or neglect has been caused by a member of staff or a volunteer;

- other people or children are at risk from the person causing the harm;
- the concern is about institutional or systemic abuse;
- the person causing the harm is also an adult with care or support needs.

5.19 Factors to consider when raising an alert

- Is there any doubt about the mental capacity of an adult at risk to make decisions about their own safety? Remember to assume capacity unless there is evidence to the contrary. If unsure, refer to Adult Safeguarding Team for advice. (Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress.);
- How vulnerable is the adult at risk? What personal, environmental and social factors contribute to this?
- What is the nature and extent of the abuse?
- Is the abuse a real or potential crime?
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?
- Is a child (under 18 years) at risk?

5.20 If the alerting manager is unsure whether to refer, they should contact the relevant Safeguarding Adults Team for advice.

5.21 Who should be informed?

Where relevant the alerting manager should inform:

- a Designated Safeguarding Officer within Link4Life;
- the police, if a crime has been or may be committed;
- the area CQC (Care Quality Commission) if the adult is living in a care home, receiving personal care or with another registered resource or service;

5.22 Supporting Link4Life staff

Managers are responsible for:

- supporting any member of staff or volunteer who raised the concern;
- enabling and supporting staff to play an active part in the Safeguarding Adults process;
- ensuring that any staff delivering a service to the adult at risk are kept up to date on a need-to-know basis and do not take actions that may prejudice the investigation.

6.0 MAKING A REFERRAL

6.1 This section covers:

- where to refer to and how to make a referral;
- receiving a referral and gathering the facts.

6.2 A referral is the direct reporting of an allegation, concern or disclosure to the Safeguarding Adults Team. A referral will place the information about the concern in a multi-agency context. A referral begins a process of gathering facts, assessment of

the allegation, assessment of the adult at risk's needs and a risk assessment to decide whether the Safeguarding Adults policy applies.

- 6.3 This should be done in consultation with the alerting manager and all relevant organisations. This decision must be made on the same working day or within 24 hours of the referral reaching the appropriate team.
- 6.4 Where to refer to and how to make a referral
Referrals will be taken from *anyone* who has a concern that an adult is at risk of harm. There should be initial completion of the Link4Life Safeguarding Adults record form (**Appendix B**). A referral to relevant Safeguarding Services may be made by phone (see telephone number in **Appendix C**) or the referrer may use the Multi-agency Interagency Referral form (**Appendix D**) and send it to Adult Care. The matter can additionally be reported to the police where a crime is committed or suspected.
- 6.5 Information
Where possible, include as much information under the following headings.
- 6.6 Details of the referrer
- Name, address and telephone number;
 - Relationship to the adult at risk;
 - Name of the person raising the alert if different;
 - Name of organisation, if referral made from a care setting;
 - Anonymous referrals will be accepted and acted on. However, the referrer should be encouraged to give contact details.
- 6.7 Details of the adult at risk
- Name(s), address and telephone number;
 - Date of birth, or age;
 - Details of any other members of the household including children;
 - Information about the primary care needs of the adult, that is, disability or illness;
 - Ethnic origin and religion;
 - Gender;
 - Communication needs of the adult at risk due to sensory or other impairments (including dementia), including any interpreter or communication requirements;
 - Whether the adult at risk knows about the referral;
 - Whether the adult at risk has consented to the referral and, if not, on what grounds the decision was made to refer;
 - What is known of the person's mental capacity and their views about the abuse or neglect and what they want done about it (if that is known at this stage);
 - Details of how to gain access to the person and who can be contacted if there are difficulties;
- 6.8 Information about the abuse, neglect or physical harm
- How and when did the concern come to light?
 - When did the alleged abuse occur?

- Where did the alleged abuse take place?
- What are the details of the alleged abuse?
- What impact is this having on the adult at risk?
- What is the adult at risk saying about the abuse?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult at risk to find out what is happening?
- Is a child (under 18 years) at risk?.

6.9 Details of the person causing the harm (if known)

- Name, age and gender;
- What is their relationship to the adult at risk?
- Are they the adult at risk's main carer?
- Are they living with the adult at risk?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a personal budget?
- Which organisation are they employed by?
- Are there other people at risk from the person causing the harm?

6.10 Any immediate actions that have been taken

- Were emergency services contacted? If so, which?
- What action was taken?
- What is the crime number if a report has been made to the police?
- Details of any immediate plan that has been put in place to protect the adult at risk from further harm;
- Have children's services been informed if a child (under 18 years) is a risk?

6.11 The alerting agency may be asked to confirm the referral in writing.

6.12 Referrals to the police

- Staff must make it clear whether they are reporting a crime or suspected crime, or seeking advice;
- Referral must also be made to the relevant local authority;
- In an emergency call the police on 999;
- If a crime has been or may have been committed, report immediately to the police unless the adult at risk has mental capacity, does not want a report made and there are no overriding public or vital interest issues;
- The police may also be contacted later, if more information becomes available and it becomes apparent that a crime has been committed.

7.0 INFORMATION SHARING

7.1 Information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation.

7.2 Information will be shared within and between organisations in line with the principles set out below:

- Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared;
- The person's wishes should always be considered, however, protecting adults at risk establishes a general principle that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved;
- Information given to an individual member of staff belongs to the organisation and not to the individual employee. An individual employee cannot give a personal assurance of confidentiality to an adult at risk;
- An organisation should obtain the adult at risk's written consent to share information and should routinely explain what information may be shared with other people or organisations;
- Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from abuse or harm;
- Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult;
- Staff reporting concerns at work ('whistle-blowing') are entitled to protection under the Public Interest Disclosure Act 1998;
- Decisions about what information is shared and with whom will be taken on a case by case basis. Whether information is shared with or without the adult at risk's consent, the information shared should be:
 - necessary for the purpose for which it is being shared;
 - shared only with those who have a need for it;
 - be accurate and up to date;
 - be shared in a timely fashion;
 - be shared accurately;
 - be shared securely.