



Safeguarding Adults Policy

Multi Agency Policy for protecting adults at risk of harm. This document is to be read in conjunction with the Wigan Borough Multi Agency Safeguarding Adults Procedure.

Reviewed July 2023

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Scope and Purpose

Section 43 of the Care Act 2014 requires every Local Authority to establish a Safeguarding Adults Board (SAB) for its area. The Wigan Safeguarding Adults Board (WSAB) operates at a strategic level, helping and protecting adults in its area from abuse and neglect through co-ordinating and reviewing a multi-agency approach across all member organisations.

The Care Act states that safeguarding is: “protecting an adult’s right to live in safety, free from abuse and neglect”. This multi-agency policy explains how agencies will proactively engage with services and the community to prevent abuse occurring and respond if abuse is identified, suspected, or disclosed. It is required that the response to all allegations must be in line with the current legislation and the WSAB Safeguarding Adults Policy and Procedure.

Section 42 Statutory Safeguarding Duties (Care Act 2014)

These duties apply to anyone aged over 18 who has needs for care and support.

Criteria to progress safeguarding:

S42 (1) Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) -

- a) has needs for care and support (whether or not the 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.

Duty to make enquiries

S42 (2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom.

Principles

	Action	‘I’ Statement
Empowerment	People being supported and encouraged to make their own decisions and informed consent.	‘I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.’
Prevention	It is better to take action before harm occurs.	‘I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.’
Proportionality	The least intrusive response appropriate to the risk presented.	‘I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed.’
Protection	Support and representation for those in greatest need.	‘I get help and support to report abuse and neglect. I get help so that I can take part in the safeguarding process to the extent to which I want.’
Partnership	Local solutions through services working with their communities. Communities	‘I know that staff treat any personal and sensitive

	have a part to play in preventing, detecting, and reporting neglect and abuse.	information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.'
Accountability	Accountability and transparency in delivering safeguarding.	'I understand the role of everyone involved in my life and so do they.'

Wigan Safeguarding Adults Partners

Statutory partners

- Wigan Council
- Wigan Borough Clinical Commissioning Group (Integrated Care System – TBC)
- Greater Manchester Police

Additional partners:

- Greater Manchester Mental Health NHS Foundation Trust
- Greater Manchester Probation Trust
- HM Coroner's Office
- NHS England
- The Care Quality Commission
- Healthwatch Wigan & Leigh
- Wrightington, Wigan & Leigh NHS Foundation Trust
- Greater Manchester Fire and Rescue Service

Strong partnerships are those whose work is based on an agreed policy and strategy, with common definitions and a good understanding of each other's roles and responsibilities. These underpin partnership working in response to instances of abuse and neglect, wherever they occur. All partners endorse this policy and are committed to the values and principles that underpin them.

Vision

That the residents of Wigan Borough can live safely, free from harm and abuse, or the fear of abuse, in communities that:

- Have a culture that does not tolerate abuse
- Work together to prevent harm and reduce the risk of abuse
- Know what to do when abuse happens
- Implement the principles of making safeguarding personal to safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Where there is a commitment to continuous improvement and learning across the partnership and community

Policy Statement

WSAB has stated that for this policy to effectively impact on practice, every agency must accept individual and collective responsibility in being transparent in all aspects of safeguarding, and to ensure that they:

- Follow the Multi Agency procedures when responding to identified, suspected, or disclosed abuse
- Be proactive in driving forward good practice in safeguarding prevention and intervention
- Commit themselves to the underlying values and principles on which this document is based
- Encourage and enable staff to attend relevant safeguarding adult learning opportunities
- Provide appropriate resources for staff to meet the requirements within this document and the related procedure
- Raise awareness of safeguarding adults within their own agency and the wider community
- Take timely and appropriate action to protect when suspected abuse is identified
- To seek resolution when there is a conflict of professional opinion or practice
- To respond appropriately and in a timely manner to instances of whistleblowing
- To ensure that the impact of current and historical trauma is worked with sensitively.

In demonstrating commitment to this policy, the WSAB support working together as partners and with our communities in an asset based way, building on strengths and resources that positively support individuals through the safeguarding process.

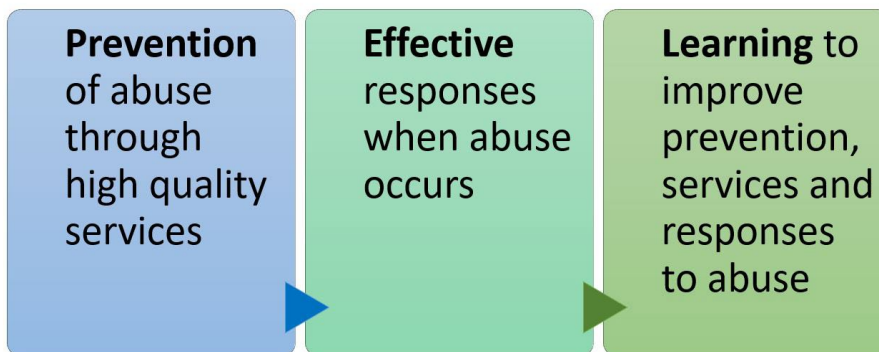
Agencies, Employees and Volunteers

In accordance with the emphasis on preventing abuse, each organisation has a responsibility to ensure (*note: the term 'staff' includes paid and unpaid workers*):

- Safeguarding is at the heart of practice and service delivery at every level of the agency
- There is a system of leadership and accountability that monitors safeguarding systems and practice
- All staff are clear about their duties and responsibilities to safeguarding adults at risk in relation to their job role
- All staff have access to an appropriate "Whistle Blowing Policy" that enables concerns to be raised and acted on, without fear of retribution
- Lead responsibility for safeguarding adults is delegated to an appropriately skilled and knowledgeable member of staff
- Best practice in relation to safe recruitment and retention is adhered to, including the requirements of the Disclosure and Barring Service (DBS)
- Staff have a clear understanding of important concepts such as choice, capacity (fluctuating, functional, executive), consent, privacy, dignity, and information sharing
- Staff have read and understood the agency's safeguarding policy and procedures
- Staff are provided with safeguarding training and learning opportunities at a level appropriate with their roles and responsibilities
- Wider training needs, such as the Mental Capacity Act, Trauma Informed Practice and those relating to Liberty Protection Safeguards are identified and provided.

Each organisation must evidence how it assesses the effectiveness of its practice, learning from experience and learning from local and national Safeguarding Adults Reviews.

3 priorities to organisational responsibilities:



In discharging their responsibilities all agencies will act to protect those adults who need support to lead their lives free from fear, harassment, or discrimination. In addition:

- Agencies will work in a way that supports the principles of the Care Act and in accordance with the WSAB Safeguarding Adults Procedure and safeguarding process
- Agencies will provide safe, high-quality care and support and ensure robust safeguarding practices and will evidence the same through clear and contemporaneous documentation
- Commissioners will regularly assure themselves of the safety, effectiveness, and responsiveness of commissioned services, or take performance measures
- The Care Quality Commission (CQC) will ensure that regulated providers comply with the fundamental standards of care and safeguarding responsibilities, or take enforcement action
- The police will perform their duties to prevent and detect crime and to protect life and property and fulfil their responsibilities to the safeguarding process

Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) is a sector-led initiative which aims to develop outcomes focussed safeguarding work, and a range of responses to support people to improve or resolve their circumstances.

MSP is focussed on developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused. It is a key operational and strategic goal for all agencies to embed the 'Making Safeguarding Personal' approach across their organisations by establishing and developing:

- A broader participation and consultation strategy with those who have lived experience
- Accessible and jargon free information to support participation of people in safeguarding support
- A focus on qualitative reporting on outcomes as well as quantitative measures
- Advocacy
- Person-centred approaches to working with risk, rather than 'risk-adverse'
- Practice that can respond sensitively to the impact of current and historical trauma
- Agency specific policies and procedures that are in line with a personalised safeguarding approach
- Strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture.

Roles and Responsibilities

Wigan Safeguarding Adults Board

- Hold partners to account
- Monitor outcomes and effectiveness
- Use data and intelligence to identify risk and act on it
- Co-ordinate activity

Social Care and Health Providers

- Show leadership and routinely monitor activity
- Meet the required service quality standards
- Train staff in safeguarding procedures and ensure they are effectively implemented
- Investigate and respond effectively to incidents, complaints and whistleblowers
- Take disciplinary action with staff who have abused or neglected people in their care

Social Care and Health Commissioners

- Build safeguarding into commissioning strategies & service contracts
- Review and monitor services
- Regularly intervene (in partnership with the regulator) where services fall below fundamental standards or abuse is taking place

Clinicians

- Apply clinical governance standards for conduct, care & treatment & information sharing
- Report incidents of abuse, neglect or undignified treatment
- Follow up referrals
- Consult patients and take responsibility for ongoing patient care
- Lead and support enquiries into abuse or neglect where there is need for clinical input.

Social Workers / Social Care Officers

- Identify and respond to concerns
- Identify with people (or their representatives or Best Interest Assessors if they lack capacity) the outcomes they want
- Build managing safeguarding risks and benefits into care planning with people
- Review care plans
- Lead and support enquiries into abuse or neglect.

Police

- Investigate possible crimes
- Conduct joint investigations with partners
- Gather best evidence to maximise the prospects for prosecuting offenders
- Achieve, with partners, the best protection and support for the person experiencing abuse or neglect – including victim support.

Care workers / Support Workers

- Prevent abuse occurring wherever possible
- Create safe spaces
- Build positive relationships that enable people to disclose
- Identify, respond and report concerns immediately
- Follow organisational Safeguarding Procedures
- Keep clear records

Support Groups / Public access areas

- Create safe spaces
- Have clear Safeguarding Procedures in place
- Identify, respond and report concerns immediately
- Keep clear records

Specialist Safeguarding staff

- Be leads in their organisations
 - Provide specialist advice and coordination
 - Respond to concerns
 - Make enquiries
 - Work with the person experiencing abuse
- Co-ordinate who will do what – e.g., criminal, or disciplinary investigations.

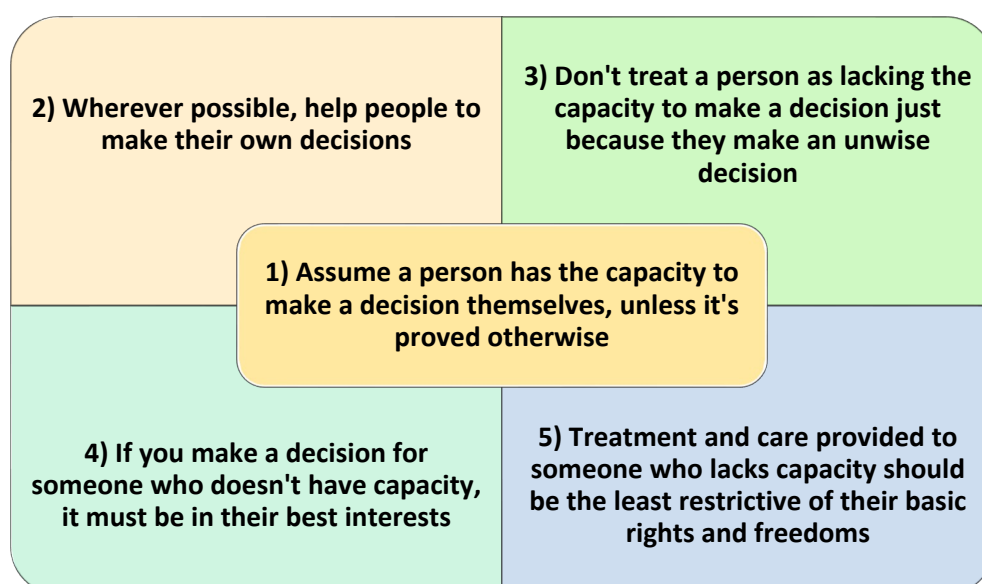
<p>Professional Regulators (including Healthwatch)</p> <ul style="list-style-type: none"> • Set the culture and professional standards • Apply the Fit to Practice test • Take action where professionals have abused or neglected people in their care • The voice of the individual is heard • Identify shortfalls in services. 	<p>Care Quality Commission</p> <ul style="list-style-type: none"> • Register, monitor, inspect and regulate services to make sure they provide people with safe, effective, compassionate, high quality care • Intervene and take regulatory action on breaches • Publish findings including performance ratings.
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Adapted from: [Roles and responsibilities in adult safeguarding | Local Government Association](#)

Legal Framework

Mental Capacity (Mental Capacity Act 2005):

Mental capacity means being able to make your own decisions and is based on the premise of always assuming capacity first. The MCA is founded in 5 principles for practice, these are:



The MCA defines someone is lacking capacity, because of an illness or disability such as a mental health problem, dementia, or a learning disability, who cannot do one or more of the following four things in relation to a specific decision i.e., they may have capacity to make some decisions but not others:

- Understand information given to them about a particular decision
- Retain that information long enough to be able to make the decision
- Weigh up the information available to make the decision
- Communicate their decision.

Mental Health Act 1983 (amended 2007):

The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment, and rights of people with a mental health disorder. People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.

The Mental Health Act 1983, as amended by the Mental Health Act 2007; removes all the distinctions in the 1983 Act and simply defines mental disorder as being 'any disorder or disability of the mind'.

It is designed to give health professionals the powers, in certain circumstances, to detain, assess and treat people with mental disorders in the interests of their health and safety or for public safety. Powers set out in the 1983 Act (as amended) allow for both 'civil' admissions to hospital and criminal justice admissions from the courts or prison. The legislation also provides safeguards for patients to ensure they are not inappropriately treated under the provisions of the Act.

[Briefing: Mental Health Act 2007 - Simon Lawton-Smith - The King's Fund, December 2008 \(kingsfund.org.uk\)](http://kingsfund.org.uk)

Section 42 Safeguarding Enquiry (Care Act 2014):

Criteria to progress safeguarding:

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Duty to make enquiries

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[Care Act 2014 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Understanding what constitutes a safeguarding concern and how to support effective outcomes \(local.gov.uk\)](http://local.gov.uk)

Human Rights Act 1998:

The Human Rights Act was passed in 1998. It defends people's rights in UK courts and place a responsibility on public bodies (police, health, and the local authority) to treat everyone equally, with fairness, dignity and respect. The Human Rights Act protects everyone. The Human Rights Act means someone can take action in the UK courts if their human rights have been breached.

The following are particularly relevant to safeguarding adults at risk of abuse.

Article 2 - 'The right to life' the right to life means public authorities have a duty to take positive steps to protect a person if their life is in danger. For example, the police have a positive duty to protect if they know a person's life is in danger from someone. If they do not act to protect them, they may be in breach of Article 2.

Article 3 - 'No-one shall be subjected to torture, or inhuman or degrading treatment or punishment'. This article protects a person if they have suffered ill-treatment which is very severe. Whether something is severe enough to be a breach of article 3 depends on the circumstances of the case, for example:

- how old they are
- whether they are a man or a woman
- how long the treatment has lasted
- their health

- how the treatment has affected them physically or mentally.

Inhuman treatment is ill-treatment which causes severe mental or physical suffering. The ill-treatment does not have to be deliberate or inflicted on purpose.

Degrading treatment is treatment which is grossly humiliating or undignified. Very severe forms of discrimination or harassment could be degrading treatment.

Article 5 - 'The right to liberty and security' Article 5 protects a person's right not to be deprived of their liberty or freedom unless it's in accordance with the law. This means someone must not be imprisoned or detained unless there is a law which allows it and the correct procedure is followed, for example, the imprisonment of criminals.

Article 6 - entitles everyone to a 'fair hearing' when a decision is made about their civil rights and obligations. Article 6 protects a person's right to a fair trial. It also ensures access to the courts and gives a person the right to bring a civil case. Article 6 does not give an automatic right to free legal representation in civil cases. But if the case is too complex for someone to represent themselves properly, there may be a breach of article 6 if they do not get help with legal costs.

Article 8 - 'Everyone has the right to respect for (their) private and family life, (their) home and correspondence'. Public authorities may only interfere with this right where this is in accordance with the law and is necessary in a democratic society in the interests of:

- Public safety
- The prevention of disorder or crime
- The protection of health or morals; or
- The protection of the rights and freedoms of others.

The interference by public authorities must be proportionate to the risk or other reason for acting.

Article 14 – 'The right to non-discrimination'; Article 14 protects a person's right not to be discriminated against in connection with their human rights under the Human Rights Act. This means that human rights must not be protected differently because of who a person is. Article 14 covers discrimination because of the following things:

- language
- political opinion
- national or social origin
- property and birth
- association with a national minority
- other status - this includes things like sexual orientation, age, transsexual people, carer status.

[What rights are protected under the Human Rights Act? - Citizens Advice](#)

Criminal Justice Act 2003:

The Criminal Justice Act sets out the arrangements for assessing the risk posed by different offenders. These include relevant sexual and violent offenders and other persons who are considered by the responsible body to be a serious risk to the public. The responsible bodies in this case are the police, probation, and prison services. There is a duty on social services to cooperate with these arrangements and that cooperation may include the exchange of information.

[Adult Safeguarding: The approach of the criminal justice system to investigating and prosecuting crimes against vulnerable adults | www.basw.co.uk](#)

Police and Criminal Evidence Act 1984 (PACE)

PACE sets out to strike the right balance between the powers of the police and the rights and freedoms of the public. Maintaining that balance is a central element of PACE. The PACE codes of practice cover:

- Stop and search
- Powers of entry - Section 17 (1) (b) & (e)
- Entry to property if there is risk to life and limb
- Arrest
- Detention
- Investigation
- Identification
- Interviewing detainees

[Police and Criminal Evidence Act 1984 \(PACE\) codes of practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/codes-of-practice/powers-of-entry)

Deprivation of Liberty Safeguards (DoLS)

DoLS ensure people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and, in the person's best interests. Representation and the right to challenge a deprivation are other safeguards that are part of DoLS.

***Note** - Liberty Protection Safeguards (LPS): In July 2018, the Government published a Mental Capacity (Amendment) Bill that will see DoLS eventually replaced by the Liberty Protection Safeguards (LPS). Under LPS, there will be a streamlined process for authorising deprivations of liberty.*

[Deprivation of Liberty Safeguards \(DoLS\) at a glance | SCIE](#)

[DoLS: Best interests assessment | SCIE](#)

[Liberty Protection Safeguards factsheets - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/liberty-protection-safeguards-factsheets)

Data Protection Act and GDPR 2018:

The DPA 2018 sets out the framework for data protection law in the UK. It updates and replaces the Data Protection Act 1998.

- Data protection is about ensuring people can trust you to use their data fairly and responsibly.
- If you collect information about individuals for any reason other than your own personal, family or household purposes, you need to comply.
- The UK data protection regime is set out in the DPA 2018, along with the GDPR (which also forms part of UK law). It takes a flexible, risk-based approach which puts the onus on you to think about and justify how and why you use data.

Making Safeguarding Personal (ADASS 2016):

Making Safeguarding Personal sits firmly within the Department of Health (DH) Care and Support Statutory Guidance, as revised in 2017 that supports implementation of the Care Act (2014). It means safeguarding adults:

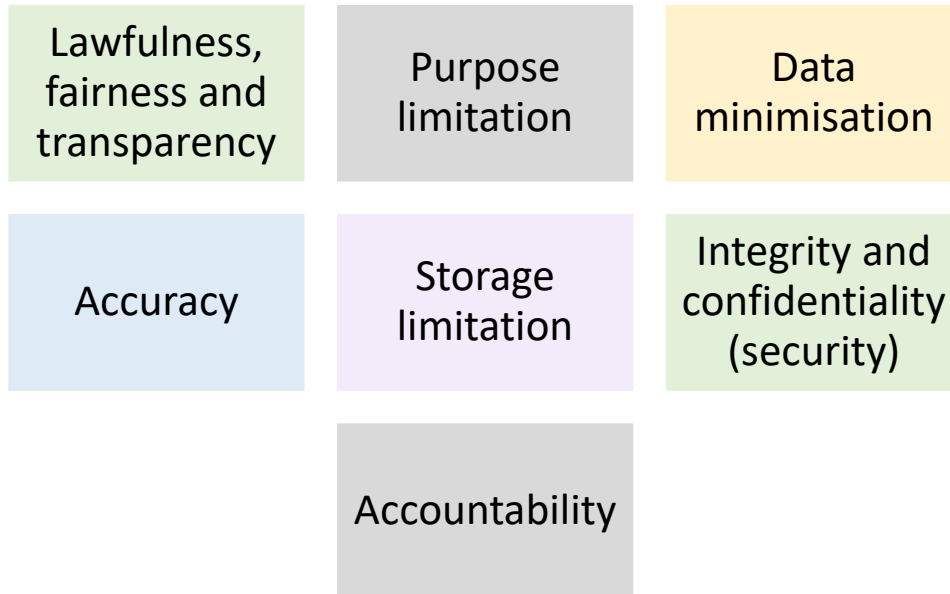
- is person-led
- is outcome-focused
- engages the person and enhances involvement, choice, and control
- improves quality of life, wellbeing, and safety

Making Safeguarding Personal must not simply be seen in the context of a formal safeguarding enquiry (Care Act, 2014, Section 42 enquiry²), but also in the whole spectrum of activity.

[Making Safeguarding Personal: For safeguarding adults boards \(adass.org.uk\)](https://adass.org.uk)

[Making Safeguarding Personal Outcomes Framework \(local.gov.uk\)](https://local.gov.uk)

The 7 key principles of data protection:



[The principles | ICO](#)

The Information Commissioners Office also provides an excellent 'Myth Busting' guide that is clear and gives clarity about sharing information with other statutory authorities and other organisations

[Data sharing myths busted | ICO](#)

Section 115 Crime and Disorder Act 1998:

Section 115 of the Crime and Disorder Act 1998 gives power; but not an automatic right or obligation, to disclose information to specified relevant authorities (e.g. those engaged in Crime Prevention Work) where the disclosure is necessary or expedient for the purposes of that Act.

[National support framework: delivering safer and confident communities \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Protection from Harassment Act 1997

The term harassment is used to cover the 'causing alarm or distress' offences under section 2 of the Protection from Harassment Act 1997 (PHA) as amended and 'putting people in fear of violence' offences under section 4 of the PHA. The term can also include harassment by two or more people against an individual or harassment against more than one victim. Although harassment is not specifically defined in section 7(2) of the PHA, it can include repeated attempts to impose unwanted communications and contact that could be expected to cause distress or fear in any reasonable person. This could include texting, social media and online bullying within the context of the PHA.

[Stalking and Harassment | The Crown Prosecution Service \(cps.gov.uk\)](https://cps.gov.uk)

Serious Crime Act 2015

This Act covers several violence-based offences, for example: strengthening the law to tackle female genital mutilation (FGM) and domestic abuse. This includes recognition of repeatedly or continuously engaging in behaviour towards another person that is controlling or coercive.

Fire Safety Order 2005. Regulatory Reform, this can serve a prohibition or restriction notice to an occupier or owner of a flat where there is a risk to other occupiers/residents; this notice would take immediate effect. This option does not apply to premises such as detached/semi-detached/town houses or other premises consisting of or comprised in a house which is occupied as a single private dwelling.

Domestic Abuse Act 2021

While this has not directly replaced the Domestic Violence, Crime and Victims Act 2004, it has strengthened and added some significant new pieces of law. The Domestic Abuse Act also provides a clear definition. 'Abusive behaviour' is defined in the act as any of the following:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional, or other abuse.

For the definition to apply, both parties must be aged 16 or over and 'personally connected'.

'Personally connected' is defined in the act as parties who:

- Are married to each other
- Are civil partners of each other
- Have agreed to marry one another (whether or not the agreement has been terminated)
- Have entered into a civil partnership agreement (whether or not the agreement has been terminated)
- Are or have been in an intimate personal relationship with each other
- Have, or there has been a time when they each have had, a parental relationship in relation to the same child
- Are relatives.

[Domestic Abuse Act 2021: overarching factsheet - GOV.UK \(www.gov.uk\)](#)

[Domestic Abuse Act 2021 | The Law Society](#) (Summary)

Understanding Controlling or Coercive Behaviour

It is essential that when considering if a person may be at risk of abuse that this is also considered in the wider context of their relationships and the impact those relationships may have on them.

Domestic violence and abuse are defined as:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional." (Domestic abuse guidelines for prosecutors).

The definition is supported by the following explanatory text:

"This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group."

The Government definition also outlines the following:

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

[Controlling or Coercive Behaviour in an Intimate or Family Relationship | The Crown Prosecution Service \(cps.gov.uk\)](#)

[New definition of domestic violence - GOV.UK \(www.gov.uk\)](#)

Advocacy

Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to support people to express their wishes and feelings, help them in understanding their options, and in making their own decisions, this responsibility applies whether the person has capacity or not.

The Care Act S67(2) States:

“The authority must, if the condition in subsection (4) is met, arrange for a person who is independent of the authority (an “independent advocate”) to be available to represent and support the individual for the purpose of facilitating the individual’s involvement” [Care Act 2014 \(legislation.gov.uk\)](#)

The advocacy duty will apply from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review. If it appears to the authority that a person has care and support needs, then a judgement must be made as to:

- Whether that person has substantial difficulty in being involved, and
- If there is an absence of an appropriate individual to support them.

An independent advocate must be appointed to support and represent the person for the purpose of assisting their involvement if these two conditions are met and if the individual is required to take part in one or more of the following processes described in the Care Act:

- A needs assessment
- A carer’s assessment
- The preparation of a care and support or support plan
- A review of a care and support or support plan
- A child’s needs assessment
- A child’s carer’s assessment
- A young carer’s assessment
- A safeguarding enquiry
- A safeguarding adult review
- An appeal against a local authority decision under part 1 of the care act (subject to further consultation).
- Judging ‘substantial difficulty’.

Local authorities must consider, for each person, whether they are likely to have substantial difficulty in engaging with the care and support process. The Care Act defines four areas under S67(4) where people may experience substantial difficulty. These are:

- Understanding relevant information
- Retaining information
- Using or weighing information
- Communicating views, wishes and feelings.

Application of Wigan Local Authority duties and practitioner's responsibilities regarding advocacy in practice are explored in the Safeguarding Adults Procedure.

Capacity and Consent

WSAB believe that adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances. Refer to the Mental Capacity Act earlier in this document within the Legal Framework.

In determining the appropriate intervention, consideration should be given to the following:

- **Self-determination** - is the adult at risk of abuse able to make their own decisions and choices and do they wish to do so? If yes, all discussions held with the adult at risk of harm must be documented in accordance with the organisational record keeping policy
- **Mental capacity** - does the person subject to abuse have the capacity for self-determination, the capacity to understand to what they are consenting, or alternatively the capacity to refuse?
- **Risk** - does the adult at risk appreciate and understand the nature and consequences of any risk they may be subject to, and do they willingly accept such risk?

Confidentiality and Information Sharing

Where there are safeguarding concerns, all professionals have a duty to share information. It is important to remember that in most Safeguarding Adult Reviews, lack of information sharing can be a significant contributor when things go wrong. Information should be shared with consent wherever possible. A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g., in the interests of public safety, police investigation, implications for regulated service (more information can be found here: [Data sharing myths busted | ICO](#))

Sharing of information will be based on the welfare of the adult, or of other potentially affected adults. This should be consistent with the principles set out in the [Caldicott Review](#) published 2013 ensuring that:

- Information will only be shared on a 'need to know' basis when it is in the interests of the adult
- Confidentiality must not be confused with secrecy
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement

- Agencies do not give inappropriate assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing.

Examples of this may include:

- If the person lacks capacity to make the decision
- For the prevention and investigation of the crime
- To prevent serious harm, distress, or threat to life
- If there is a risk to others
- If there is a risk to children
- If the person is under duress, coercion, or undue influence
- If staff are implicated
- Domestic Abuse which meets the MARAC threshold (or professional judgement)
- If there is a court order or other legal authority in place instructing you to do so
- Where the alleged source of risk has care and support needs and may be at risk.

This list is not exhaustive and wherever possible, the appropriate Caldicott Guardian should be involved.

Where information is not shared because the adult declines to consent and there is no lawful authority to breach this, practitioners must seek to establish why this is and ensure that the adult is given information on how to access support in case they decide to seek support in the future.

Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, within agency policies and the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty arises to make full disclosure in the public interest.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the General Data Protection regulations under the Data Protection Act 2018 where this applies. The Home Office and the Information Commissioner's Office have issued general guidance on the preparation and use of information sharing protocols. Guidance on information sharing and adult safeguarding is also available from [SCIE](#).

WSAB may request a person to supply information to it or to another person. The person who receives the request must provide the information provided to WSAB if:

- The request is made to enable or assist WSAB to do its job
- The request is made of a person who is likely to have relevant information and then either:
- The information requested relates to the person to whom the request is made and their functions or activities or

- The information requested has already been supplied to another person subject to WSAB request for information.

WSAB promote the concept that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about people is shared appropriately. An exception to this may be the sharing of confidential intelligence by the police where there is a risk to the source of that intelligence, potentially even a threat to life.

Categories and types of Abuse

The main forms of abuse and neglect are generally classified under the following ten headings. This should not be considered a definitive list, but an illustrative guide as to the sort of behaviour that may give rise to a safeguarding concern:

1. **Physical abuse** - The non-accidental infliction of physical force that results (or could result) in bodily injury, pain, or impairment.
2. **Domestic abuse** - Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, and emotional and includes forced marriage.
3. **Sexual abuse** - Direct or indirect involvement in sexual activity without consent. This could also be the inability to consent, pressure or inducement to consent or take part.
4. **Psychological (emotional) abuse** - Acts or behaviour that impinges on the emotional health of; or that causes distress or anguish to individuals. This may also be present in other forms of abuse.
5. **Financial or material abuse** - Unauthorised, fraudulent obtaining and improper use of funds, property, or any resources of an adult at risk of abuse.
6. **Modern slavery** - Includes slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.
7. **Discriminatory abuse** - Discriminatory abuse exists when values, beliefs, or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. This can include hate incidents or crimes, where someone is targeted because of their beliefs, culture, or ethnicity.
8. **Organisational (Institutional) abuse** - Institutional abuse occurs where the culture of the organisation (such as a care home) places emphasis on the running of the establishment and the needs of the staff above the needs and care of the adult, including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, for example, or in relation to care provided in one's own home from domiciliary services. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.
9. **Neglect and acts of omission** - Ignoring or withholding physical or medical care needs which result in a situation or environment detrimental to individual(s). Ill-treatment and wilful neglect of a person who lacks capacity are now criminal offences under the Mental Capacity Act.
10. **Self-neglect** - Self-neglect is recognised as a safeguarding issue; having consideration for an individual's right to choose their lifestyle, balanced with their mental health and capacity to

understand the consequences of their actions or capacity to take action to meet their own medical needs. Self-neglect is characterised as the behaviour of a person that threatens his/her own health or safety. Self-neglect generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions and can include hoarding behaviours.

11. **Exploitation** – while this is not a national category, it is becoming increasingly recognised across all categories. Examples would be sexual exploitation, criminal exploitation (this would include county lines), financial exploitation (this would include cuckooing) etc.

Early Intervention and Prevention Strategy

Eyes and Ears Programme

Wigan Safeguarding Adults Board (WSAB) recognised the gap in public information about safeguarding adults. The Board believe in the principle of “Safeguarding is everyone’s business”, and as such felt we had a responsibility to work in partnership to empower our communities across the Borough in keeping adults with care and support needs safe. We want people to feel confident in reporting any concerns and that something will be done, ideally, by preventing people being abused in the first place.

The “Eyes and Ears” programme of awareness training and public communication addresses this gap in partnership with other services including the Public Services Reform Hub, Wigan Council, Greater Manchester Police, Greater Manchester Fire and Rescue Service, Local Health Trusts, and Wigan Borough Clinical Commissioning Group. It is a system to make reporting concerns a simplified process. We targeted those people who had both purposeful and incidental contact with adults, for example waste disposal, contractors, maintenance staff, a range of community groups, residents’ associations, and tenants.

Tier Reporting System

The tier system aligned to thresholds was introduced by Wigan Council following the implementation of the Care Act and strongly focuses on early intervention and prevention. It is a system that is directed at providers of services to support them in achieving early actions to prevent low level safeguarding incidents escalating to a Safeguarding alert if appropriate actions and measures are put into place to avoid repeated incidents. This system ensures clear recording of incidents and actions that are overseen and monitored by the appropriately designated person within statutory services. Further information regarding the operational impact of the tier reporting system is included in the Safeguarding Adults Procedure.

The Vulnerable Adult Risk Management Process (VARM)

These are safeguarding enquiries carried out on behalf of adults who do not fit the criteria outlined in Section 42 of the Care Act. These enquiries may relate to an adult who:

- a) Is believed to be experiencing, or is at risk of, abuse or neglect
- b) Does not have care and support needs (but might just have support needs).

An adult’s need for additional support to protect themselves may be increased when complicated by additional factors, such as, controlling, and coercive behaviour, physical frailty or chronic illness, sensory impairment, challenging behaviour, complex drug, or alcohol related behaviours that are harmful, social or emotional problems, or poverty or homelessness and it is important to note that vulnerability can fluctuate. Many adults may not realise that they are being abused and/or exploited,

particularly where there is an abuse of power, a dependency, a relationship, or a reluctance to assert themselves for fear of making the situation worse.

The Wigan Safeguarding Adults Team identified the need for a process to manage risks which may arise within specific circumstances when working with adults deemed to have capacity to make decisions for themselves, but who are at risk of serious harm or death through risk taking behaviour /chaotic lifestyles resulting in:

- self-neglect (Care Act 2014)
- refusal of services
- Self-neglect
- Mental Health
- Radicalisation
- Homelessness
- Exploitation
- Financial Abuse
- Cuckooing
- Substance Abuse
- Domestic abuse.

The VARM is a multi-agency adult assessment risk management process that any organisation can implement, but is managed and coordinated by Multi Agency Prevention Protection Team (MAPPT), to:

- Identify the relevant risks for the individual
- Discuss and agree agency responsibilities/actions
- Record, monitor and review progress with the agreed action plan
- Agree when the risks have been managed and evaluate the outcome.

The aim of the VARM practice guidance is to provide professionals with useful information and a framework under Section 1 of the Care Act to facilitate effective multi-agency working with adults who are at significant risk but who do not meet the criteria for safeguarding under Section 42 of the Care Act. Section 1 of the Care Act states, “The general duty of a local authority, in exercising a function under this part in the case of an individual, is to promote that individual’s well-being”. [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/9/section/1)

Wigan Local Authority have four criteria for the use of VARM that must be considered:

- The person MUST have capacity to make decisions and choices
- The person does not meet the criteria for section 42 safeguarding (The Care Act 2014)
- A risk of serious harm (which is life threatening and/or traumatic) or death by self-neglect, fire, deteriorating health condition, non-engagement or being targeted by the local community, is the victim of hate crime or anti-social behaviour or the victim of sexual violence.
- There is a significant risk to the health and safety of others in the community.

Persons in Positions of Trust (PiPoT)

Paragraph 14.120 to 14.132 of the Care Act 2014 Statutory Guidance states that the local authority, and its relevant partners and those providing universal care and support services, should have clear

policies for responding to allegations against people who work in a position of trust, either in a paid or unpaid capacity with adults with care and support needs. Examples of this, are a person who has:

- Behaved in a way that has harmed, or may have harmed an adult or child
- Possibly committed a criminal offence against, or related to, an adult or child
- Behaved towards an adult or child in a way that indicates they may pose risk of harm to adults with care and support needs.

If a local authority is given information about such concerns, they should consider carefully what information should be shared with employers (or student bodies or voluntary organisations) (Policy for responding to allegations against a person in a position of trust 2018).

The local authority should also ask the employer of the individual concerned if they have completed a referral to the Disclosure and Barring Service (DBS). Employers must refer someone to the DBS if they:

- Sacked them because they harmed someone
- Sacked them or changed their role because they might have harmed someone
- Are planning to sack them for either of these reasons, but they resigned first

[Report someone as unfit to work with children or vulnerable adults - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/report-someone-as-unfit-to-work-with-children-or-vulnerable-adults)

Further information regarding this in relation to practice is included in the Safeguarding Adults Procedure.

Whistleblowing (public disclosure/ speak up)

Whistleblowing is the term used when someone who works for an employer raises a concern about malpractice. This can include risk (for example about the safety of the person who is being cared for), wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Ideally, such concerns should be dealt with by the employer under their own Whistleblowing Procedure.

Every organisation **must** have a Whistleblowing Policy and Procedure. Whistleblowing is different from a complaint or a grievance and usually refers to situations where a worker raises a concern about something they have witnessed at their workplace.

The Public Interest Disclosure Act 1998 (PIDA) protects workers by providing a remedy if they experience a workplace reprisal for raising a concern which they believe to be genuine. Disclosures could be about the safety of people who use services, the failure of a provider to comply with the law or the national standards of quality and safety, financial malpractice or risks to staff or other people.

Whistle-blowers can obtain information and advice from the [Speak Up NHS Helpline](https://www.nhs.uk/whistleblowing), which can also be reached by telephoning 08000 724725.

The publication, "Raising Concerns at Work: Whistleblowing Guidance for workers and employers in Health and Social Care" is available to download at [basw.co.uk](https://www.basw.co.uk).

Safeguarding Adult Reviews

A Safeguarding Adults Review (SAR) is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented

harm or a death from taking place. It is the responsibility of all agencies to promote practice and systems changes because of learning from Safeguarding Adult Reviews.

WSAB also supports Brief Learning Reviews where there is likely to be beneficial learning from a specific case, but it does not necessarily meet the criteria for a SAR.

WSAB will identify patterns and trends within the learning from SARs and support agencies in understanding the changes that need to take place to address these issues.

Organisational Standards Framework

This framework is comprised of a set of organisational standards and measures with which to benchmark practice standards for those that work with adults that may be at risk of harm. We believe their implementation in every area will lead to the development of consistent, high-quality work in safeguarding adults across the borough.

Standard 1 Each partner agency has a lead for all ‘Safeguarding Adults Board’ work and for the dissemination of information.

Standard 2 Accountability for and ownership of ‘Safeguarding Adults’ work is recognised by each partner organisation’s executive body.

Standard 3 Every agency’s ‘Safeguarding Adults’ policy includes a clear statement of every person’s right to live a life free from abuse and neglect, and this message is actively promoted to everyone who uses their service and members of the public.

Standard 4 Each agency has a clear, well-publicised policy of Zero-Tolerance of abuse within the organisation.

Standard 5 The ‘Safeguarding Adults’ partnership oversees a multi-agency workforce development and learning programme of work. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.

Standard 6 All Wigan Borough residents can access information about how to gain safety from abuse and violence, including information about the local ‘Safeguarding Adults’ procedures.

Standard 7 Each agency has a set of internal guidelines, consistent with the local multi-agency ‘Safeguarding Adults’ policy and procedures, which set out the responsibilities of all workers to operate within it.

Standard 8 The multi-agency ‘Safeguarding Adults’ procedures detail the following stages: alert, referral, decision, safeguarding strategy, risk management response, safeguarding assessment, safeguarding plan, review, recording and monitoring and information about the Safeguarding Adult Review (SAR) process.

Standard 9 The safeguarding procedures are accessible to all adults covered by the policy (this also applies to all agencies).

Standard 10 The Board explicitly includes people with lived experience as key partners in all aspects of their work. This includes building inclusive participation into its: membership; monitoring, development, and implementation of its work; Workforce Development Strategy; and planning and implementation of the individual safeguarding assessments, processes and plans.