



Cheshire East Safeguarding Adults Board

Documents to Support the Cheshire East Adults Safeguarding Referral Process

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CHESHIRE EAST ADULT SAFEGUARDING REFERRALS GOOD PRACTICE GUIDE

To report any Adult Safeguarding Concern regarding an Adult at Risk who is experiencing or who is at risk of Abuse or Neglect, you must complete this Electronic Referral Form:

If the area you are looking for is listed below, please use the Reporting Abuse Form (South):

Congleton, Holmes Chapel, Sandbach, Middlewich, Alsager, Scholar Green, Haslington, Nantwich, Audlem, Crewe, Wrenbury, Bunbury, Malpas, Acton, Wybunbury, Shavington, Cholmonldley, Minshull Vernon, Bridgemere, Audlem, Church Lawton, Mow Cop

<https://livewellcare.cheshireeast.gov.uk/web/portal/pages/safeguardingconcernsouth#h1>

If the area you are looking for is listed below, please use the Reporting Abuse Form (East):

Alderley Edge, Wilmslow, Handforth, Chelford, Knutsford, Poynton, Bollington, Disley and Macclesfield

<https://livewellcare.cheshireeast.gov.uk/web/portal/pages/safeguardingconcerneast#h1>

The Electronic Form can also be found on the Cheshire East LIVE WELL Website

<https://www.cheshireeast.gov.uk/livewell/staying-safe/keeping-adults-safe/what-is-adult-abuse.aspx>

This Guide is intended to help you to complete the Form and to consider what information you need to include. The more information you provide, the easier it will be for Adult Social Care to decide about next steps.

Reporting -The First Six Essential Adult Safeguarding Questions

The adult needs to be aware that you are raising a concern unless it increases the risk to them or others,

If you can answer yes to all three of the following questions, the need to raise a safeguarding concern is a possibility:

- 1. Does the person have care and support needs regardless of who is meeting those needs?**
- 2. Is the person experiencing or at risk of abuse?**

Next, you must explain your concerns to the person affected* (if they aren't able to participate in the conversation, you need speak to their family, friend or representative) to ask:

- 3. Do they want to raise the safeguarding concern themselves? If not,**
- 4. Do they want you to support them to raise the concern? If not,**
- 5. Do they want you to raise the concern on their behalf?**

*(*Unless this increases the risk to them or to others)*

This next one is the 6th essential question:

6. Is there a public or vital interest (please consider whether the person is subject to coercion and control)

that means you need to override their choice and report the concern anyway?

(Public interest may include risk to other adults or children, by sharing information you are acting to prevent

a crime, a serious crime may have been committed, the risk is unreasonably high, vital interests include sharing information to prevent serious harm or protect someone's life).

Sometimes it is not easy to understand what "Adult Safeguarding" means. See further Guidance to help you decide whether you need to report Adult Abuse, to report a Low Level Care Concern or to seek advice and support from Adult Social Care.

Safeguarding Adults Definitions	<p>Safeguarding adults is about:</p> <p>'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.' (DoH&SC, 2016)</p> <p>Who Might Need Adult Safeguarding Services?</p> <p>The adult may be someone who:</p> <ul style="list-style-type: none">• is an older person who needs care and support due to ill health, physical disability, or cognitive impairment?
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	<ul style="list-style-type: none"> • has a learning disability • has a physical disability and/or a sensory impairment? • has mental health needs, including dementia • has a long-term illness or condition • misuses substances or alcohol • is an informal carer and is subject to abuse? • does not have capacity to decide about being safe and is in need of care and support
Safeguarding Adults Duties under The Care Act (2014)	<p>A local authority must act when it has ‘reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there): has needs for care and support (<i>whether or not the authority is meeting any of those needs</i>), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.’ (Care Act 2014, section 42)</p>
The aims of safeguarding adults	<ul style="list-style-type: none"> ✓ To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs ✓ To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives “Making Safeguarding Personal” ✓ To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible <p>To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect (NHS England North, 2017)</p>
Concerns about an adult who does not have care and support needs	<p>Wherever someone is being harmed, or at risk if harm, there are agencies that can help, even if a formal safeguarding response is not triggered. These include:</p> <ul style="list-style-type: none"> • The police • Domestic abuse services • The National Referral Mechanism for victims of modern slavery • Community and support groups <ul style="list-style-type: none"> • Other social services teams – a local authority has duties to promote an individual’s wellbeing, to prevent or delay care needs from developing, and to assess someone if there are safeguarding concerns and it appears that the person may have care and support needs, even if the person does not want an assessment. <p>All of these may be helpful in a complex situation (Scie, 2017).</p>
Safeguarding Statutory Principles	<p>The Six Principles are embedded in the Care Act guidance:</p> <ol style="list-style-type: none"> 1. Empowerment People being supported and encouraged to make their own decisions and informed consent 2. Prevention It is better to take action before harm occurs.

	<p>3. Proportionality The least intrusive response appropriate to the risk presented.</p> <p>4. Protection Support and representation for those in greatest need.</p> <p>5. Partnership Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</p> <p>6. Accountability Accountability and transparency in safeguarding practice.</p> <p>(DoH&SC, 2016)</p>
Making Safeguarding Personal	<p>Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process</p>

Type of abuse	Example (not exhaustive)	Indicator that abuse is happening (not exhaustive)
Physical	<p>Including assault - hitting, slapping, pushing, punching, misuse of medication to restrain the adult, inappropriate restraint or inappropriate physical sanctions, being burned, force-feeding the adult.</p>	<p>Unexplained/explained injuries, bruises in various stages of healing, bruises inconsistent with falls, moving between agencies e.g. GP & A&E, burns or scars, unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia, changes in patterns of self-harm, reluctance to undress, history of injury, sudden and unexplained urinary and/or faecal incontinence, evidence of over/under medication, person flinches at physical contact, person asks not to be hurt, person appears frightened or subdued in the presence of particular people. An adult could die as a result of experiencing physical abuse.</p>

<p>Psychological</p>	<p>Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks. Unreasonable or unjustified withdrawal of the adult from services or their support networks. Gas lighting behaviours when someone manipulates you into questioning and second-guessing your reality (Leve, 2017).</p>	<p>Untypical lack of interest, passivity or resignation, anxious or withdrawn (possibly in the presence of the potential source of risk), untypical changes in behaviour including loss of appetite or overeating, the individual is not allowed visitors or phone calls, or is locked in a room or their home. The adult may have depression or anxiety, low self-esteem, changes to sleep patterns or untypical behaviour including aggression. The adult could attempt or complete suicide.</p>
<p>Financial or Material</p>	<p>Including theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p>	<p>Lack of money, especially after benefits have been paid, inadequately explained withdrawals, lots of mail, disparity between assets/income and living conditions, recent changes of deeds/title of house, items missing, Lasting Power of Attorney being misused or obtained when the person lacks the capacity to make this decision. Recent acquaintances expressing a sudden or disproportionate interest in the person and their money. The heating is off when you would expect it to be in use, personal allowance not available, lack of food in the house, "Red" bills or services disconnected, change in appearance (becoming dishevelled), change in the individual's circumstances, behaviour or habits i.e. shopping, access to hairdressers, purchasing items.</p>

<p>Domestic abuse Domestic violence and abuse is 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:</p> <ul style="list-style-type: none"> • psychological • physical • sexual • financial • emotional (Home Office, 2018) 	<p>Threatens/frightens an individual, shoves or pushes an individual, makes an individual fear for their physical safety, puts an individual down, or attempts to undermine their self-esteem, controls an individual, for example by stopping them seeing friends and family, is jealous and possessive, such as being suspicious of friendships and conversations.</p>	<p>Symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders, suicidal tendencies or self-harming, alcohol or other substance misuse, unexplained chronic gastrointestinal symptoms, unexplained gynaecological symptoms, including pelvic pain and sexual dysfunction, adverse reproductive outcomes, including multiple unintended pregnancies or terminations, concealed pregnancy, genitourinary symptoms, including frequent bladder or kidney infections, vaginal bleeding or sexually transmitted infections, chronic unexplained pain, traumatic injury, particularly if repeated and with vague or implausible explanations, problems with the central nervous system – headaches, cognitive problems, hearing loss, repeated health consultations with no clear diagnosis. The person may describe themselves as 'accident prone', there may be an intrusive 'other person' in consultations or meetings, including partner or spouse, parent, grandparent or an adult child (RCN, 2019).</p>
<p>Sexual</p>	<p>Including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.</p>	<p>Urinary tract infections, sexually transmitted diseases, pain, itching, bleeding, unexplained problems with catheters, subdural and withdrawn, poor concentration, physical marks, cuts or bruises particularly in genital or</p>

		rectal areas, self-harm, disclosure,
Neglect or acts of omission	Including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.	The adult has inadequate heating and/or lighting, their physical condition deteriorates, they have confusion due to dehydration, infection, hypothermia. The adult is exposed to unacceptable risk; callers/visitors are refused access to the person. Pressure ulcers develop or do not heal, weight loss, no access to appropriate medication or medical care, no privacy or dignity, change in appearance, poor skin and hair, smell of urine, missed appointments, dried faeces in pubic hair or under fingernails. The adults death could result from severe cases of neglect.
Self-neglect This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding. It is important to consider capacity when self-neglect is suspected. Consideration of the risks to others may be necessary (adult family members, children, neighbours).	Living in very unclean or verminous circumstances, poor self-care leading to a decline in personal hygiene or specific issues such as long toenails impeding mobility, poor nutrition, Poor healing/sores, poorly maintained clothing which may be unsuitable for the weather or conditions, isolation from family, friends and services which may help or support, failure to take medication, hoarding large numbers of pets, neglecting household maintenance.	Poor self-care leading to a decline in personal hygiene, poor nutrition, poor healing/sores, poorly maintained clothing, long toenails resulting in mobility issues, isolation. Health issues related to the adults failure to take medication or engage with health interventions that would improve their situation. Fire risks due to hoarded items, practices around smoking, risks from vermin, mould and other environmental hazards. Large numbers of pets in the home. <i>The person may have physical or mental health issues, mobility challenges or barriers, be experiencing trauma or be dealing with bereavement or an</i>

		<i>insufficient income. These factors can influence their ability to deal with or manage their situation. In such scenarios the situation can seem overwhelming and prevent them dealing with it or seeking support from others.</i>
Modern Slavery Illegal Exploitation of people for personal/commercial gain. Victims trapped in servitude which they were deceived or coerced into.	<p>Domestic Servitude - forced to work in private houses with restricted freedoms, long hours, no pay.</p> <p>Forced labour - long hours, no pay, poor conditions, verbal and physical threats.</p> <p>Sexual Exploitation - prostitution and child abuse.</p> <p>Other forms - Organ removal, forced begging, forced marriage and illegal adoption. (NHS England, 2017)</p>	Look malnourished or unkempt, withdrawn, anxious and unwilling to interact, under the control and influence of others, live in cramped, dirty, overcrowded accommodation, no access or control of their passport or identity documents or use false or forged documents, appear scared, avoid eye contact, and be untrusting, show signs of abuse and/or have health issues, show old/untreated injuries, or delay seeking medical care with vague/inconsistent explanation for injuries, appear to wear the same or unsuitable clothes, with few personal possessions, fear authorities and in fear of removal or consequences for family, in debt to others or a situation of dependence.
Discriminatory	Including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs jokes or comments or similar treatment. Name calling, belittling, not providing treatment because “they’ve had a good innings” i.e. age discrimination, lack of choice,	Observation of oppressive practice, the individual is isolated from others, person stops “practising” their beliefs, stops asking for needs to be met, changes behaviour to fit in with group, physical health deteriorates, withdrawal from services or refusal to access services or usual activities, potential for self-

	refused access to services or being excluded inappropriately.	harm, possible disclosure of abuse or suicide attempts.
Organisational	<p>Including neglect and poor care practice within an institution or specific care setting like a hospital or care home, e.g. this may range from isolated incidents to continuing ill-treatment.</p> <p>Organisational abuse is more likely to occur when staff receive little support from management, are inadequately trained, are poorly supervised and poorly supported in their work, receive inadequate guidance</p> <p>or where there is unnecessary or inappropriate rules and regulations, lack of stimulation or the development of individual interests, inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership, restriction of external contacts or opportunities to socialise</p>	

Other Forms of Abuse

Local authorities should not limit their view of what constitutes abuse or neglect (DoH&SC, 14.17). See examples below:

Hate crime - any criminal offence motivated by hostility or prejudice based on the victim's disability, race, religion or belief, sexual orientation or transgender identity

Mate crime – befriending to exploit financially, physically or sexually

Cuckooing – gangs/individuals take over the homes of local ‘vulnerable’ adults by force or coercion in order to exploit them or use their home for criminal activity (Home Office, 2017)

Exploitation by radicalisers – being recruited into violent extremism Safeguarding Editorial

WEBSITES

<p>Action Fraud https://www.actionfraud.police.uk/</p> <p>Age UK https://www.ageuk.org.uk/</p> <p>Association of Directors of Adult Social Services https://www.adass.org.uk/safeguarding-policy-page</p> <p>Alcohol Change UK https://alcoholchange.org.uk/</p> <p>Ann Craft Trust https://www.anncrafttrust.org/</p> <p>Clouds End https://www.cloudsend.org.uk/</p> <p>Friends Against Scams - Empowering People To Take A Stand Against Scams https://www.friendsagainstscams.org.uk/</p> <p>General Medical Council – Safeguarding Adults https://www.gmc-uk.org/ethical-guidance/ethical-hub/adult-safeguarding</p> <p>Hoarding UK https://www.hoardinguk.org/</p> <p>Hoarding Disorders UK https://hoardingdisordersuk.org/</p>	<p>Hour Glass https://wearehourglass.org</p> <p>Local Government Association Making Safeguarding Personal https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal</p> <p>NHS Digital Safeguarding Adult’s (English Safeguarding Adults Data) https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults</p> <p>Safeguarding Adults in Care Homes: NICE Guidance: https://www.cheshireeast.gov.uk/livewell/staying-safe/keeping-adults-safe/what-is-adult-abuse.aspx</p> <p>Safeguarding Adults: A New Legal Framework https://safeguardingadults.wordpress.com/</p> <p>Scie - Safeguarding adults https://www.scie.org.uk/safeguarding/adults/</p> <p>Scie – Safeguarding Adults Reviews https://www.scie.org.uk/safeguarding/adults/reviews/library/apply</p> <p>Scie - Highlights: Safeguarding adults https://www.scie.org.uk/safeguarding/adults/introduction/highlights</p> <p>Scie - Self-neglect at a glance https://www.scie.org.uk/self-neglect/at-a-glance</p> <p>Skills for Care – Safeguarding page</p>
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<p>Help for Hoarders https://www.helpforhoarders.co.uk/</p>	<p>https://www.skillsforcare.org.uk/Leadership-management/managing-a-service/safeguarding/Safeguarding.aspx</p> <p>The Kings Fund including articles on supporting people who are rough sleepers https://www.kingsfund.org.uk/</p>
<p>Safeguarding Adults Films</p>	<p>Because You Said Something (2017) Surrey County Council Lightshop Films</p> <p>http://lightshopfilms.co.uk/port/because-you-said-something</p> <p>Safeguarding adults films on Social Care TV https://www.scie.org.uk/socialcaretv/topic.asp?t=safeguardingadults</p> <p>Introduction to Safeguarding Adults Video (Club Matters and Ann Craft Trust) click here Surrey County Council Safeguarding Adults - Annie's story https://www.youtube.com/watch?v=rWqr4nAhnQY</p> <p>Thinking it? Report it Film from Somerset Safeguarding Adults Board https://ssab.safeguardingsomerset.org.uk/protecting-adults/thinking-it-report-it-campaign/thinking-it-report-it-film/</p> <p>Films about Hoarding - http://hoardingawarenessweek.org.uk/resources/</p>

Safeguarding vs. safeguarding

Introduction

1.1 The word 'safeguarding' can be interpreted in different ways and this can create some confusion for professionals, when deciding what course of action to take when they have encountered a person who needs support. 'Safeguarding' can mean two things; a formal safeguarding response under s42 of the Care Act, or a general response to keep someone safe and to ensure their needs are met

1.2 These two types of safeguarding are sometimes referred to as *Safeguarding with a capital 'S'* to identify the formal safeguarding response and *safeguarding with a small 's'* to identify the more general response to keep someone safe.

2 What is 'Safeguarding with a capital S'?

2.1 A safeguarding enquiry under s42 of the Care Act would be triggered if the Local Authority is made aware that someone with care and support needs has experienced or is at risk of abuse or neglect, and as a result of their care and support needs, they are unable to protect themselves. In the past, this has been described as 'adult protection' and may be referred to as 'formal safeguarding'. If these criteria are met, the Local Authority will involve partners from other agencies and make (or cause to be made) whatever enquires are necessary, deciding whether action is necessary and if so what and by whom.

3 What should I do if I think a formal safeguarding response is needed?

3.1. You should gain the person's permission if possible, and refer using the Cheshire East's Electronic Referral Form using the following link - <https://www.cheshireeast.gov.uk/livewell/staying-safe/keeping-adults-safe/what-is-adult-abuse.aspx>

Or telephone your concern to 0300 123 5010 (office hours)
0300 123 5022 (out of hours)

3.2 If you cannot gain the person's permission, the local authority may still be able to act if the person is at risk of abuse or neglect. You may want to consult the Local Authority's Safeguarding Adults Procedures (appendix 1)

3 What is 'safeguarding with a small s'?

3.1 Many people with physical or mental health problems who have care and support needs live in complex circumstances and can be very vulnerable. These people may need support to keep safe, to manage the risks of day to day life and may need coordinated responses from a variety of health, social care, housing or other professionals. However, they are not necessarily experiencing abuse or neglect so will need a coordinated response to keep them safe, but not a formal s42 enquiry.

4. What should I do if I think someone needs support or a coordinated multi-agency approach, but they are not experiencing abuse or neglect?

4.1 If the person needs a social care assessment, seek their permission to request support and then you can ring 0300 123 5010 and ask to make a referral for a Care Act assessment or find out if they already have an allocated social worker.

4.2 If the person has a health or mental health need, seek their permission to contact their doctor in the first instance (or ring 999 if they have an urgent health care need). If you have not sought their permission, you may be asked to go back and speak to them for consent to make a referral. If you already know the professionals who are involved with the person, you could contact them to ask for a meeting to discuss the person's need for a risk assessment or a coordinated response.

5. What should I do if I want to ask the local authority to review a small 's' safeguarding decision?

5.1 If you have contacted the local authority with an adult safeguarding concern, but after consideration they have said they are not triggering a formal section 42 enquiry, first ask them for a clear explanation of why this is so that you can understand the reasoning. They will often also offer advice and support with the issue regardless of the safeguarding decision.

5.2 If you still have concerns about abuse and harm, you can ask for the decision to be reviewed. Consider what new or more detailed information you can give the local authority to help consider the risks to the person.

Tip: you are helping the local authority in the process of gathering information in order to establish that they (the local authority) have 'reasonable cause to suspect' that abuse is present.

Examples

- Someone with dementia keeps letting themselves out of their home and wandering in the street putting themselves at risk:

This is an example of 'safeguarding with a small s' and the necessary response will involve a risk assessment, consultation with their GP and possibly a meeting of multi-agency professionals

- Someone with dementia living in a secure care home managed to leave the building because a carer didn't close the door behind him. They became lost and were found by the police, suffering from hypothermia:

This is an example of a situation where 'Safeguarding with a capital S' is required, as the person has suffered abuse by neglect as the door was left open and they were able to get out of an environment where they should have been kept safe, and as a result, they have come to harm (hypothermia).

- Mrs Thomas is being cared for at home by her husband. She uses a hoist for transfers and has four double-up home care visits a day, and her skin is very

fragile. Her husband is struggling to manage the complexities of her care and is worried he will get something wrong and cause her some harm:

This is an example of 'safeguarding with a small s' and the necessary response will involve a carers assessment for Mr Thomas, a risk assessment, a review of the health provision Mrs Thomas is receiving, consultation with her GP and possibly a meeting of multi-agency professionals.

- Mr Thomas tried to move his wife using the hoist before the carers arrived to provide double-up support, and she fell from the hoist, sustaining a fractured neck of femur. Mr Thomas had been clearly told not to use the hoist on his own due to the risk of harm:

This is an example of a situation where 'safeguarding with a capital S' is required, as Mrs Thomas has suffered harm as a result of neglect by her husband and a formal Safeguarding process needs to be followed using s42 of the Care Act.

- Mr Patel has lost capacity and is not coping at home. His daughter is keen not to move him to residential care as she says she promised him that she would always care for him. Professionals have a suspicion that the motive for keeping Mr Patel at home could be to preserve his funds so his family can inherit:

This is an example of 'safeguarding with a small s'. There is no indication that Mr Patel's family have abused him, but if there is a difference of opinion about where his health or care needs should best be met, and he lacks capacity, a best interests meeting will need to be held with family and professionals, to make a decision on his behalf.

- Following a best interests meeting, a best interests decision is made that Mr Patel's care needs will be best met in a care home. His family have locked him in the house and are refusing access to the GP and district nurse as they do not want him to move to a care home. He requires regular treatment for leg ulcers and diabetes which are not being carried out as health professionals cannot gain access to the property:

This is an example of 'Safeguarding with a capital S' because Mr Patel is suffering from neglect as a result of his family's actions, and this could be leading to harm from infection and diabetes symptoms

CESAB wish to acknowledge Norfolk Safeguarding Adults Board in the design of Section Two of this document

Further guidance

Multi-Agency Policy and Procedures <http://www.stopadultabuse.org.uk/professionals/policies-and-procedures.aspx>

Practitioners Guidance on Reporting a Safeguarding Concern



Guidance on Reporting a Safeguarding Concern