

Safeguarding Adults Staff Guide

What all Staff Need to Know About Reporting
Suspected Abuse or Neglect of Adults



The Policy and Procedures for Safeguarding Adults in Swindon applies to all residents of Swindon, including people who are funding their own care services and people living in Swindon who are funded by local authorities and health authorities outside of the area.

This booklet has been updated in line with the need to use new terminology as recommended by legislation and government policy. For example the term “vulnerable adult” is no longer used, however the principle of safeguarding remain unchanged.

This booklet is intended to provide guidance to staff about safeguarding adults and when and how to raise a concern when someone is being abused or neglected in Swindon. The advice is relevant to anyone who comes into to contact with adults in need for care and support including paid, unpaid staff or volunteers, students on placement and those without fixed hours contracts such as bank, agency or relief staff

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Definitions

Who is covered by safeguarding procedures?

Under the Care Act 2014, safeguarding arrangements must be in place for adults in the area who:

- have needs for care and support (whether or not the authority is meeting any of those needs),
- 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.

Abuse or Neglect may include one or more of the following:

- **Physical abuse** - including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint or inappropriate sanctions.
- **Sexual abuse** - including rape and sexual assault, contact or non-contact sexual acts to which the adult at risk has not consented, or could not consent or was pressurised into consenting.
- **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material abuse** - including theft, fraud, exploitation, pressure in connection with Wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect or acts of omission** - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating; failure to report abuse or risk of abuse.

- **Discriminatory abuse** - including that based on a person's ethnic origin, religion, language, age, sexuality, gender, disability, and other forms of harassment, slurs or similar treatment.
- **Organisational (or Institutional) abuse** - indicated by repeated instances of unsatisfactory professional practice, pervasive ill treatment or gross misconduct indicating an abusive climate.

Care Act Guidance also refers to additional types of abuse (but also says that the list is not exhaustive):

- **Domestic Abuse:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Modern Slavery:** encompasses 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.
- **Self-Neglect:** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Why you and your agency must report adult at risk abuse

All agencies which provide a service to adults with care and support needs in Swindon have a **duty to report** any allegations or suspicions that an adult is being abused in accordance with the Policy and Procedures for Safeguarding Adults in Swindon.

This places **an individual responsibility on all members of staff to report abuse** as well as an organisational responsibility on your agency to ensure that all staff receive support and training in safeguarding adults issues.

All agencies or members of staff must:

- ◆ Actively work together within the agreed framework based on the Care Act 2014.
- ◆ Ensure that all staff are familiar with and actively work together within the agreed procedures, guidance and protocols underpinning this framework, to investigate abuse and manage protection.
- ◆ Actively promote the empowerment and well-being of adults through the services they provide.
- ◆ Actively support the rights of the individual to lead an independent life based on self-determination and personal choice.
- ◆ Ensure the law is followed when assessing an individual's capacity to make particular decisions. Ensure that decisions made on their behalf are in their best interests if they are assessed as lacking capacity to do this for themselves.
- ◆ Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate advocacy including advice, protection and support from relevant agencies.

- ◆ Ensure that the law and statutory requirements are known and used appropriately so adults receive the protection of the law and access to the judicial process.
- ◆ Identify others who may be at risk of harm including children and effect immediate referral to the appropriate authority.
- ◆ Recognise the on-going duty of care to service users who perpetrate abuse and facilitate any necessary action to address abusive behaviour.
- ◆ Actively promote an organisational culture within which all those who express concern will be treated seriously and will receive a positive response from management.
- ◆ Ensure rigorous recruitment practices that deter those who actively seek vulnerable people to exploit or abuse.
- ◆ Ensure that confidentiality and information sharing related to safeguarding adults and those alleged to have caused harm in a multi-agency context are maintained within the agreed protocols.
- ◆ Ensure that all staff responsible for managing and conducting investigations within these procedures receives appropriate training and support.

Recognition of adult abuse or neglect

Who may be the abuser?

Perpetrators of abuse are not confined to any section of society and may be people who hold a position of trust, power or authority in relation to an adult. A person who abuses may be:

- ◆ A member of staff, proprietor or service manager.
- ◆ A member of a recognised professional group.
- ◆ A volunteer or member of a community group such as a place of worship or social club.
- ◆ A service user or another adult with care and support needs.
- ◆ A partner, spouse, relative or member of the person's social network.
- ◆ A carer i.e. someone who is eligible for an assessment under The Care Act 2014
- ◆ A neighbour, member of the public or stranger.
- ◆ A person who deliberately targets adults with needs for care and support.

As well as their responsibility to the person who has been abused, agencies may have a responsibility in relation to those who are alleged to have caused harm. Their powers and duties will vary depending upon the role of the person alleged to have caused harm in relation to the agency.

Where may abuse occur?

Abuse can take place in any situation:

- ◆ Where the person lives, either alone or with someone else.
- ◆ In supported/sheltered accommodation.
- ◆ Within nursing, residential or day care settings.
- ◆ In hospital.
- ◆ In custodial situations.
- ◆ Where support services are being provided.
- ◆ In public places.

Patterns of abuse / abusing

Patterns of abuse vary and reflect very different dynamics. These include:

- ◆ Serial abusing in which the perpetrator seeks out and 'grooms' adults over a period of time. Sexual abuse can fall into this pattern, as do some forms of financial abuse.
- ◆ Long term abuse in the context of an on-going family relationship such as domestic abuse between partners, spouses or generations of family members.
- ◆ Situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour.
- ◆ Neglect of a person's needs because those around him or her are not able to be responsible for their care, e.g. the carer has difficulties attributable to debt, alcohol, their own change in needs.
- ◆ Organisational abuse such as poor care standards, lack of positive responses to needs, rigid routines, inadequate staffing and insufficient knowledge base within the service.
- ◆ Failure of hospitals, care homes & providers in domestic settings to follow the law in particularly restrictive care planning with people who lack capacity to consent to these arrangements. These may be in their best interests but may deprive them of their liberty and require further action e.g. Deprivation of Liberty Safeguards.
- ◆ Unacceptable 'treatments' or programmes which include sanctions or punishments such as withholding food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over medication.
- ◆ Prevention or failure to allow access to healthcare, dentistry and prostheses.
- ◆ Misappropriation of benefits and/or use of person's money by other members of the household.

- ◆ Fraud or intimidation in connection with Wills, property or assets.
- ◆ On line and other digital risks that can include, for example, cyber bullying or on line fraud.
- ◆ Failure of agencies to address racist and discriminatory attitudes, behaviour and practice.
- ◆ Violence.
- ◆ Intimidation, coercion or exploitation of any vulnerability of an adult to become involved in acts of terrorism or actions that may contribute to acts of terrorism.
- ◆ Coercion of an adult at risk to carry out actions they would not otherwise undertake.
- ◆ Being forced into a marriage the adult cannot or does not consent to.

Indicators of possible abuse and neglect

Indicators of physical abuse include:

- ◆ Injuries inconsistent with the lifestyle of the adult.
- ◆ Bruises and/or welts on the face, lips, mouth, torso, arms, back, buttocks and thighs.
- ◆ Clusters of injuries forming regular patterns or reflecting the shape of the article used to inflict the injury.
- ◆ Burns especially on the soles of the feet, palms of the hands, on the back, signs of immersion in hot water, friction burns, rope or electrical appliance burns.
- ◆ Multiple fractures.
- ◆ Lacerations or abrasions to the mouth, lips, gums, eyes and external genitalia.
- ◆ Marks on the body including slap marks and finger marks.
- ◆ Injuries at different stages of healing.
- ◆ Medication misuse.
- ◆ Inappropriate restraint.

Indicators of sexual abuse include:

- ◆ Significant changes in sexual behaviour, language or outlook.
- ◆ Pregnancy in a woman who is unable to consent to sexual intercourse.
- ◆ Wetting or soiling.
- ◆ Unexplained responses to personal/medical care tasks.
- ◆ Signs of withdrawal, depression and stress.
- ◆ Full or partial disclosure or hints of sexual abuse.
- ◆ Overly sexualised language.
- ◆ Unusual difficulty in walking and sitting.
- ◆ Pain or itching, bruises or bleeding in genital area.
- ◆ Sexually transmitted disease, urinary tract/vaginal infections.
- ◆ Psychosomatic disorders – stomach pains or excessive period pains.

Indicators of psychological (or emotional) abuse include:

- ◆ Changes in appetite.
- ◆ Low self-esteem, deference, passivity and resignation.
- ◆ Unexplained fear, defensiveness and ambivalence.
- ◆ Emotional withdrawal.
- ◆ Sudden changes in behaviour.
- ◆ The person managing care uses bullying, intimidation or threats to induce desired behaviour.
- ◆ The person managing care has a punitive approach to bodily functions or incontinence.

Indicators of financial (or material) abuse include:

- ◆ Unexplained sudden inability to pay bills or maintain their previous lifestyle.
- ◆ The person lacks belongings or services they can clearly afford.

- ◆ Recent acquaintances expressing sudden or disproportionate affection for a person with money or property.
- ◆ A lack of records and accounting for where money was spent.
- ◆ Unusual or inappropriate bank account activity.
- ◆ Power of attorney obtained when the person is unable to comprehend and give consent.
- ◆ Withholding money.
- ◆ Recent changes of deeds or title of property.
- ◆ Unusual interest being shown by family or others in the person's assets.
- ◆ The person managing the financial affairs of the adult is evasive or uncooperative.
- ◆ The selling or offering to sell possessions of an adult who does not have the capacity to consent or know the full value of those possessions.

Indicators of neglect include:

- ◆ Inadequate heating and/or lighting.
- ◆ Inappropriate, old or shabby clothing or being kept in nightclothes during the day.
- ◆ Sensory deprivation – not being allowed to have a hearing aid, glasses or other aids to daily living.
- ◆ Poor physical condition e.g. bedsores and unwashed ulcers.
- ◆ Clothing in poor condition e.g. unclean, wet and ragged.
- ◆ Inadequate physical environment.
- ◆ Inadequate diet or malnutrition.
- ◆ Untreated injuries or medical problems.
- ◆ Inconsistent or reluctant contact with health or social care agencies.
- ◆ Failure to engage in social interaction.
- ◆ Failure to give/offer prescribed medication.
- ◆ Poor personal hygiene.

Indicators of organisational abuse include:

- ◆ Inappropriate or poor care.
- ◆ Misuse of medication.
- ◆ Inappropriate restraint.
- ◆ Sensory deprivation e.g. denial of the use of spectacles, hearing aids etc.
- ◆ Lack of recording on client files.
- ◆ Lack of respect shown to the person.
- ◆ Denial of visitors or phone calls.
- ◆ Restricted access to toilet or bathing facilities.
- ◆ Restricted access to appropriate medical or social care.
- ◆ Failure to ensure appropriate privacy or personal dignity.
- ◆ Lack of flexibility and choice e.g. restricted mealtimes and specified bedtimes and a restriction on the choice of food.
- ◆ Lack of personal clothing and possessions.
- ◆ A lack of privacy.
- ◆ A lack of adequate procedures e.g. for medication and financial management.
- ◆ Controlling relationships between staff and service users.
- ◆ Poor professional practice.
- ◆ A lack of response to complaints.

Indicators of discriminatory abuse include:

- ◆ A lack of respect shown to an individual.
- ◆ A failure to respect dietary needs.
- ◆ A failure to respect cultural and religious needs.
- ◆ Signs of a substandard service offered to an individual from (for example) a different background to everyone else.
- ◆ Exclusion from rights and services that is usually available to everyone e.g. health, education, employment, access to the criminal justice system and civic status.

Self-Neglect

- ◆ Extreme poor personal hygiene.
- ◆ Poor health and reluctance to receive treatment or engage with health services.
- ◆ Poor and unsanitary living conditions.
- ◆ Extreme hoarding behaviour.
- ◆ Living environment is unsafe and unmaintained that may (for example) present a fire risk.
- ◆ Eccentric behaviours that are impacting on the wellbeing of the individual especially if they lack capacity or experience poor mental health.

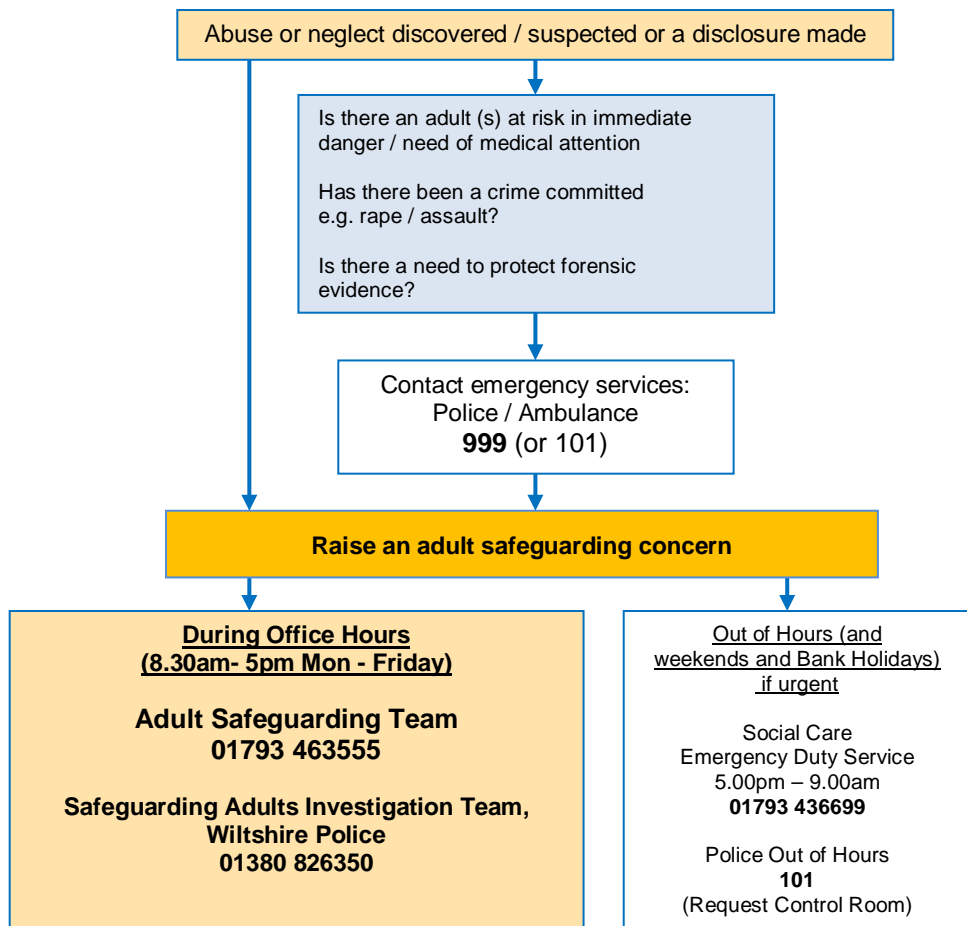
Modern Slavery

- ◆ The individual is not free to come and go as they wish.
- ◆ The person is unpaid, or paid less than minimum wage for carrying out forced labour or domestic servitude.
- ◆ A person working excessively long or unusual hours.
- ◆ Unusual restrictions while at work.
- ◆ Sexual exploitation.

Domestic Abuse

- ◆ Any abuse between intimate partners or family members.
- ◆ Controlling behaviour detrimental to the well-being of the individual.
- ◆ Coercive behaviours that include assault, threats, humiliation and intimidation.
- ◆ Abuse that is used to harm, punish, or frighten their victim.

Flow chart for those raising a concern Who to contact in Swindon



For concerns relating to alleged abuse or neglect occurring in Wiltshire, please call the Social Care Help Desk on 0300 456 0111

For concerns relating to abuse or neglect occurring in other local authority areas, please contact the relevant safeguarding team. Information about how to contact these teams can usually be found on the relevant local authority's website

For alerts about a service registered with the Care Quality Commission you may also need to ring: 03000 616161

Raising a Safeguarding Concern: (reporting abuse or neglect)

Alerting

Any person from any agency working with adults in need for care and support must be aware of the potential for abuse. Any worker who has a suspicion or a concern that abuse may have taken place, or might take place if no preventative measures are taken, needs to raise a concern.

Making an alert

The person who needs to raise a safeguarding concern must contact Swindon Adult Safeguarding or Safeguarding Adults Investigation Team (Wiltshire Police). If there is a need for urgent action out of hours or at weekends, the relevant Emergency Duty Service or Police Out of Hours Service. The person raising the concern should give all the information they can about their suspicions or any disclosure made to them including details of any views of the adult in question. Whilst in general most people would wish to discuss this with their senior before raising a concern, it is not necessary to do so to comply with this policy. If the suspicion or disclosure relates to an incident outside of Swindon, the relevant local authority will need to be contacted.

Reporting abuse or neglect

- ◆ **Where a person is in immediate danger or in need of medical attention the appropriate emergency services must be called.**
- ◆ Wherever possible, you must act in accordance with the wishes of the adult at risk. There may be some circumstances where their wishes may be overridden or where other considerations may apply e.g. where a crime has been committed or where others could be at risk or the person is considered to lack capacity.

- ◆ In some situations, a safe place may be needed for the individual before an investigation can begin, such as residential care, an alternative placement or increased support. Consideration must be given to whether proper lawful authority is required in these circumstances.
- ◆ If the person wishes action to follow as a result of alleged abuse, do not ask investigative questions. Offer support and reassurance that the matter has been reported and that someone will contact them.
- ◆ Where abuse may have taken place, ensure that the person has the protection and support they need at all times.
- ◆ Record accurately and in detail what has been said to you using the person's own words and what action you have taken.
- ◆ If there is any possibility that forensic evidence still exists, preserve it and do not clean it up.
- ◆ Information should only be shared on a 'need to know' basis. However, disclosures of abuse may be requested to be made 'in confidence' to a trusted member of staff. Care staff cannot agree to be bound by such a request.
- ◆ In recording what the person has said, facts must be clearly separated from opinion.
- ◆ The presence of witnesses to an incident must be recorded in detail.
- ◆ Information recorded by agencies must be available to the safeguarding adults enquiry.
- ◆ Where an allegation concerns a member of staff (who may also be a colleague), it is still the clear duty of those concerned to report the matter.
- ◆ If the alleged abuse takes place within any service registered under the Health and Social Care Act 2008 (regulated activities), it must also be reported to the Care Quality Commission.

Basic guidance for those raising concerns

This is a checklist for maintaining good practice in responding, reporting and recording allegations of abuse.

Responding

- ◆ Ensure that you remain calm and do not show shock or disbelief.
- ◆ Listen carefully to what you are being told.
- ◆ Ensure a caring response is given.
- ◆ Reassure the person that you are treating the information seriously.
- ◆ Reassure the person that what has happened is not their fault.
- ◆ Ensure that any forensic evidence is preserved.
- ◆ Explain that you are required to share the information with a relevant manager and Inspectors at the Care Quality Commission (if in a regulated service).
- ◆ Reassure the person that any further investigation will be conducted sensitively and with their full involvement wherever possible.
- ◆ Reassure the person that the service will take steps to support and where appropriate, protect them in the future.
- ◆ Do not stop someone who is freely recalling significant events.
- ◆ Make a written record of what the person has told you, taking into account that this report might be required as part of any legal action or disciplinary procedure.
- ◆ Do not promise to keep the information secret or make promises you will be unable to keep.
- ◆ Do not contact the alleged “abuser” or alleged “victim” (depending on the source of the information).

- ◆ Do not be judgmental e.g. “why didn’t you try to stop them?”
- ◆ Do not discuss the content of the disclosure with others outside of the investigation. However, other people may need to be informed that an allegation has been made in order to ensure the safety of the adult.
- ◆ Do not “sit” on the information over the weekend until you are next on duty etc. Report the information immediately.
- ◆ Do not interrogate the person for more details (a factual investigation may take place later, so it is important to avoid unnecessary stress and repetition for the person concerned).

Reporting

If you see, hear about or suspect abuse or neglect:

- ◆ Take urgent action as appropriate to protect the individual from any immediate danger.
- ◆ Pass on the information to a relevant manager if appropriate.
- ◆ Act within the wishes of the adult at risk where possible.
- ◆ Avoid asking investigative questions, e.g. who, what, where, when, why?
- ◆ Avoid making comments about what has happened.
- ◆ Support and reassure the adult throughout.
- ◆ If the suspected abuse has taken place in a regulated service, report the allegation to the relevant team as well as the Care Quality Commission.

Recording basic facts

- ◆ Ensure that your writing is legible.
- ◆ Complete the adult safeguarding referral form.
- ◆ Highlight if the alleged perpetrator is a service user.
- ◆ Forward the form to the relevant team.
- ◆ Record on the service user’s file that an adult safeguarding concern has been raised.

- ◆ Record what was said to you in the person's own words and include if they are aware that an alert is being raised and their views about it.
- ◆ Record if anyone else was there at the time of the disclosure.
- ◆ Record the date, time and setting in which the allegation was made or the event was witnessed.
- ◆ Separate any factual information from any opinions expressed.
- ◆ Remember to date, time and sign your report.

Preserving evidence

Whilst your first concern will be the immediate well-being of the individual(s), your efforts to preserve evidence may be vital to the investigation of the incident.

'Whenever two surfaces come into contact there is an exchange of each, to the other' **(Locards Principle)**

Clearly vital evidence can be transferred easily and any subsequent contact can **destroy** the evidence. Therefore **do not touch** anything unless it is for the immediate well-being of the victim or the preservation of the evidence.

In any instance where the victim is seriously injured and is taken to hospital, inform the hospital staff that a sample of blood should be taken before any blood transfusion. This sample will assist the investigation of the incident in respect of DNA analysis. Clearly the decision to take this sample rests with the medical practitioner.

Do not allow the victim to come into contact with the alleged perpetrator or any person who has had contact with the alleged perpetrator, as contamination of evidence can occur which will destroy the evidence.

Do identify the scene(s) of the incident and remove all persons from the location preventing any further entry until the police attend.

Strongly discourage the person from washing, drinking, cleaning teeth, or going to the toilet when any sexual offence is suspected, until they have been medically examined by a police surgeon.

Essential handling of potential evidence should be kept to an absolute minimum, with any such handling/movement being carefully carried out, recorded and a police officer notified.

Preserve anything used to warm or comfort the victim e.g. a blanket.

Make a written record of any injuries to the victim and alleged perpetrator.

You can comment on the condition and attitude of the people involved in the incident. Consider a sketch/photograph if easier.

Medical examinations

Medical examinations and investigative type questions as previously stated must be left to the police, the emergency services and those professionals involved in any investigation that might follow allegations of abuse.

Medical Practitioners need to be aware of and to **follow in full** the sections entitled ‘**Medical Examinations and Medical Treatment**’ in the “**Policy and Procedures for Safeguarding Adults in Swindon**”. This is because medical practitioners may be asked to undertake medical examinations or assessments or report on medical records when cases of alleged abuse occur.

What happens once a report of alleged abuse or neglect has been made?

If you report abuse, whether it is by phone, letter, Adult Safeguarding Referral Form or in person, then the process as set out under the Policy and Procedures for Safeguarding Adults in Swindon takes over.

The primary responsibility for co-ordinating an enquiry in to the abuse of an adult lies with Swindon Local Authority.

Enquiries will therefore be co-ordinated by managers of the Adult Safeguarding Team (in Swindon). They will work in close partnership with the Police, Health Services and the Care Quality Commission (CQC). The police have a Safeguarding Adults Investigation Team to investigate incidents and allegations of abuse in the same way as they have separate but linked Child Protection and Domestic Abuse Units.

Enquiry officers and managers are responsible for ensuring that the Policy and Procedures for Safeguarding Adults in Swindon are adhered to.

Any enquiry could involve a joint or single agency investigation or could lead to a disciplinary procedure where allegations amount to misconduct or gross misconduct on the part of a staff member. In some circumstances, a clinical incident may require an enquiry by health professionals.

As the person raising a concern, you may be asked to help plan the enquiry and attend meetings or join discussions with the safeguarding team.

You or a representative from your agency may also be asked to participate in other conversations or attend an Adult Safeguarding Conference and then Adult Safeguarding Reviews if it is decided that they are needed.

Overall, the object of these meetings is to ensure the safety of the adult and other adults who could be at risk, to consider any evidence and consider the outcomes of any enquiry.

For more details of the safeguarding process please refer to the appropriate section in the “Policy and Procedures for Safeguarding Adults in Swindon”.

What other policies and procedures does my agency also need to have in place or be developing?

All agencies need to ensure that disciplinary procedures for staff are compatible with the responsibility to protect adults in need for care and support.

All agencies, including providers of services, are responsible for disseminating information about the “Policy and Procedures for the Safeguarding Adults in Swindon” to all their staff.

All agencies should have guidelines covering the following areas:

- ◆ Confidentiality and Information Sharing
- ◆ Assessing Capacity and Making Best Interests Decisions
- ◆ Deprivation of Liberty Safeguards
- ◆ Challenging Behaviour
- ◆ Control and Restraint
- ◆ Sexuality
- ◆ Medication
- ◆ Invasive Treatments
- ◆ Handling of service users’ money
- ◆ Risk Assessment and Risk Management
- ◆ Violence at Work
- ◆ ‘Whistle Blowing’

All agencies should develop and promote 'Whistle Blowing' policies and procedures so that all staff feel able to report any suspicions, concerns or incidents of alleged abuse that might occur within their own workplace or organisation without fear of recrimination. Relevant statutory agencies, e.g. the Police, the Local Authority, the Care Quality Commission and health organisations, are able to provide further guidance on what should be included in any 'Whistle Blowing' policy.

All staff members' responsibilities in relation to the safeguarding of adults must be clearly documented and incorporated into their Terms and Conditions and specified Contracts of Employment. This is necessary as some staff who may be unsuitable to work with "vulnerable people" can be referred for consideration for inclusion on the list of people barred from working with children and "vulnerable adults" in accordance with The Safeguarding Vulnerable Groups Act 2006.

All staff should be offered support from their line managers or any other relevant agency, staff association or union if they are working in situations where disclosures or allegations of abuse have been made.

Risk assessment procedures and concerns about personal safety from staff should be dealt with by developing or using Violence at Work procedures.

All agencies need to comply with the Care Act 2014 and Safeguarding Vulnerable Groups Act 2006.

All staff and volunteers will need to attend training on safeguarding adults as part of their induction and as directed, or as appropriate, to their role.

All agencies are expected to inform all staff and volunteers of any amendments to Adult Safeguarding Policies and Procedures as they occur.

NB – For more details on organisations' or agencies' accountability please see the: "Policy and Procedures for Safeguarding Adults in Swindon."

Member agencies Swindon Local Safeguarding Adults Boards

Independent Chair

Swindon Borough Council

Wiltshire Police

NHS Swindon Clinical Commissioning Group

Care Quality Commission (CQC)

Chair of the Learning Disability Partnership Board

South Western Ambulance Service NHS Foundation Trust

Great Western Hospital NHS Foundation Trust

Avon and Wiltshire Partnership Mental Health NHS Trust

SEQOL

Swindon Care Homes Association

Swindon Public Health

Swindon Carers' Centre

Wiltshire Probation Trust

Dorset and Wiltshire Fire & Rescue Service

Healthwatch

NHS England South

Service User Forum

National Probation Service

Bristol, Gloucestershire, Somerset and Wiltshire Community

Rehabilitation Company (BGSW CRC) Probation

How to get further information, training and your own electronic version of Policy & Procedures for Safeguarding Adults in Swindon

Learning & Development – 01793 464980
Learninganddevelopment@swindon.gov.uk or
Adult Safeguarding Team – 01793 463555
Email: c/o adultsafeguarding@swindon.gov.uk

A copy of this booklet and the Policy and Procedures for Safeguarding Adults in Swindon are available from the Swindon Borough Council website: www.swindon.gov.uk

Details of Basic Awareness Training can be obtained from the Council's Learning and Development Department, Police HQ Training Departments, & Safeguarding Adults Investigation Team

Details of other courses will be circulated to agencies and organisations as programmes are agreed or courses developed.

If you need to discuss how to use The Mental Capacity Act 2005 or Deprivation of Liberty Safeguards, please contact:

Mental Capacity Act Programme Manager 01793 463239
MDOLS@swindon.gov.uk

Or go to the [Office of the Public Guardian Website](#)

This information about No Secrets booklet is available on the internet at www.swindon.gov.uk

It can be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department in Swindon Borough Council.

Tel: 01793 445500

Fax: 01793 463331

E-mail: customerservices@swindon.gov.uk

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