



Wheelchair Alliance

Community Interest Company

'Strengthening your voice'

Safeguarding Adults at Risk of Harm Policy

Issue date: 13th February 2023 (unanimous ratification at Board meeting)

Review date: 12th February 2024

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1. Policy statement of intent

The Wheelchair Alliance recognises that some people with whom we are in contact are adults at risk. The aim of this policy is to ensure that the Alliance acts appropriately when it becomes aware that an adult is at risk of harm. It also provides a framework which ensures that those involved in the care of adults at risk have the appropriate information and support to enable them to take the necessary steps to stop the neglect/abuse happening. Furthermore, the Alliance must have appropriate mechanisms in place to prevent neglect or abuse by any employee, supporter, volunteer, or associate of the organisation. This policy is designed to inform and offer guidance to staff and volunteers in the management of issues relating to protecting, safeguarding, and promoting the welfare of adults at risk. Whilst we are not a statutory social care organisation all staff and volunteers have an obligation and responsibility to be aware of and report concerns related to protection, safeguarding and promotion of the welfare of adults at risk from harm. This policy will be reviewed and revised as and when it becomes necessary and at least every two years.

Board members who are concerned that someone may be at risk of harm should, in the first instance raise this through their employing organisation where this is relevant.

2. Principles

The Wheelchair Alliance's safeguarding arrangements are underpinned by the following key principles:

2.1 Safeguarding is everyone's responsibility; for those adults we work with/come into contact with to be safe each employee and volunteer must play their full part in safeguarding adults at risk of harm.

2.2 All staff and volunteers working with adults at risk must listen to what they say, take their views seriously; and work with them collaboratively when deciding how to support their needs, as appropriate.

2.3 Procedures are in place to ensure concerns of abuse or neglect are dealt with appropriately and that action is taken promptly.

2.5 Induction training for all new staff and volunteers will include safeguarding policies and procedures. Further information can be found within the Intercollegiate document ([PDF](#)) [INTERCOLLEGIATE DOCUMENT Adult Safeguarding: Roles and Competencies for Health Care Staff \(researchgate.net\)](#)

2.6 The Company Secretary is the Alliance's Safeguarding Lead (and therefore the Designated Safeguarding Manager, DSM)and is responsible for maintaining a strategic overview of all safeguarding matters within the Alliance.

2.7 The policy reflects the differences in health and social care structures and legislation for safeguarding adults at risk across England, Wales, and Northern Ireland.

However, the Alliance adopts the same safeguarding principles across all three Nations.

3. Definitions

3.1 Who is an adult at risk of harm?

The original definition of a 'vulnerable adult' originated in the Department of Health guidance 'No Secrets' (2000), should now be replaced with the new definition from the Care Act (2014). This moves away from the terminology of 'vulnerable adults' towards 'adults at risk of harm' usually shortened to 'adults at risk'. There may also be reference to an 'adult with a care and support need'. The Care Act 2014 makes it clear that abuse of adults is linked to *circumstances* rather than the characteristics of people experiencing the harm.

An adult at risk is a person aged 18 years or over who is, or may be in need of, community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and is or may be unable to take care of him/herself, or unable to protect him/herself against harm or exploitation.

The principles surrounding safeguarding adults are the same across all Three Nations, regardless of different pieces of legislation. So:

- **The Care Act 2014 (England)** talks about: Protecting an adult's right to live in safety, free from abuse and neglect.
- **The Social Services and Well Being (Wales) Act 2016** talks about: Promoting the well-being of people who need care and support (this Act is for adults, children and carers) and that safeguarding adults is concerned with protecting those (adults at risk) from suffering abuse or neglect.
- **The Adult Safeguarding Policy (Northern Ireland) 2015**, talks about; Improving safeguarding outcomes for all adults who are at risk of harm through abuse, exploitation, or neglect.

3.2 What does mental capacity mean?

Mental capacity refers to a person's ability to make decisions for themselves or about their own life. Some people have difficulties in making such decisions. This is called 'lacking capacity'. Under the Mental Capacity Act 2005 there are laws governing who can make decisions on someone else's behalf which help safeguard adults at risk of harm.

3.3 What do we mean by abuse?

Abuse is a violation of a person's human rights or dignity by any other person or persons. There are many kinds of abuse, which can be carried out deliberately or unknowingly and it may be a single or repeated act. Abuse includes physical, sexual, psychological, financial, or material, neglect or acts of omission (including self-neglect), discriminatory, institutional abuse, human and civil rights. This is not an exhaustive list but provides a guide to the most regular forms of abuse.

3.4 Any of these forms of abuse can be either deliberate or the result of ignorance or lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways.

3.5 Who may be an abuser?

The person who is responsible for the abuse may be a stranger but is often well known to the person being abused and could be:

- A relative/family member
- Professional/staff member
- Paid care worker
- Volunteer
- Other service user
- Neighbour
- Friend or associate
- Children and young people can be abusers

3.6 What are the signs?

Some of the following signs might be indicators of abuse or neglect:

- Multiple bruising or finger-marks
- Injuries the person cannot give a good reason for
- Deterioration of health for no apparent reason
- Loss of weight
- Inappropriate or inadequate clothing
- Withdrawal or mood changes
- A carer who is unwilling to allow access to the person
- An individual who is unwilling to be alone with a particular carer
- An unexplained shortage of money.

3.7 What is meant by the term 'Appropriate Agency'?

These agencies are responsible for the investigation and coordination of all incidents of suspected abuse. This would fall within the jurisdiction of the agency closest to where the adult at risk is residing. Where there is an indication that a criminal offence has been committed the appropriate agency is ALWAYS the police.

4. Legal and policy context

There are a number of key pieces of legislation which set out the framework for all agencies working with adults at risk of harm. In summary these are:

- The Care Act 2014 (updated March 2016).
- Mental Capacity Act 2005.
- Government Statement of Policy on Adult Safeguarding (HM Government 2013).
- Safeguarding – roles and responsibilities in health and social care services (Department of Health, Local Government Association, ADASS, NHS Confederation, Association of Chief Police Officers 2013).
- Information Sharing Guidance (Department of Health).
- Commissioning for Better Outcomes (Department of Health, Local Government Association, ADASS, Think Local, Act Personal).
- Prevention in Safeguarding (Social Care Institute of Excellence, 2011).
- Making Safeguarding Personal – a toolkit for responses (Local Government Association, 2015).
- Gaining access to an adult suspected to be at risk of abuse or neglect – a guide for social workers and managers in England (SCIE, 2014).
- Adult Safeguarding Policy (Northern Ireland) (2015). Replaces Part 1 of ‘Safeguarding Vulnerable Adults: Reg Adult Protection Policy and Guidance’ September 2006.
- Social Services and well-being (Wales) Act 2016. (builds on the policy set out in Sustainable Social Services for Wales: A Framework for Action. Covers adults, children, and carers).
- Regulation and Inspection of Social Care (Wales) Act 2016.
- General Data Protection Regulations (May 2018).

5. Reporting safeguarding concerns and making a safeguarding referral

Please refer to flowchart diagram at the end of this policy document – ‘Making a Safeguarding Referral for Adults at Risk of Harm’ – Appendix 1

The following procedures should be followed if you need to report a safeguarding concern or make a safeguarding referral:

5.1 Your first priority should always be to ensure the safety and protection of an adult at risk. To this end, if any person in the Wheelchair Alliance reasonably suspects or is told that an adult at risk is being, has been, or is likely to be abused they must take immediate action as set out in this policy and pass on their concerns to the police.

5.2 It is important to emphasise to anyone seeking assistance from the Wheelchair Alliance that we are NOT an agency with statutory powers to investigate allegations of abuse or neglect. Neither can we remove adults at risk from abusive situations. But you do need to stress that you will have to share your concerns with the Safeguarding Lead and possibly make a referral to a statutory agency, as we have a responsibility to pass on such information where there is an adult at risk, suffering or likely to suffer significant harm.

These statutory agencies are:

- the Police and/or the Local Authority Adult Social Care in England and Wales.
- the Health and Social Care Trust 'Adult Protection Gateway Service' in the relevant local area (HSCTs) and/or the Police Service Northern Ireland (PSNI) In Northern Ireland.

If a referral needs to be made urgently outside of normal office hours, the appropriate agency is:

- Adult Social Care Emergency Duty Team (EDT) in England and Wales.
- Regional Emergency Social Work Service (REWS) in Northern Ireland.

If the person disclosing information to you is at risk of immediate physical harm or danger, ask them to call 999 and ask for the police, or alternatively make the call yourself. Contact Adult Social Care Services at the same time, to ensure that the safeguarding element is reported and followed up.

5.3 If an adult discloses a safeguarding concern staff and volunteers should:

- Listen and acknowledge what is being said.
- Be reassuring and calm.
- Be aware that the person's ability to recount their concern or allegation will depend on age, culture, language and communication skills and disability.
- Not promise full confidentiality.
- Ask their consent to take up their concerns.
- Explain what you'll do next.

- Try to encourage and support them to share their information.
- Don't talk to the alleged abuser – confronting the abuser could make the situation much worse for the individual making the allegations, e.g. in situations where there is domestic violence.
- Don't delay in reporting the abuse – the sooner the abuse is reported after disclosure the better. Details will be fresh in your mind and action can be taken quickly.

5.4 If a concern or allegation is made about a staff member or volunteer within the Alliance: do not inform the person in question as this might prejudice any police investigations. Contact one of the Chair or vice-Chair as soon as possible.

5.5 If the concerns or allegations are raised by a third party, e.g. a member of the public or another professional: the staff member/volunteer receiving the allegation must make notes of the information and contact the Safeguarding Lead, who must consult with them immediately about what action to take.

5.6 A telephone call to the relevant Adult Social Care service or the Police should be the first action when initiating a referral during office hours; outside of office hours the referral will be made to the Social Care Emergency Duty Team or the Police. The Alliance does not provide a defined day to day service to wheelchair users, their families or carers. Directors are volunteers and not always available. Should a staff member or volunteer make a safeguarding referral to the Adult Social Care service and/or Police the Safeguarding Lead must be informed as soon as possible. No sensitive data should be given via email/text message/voice mail rather, the message should state there has been a reportable safeguarding incident and could the Safeguarding lead contact the individual who has made the report.

5.7 It is the responsibility of the duty social worker taking the referral to assess the risk to the adult at risk of harm.

Note: staff/volunteers should provide as much detail as they have. It can be helpful to make accurate notes on what the individual adult making an allegation said to you. It is worth remembering that in most cases the individual and family of concern need support. Services will often work with the family, not against them.

5.8 The person making the referral should, in turn, be given details from Social Care, the Emergency Duty Team or Police Officer receiving the referral. A record of the conversation with the statutory agency, including the person's name, telephone number, time and outcome should be noted and sent to the Safeguarding lead in a password protected document. Do not send the password in the same email.

6. Confidentiality

The Wheelchair Alliance is not a statutory body and therefore does not need to have a person designated as a Caldicott Guardian. However the Alliance will work to the Caldicott principles which are:

- Principle One: Justify the purpose(s) of using confidential information
- Principle Two: Use confidential information only when it is necessary
- Principle Three: Use the minimum necessary confidential information
- Principle Four: Access to confidential information should be on a strict need-to-know basis
- Principle Five: Everyone with access to confidential information should be aware of their responsibilities
- Principle Six: Comply with the law
- Principle Seven: The duty to share information for individual care is as important as the duty to protect patient/client confidentiality
- Principle Eight: Inform patients and service users about how their confidential information is to be used.

Disclosure by an adult at risk of harm, abuse, ill treatment or neglect, and the consequences of such a disclosure is not easy. It is likely to have profound effects on that individual and other family members. It may be difficult for them to agree to a referral to statutory services.

6.1 All adults at risk must be made aware that complete confidentiality is not possible where there is risk of significant harm or abuse to them or any other individual.

6.2 Where an individual has not consented to sharing information for a referral the reasons for the referral need to be clearly explained to them so that any ongoing/future supportive relationship can be maintained as far as is possible.

6.3 Any decision to breach or not to breach confidentiality, together with those reasons for doing so, must be recorded in the safeguarding notes on Sharepoint.

6.4 Under no circumstances should an alleged abuser be alerted, directly or indirectly, that concerns have been raised. This may result in important evidence being lost, or further risk to the adult in question. Formal investigations will be carried out by the appropriate statutory agencies.

6.5 It is good practice to inform an adult at risk that a safeguarding referral concerning them is being made, dependent on the capacity and understanding of the adult. It should be made clear that it will be a statutory agency that will make a decision about what help and support they need to stay safe.

6.6 Safeguarding and General Data protection Regulations (GDPR)

Any safeguarding concerns you have should always take precedence.

- Don't avoid sharing a safeguarding concern with the Safeguarding Lead because you are worried about contravening GDPR.
- We should always try and share a safeguarding concern with the person's permission where at all possible (unless this would put an adult at further risk of harm).
- If we do have to breach their confidentiality, then the onus is on us to explain why we have done that, under GDPR.
- Always seek guidance and advice from the Safeguarding Lead in such circumstances.
- Providing an individual has mental capacity, we have a duty to promote independence and to recognise that adults are best placed to judge their own wellbeing.
- However, there are a number of circumstances, in which we might decide to share information with other agencies, without explicit consent, including:
 - we have reason to believe an adult does not have capacity.
 - others may be at risk of harm.
 - a crime could be committed.
 - the alleged abuser has care and support needs.
 - a serious crime has been committed.
 - staff are implicated.
 - an adult has mental capacity but may be under duress or being coerced (e.g. domestic abuse
 - the risk is unreasonably high and meets criteria for a multi-agency risk assessment conference or
 - there is a court order.
- Where we choose to breach confidentiality and share information without consent, we must record our reasons for this on the Safeguarding notes on SharePoint.

7. Safeguarding and General Data protection Regulations (GDPR)

Any safeguarding concerns you have should always take precedence.

- Don't avoid sharing a safeguarding concern with the DSM because you are worried about contravening GDPR.
- If we have to breach a person's confidentiality, then the onus is on us to explain why we have done that, under GDPR.
- Always seek guidance and advice from the DSM in such circumstances.
- Unless there's a statutory duty or court order to share information, you will need to use your judgement based on the facts of the case to decide whether to share and what should be shared. When making such a decision the safety and welfare of the person must be your key consideration.
- Share information early on, when you see signs of emerging problems – this means support can be put in place at the time it's most likely to help.
- Always ask for consent to share confidential information, unless asking for consent may increase the risk of significant harm to the person, or a delay in sharing information may increase the risk of harm
- If a person doesn't have the capacity to understand and make their own decision, seek advice from the DSM. Remember the perpetrator could be a family member/carer.
- You must have a clear and legitimate purpose for sharing information. There are a number of circumstances in which we might decide to share information with other agencies, without explicit consent:
 - to protect person from significant harm
 - others may be at risk of harm,
 - a serious crime has been committed/could be committed,
 - staff are implicated, - there is a court order.

Where we choose to breach confidentiality and share information without consent, we must record our reasons for this in the 'Safeguarding Notes' on SharePoint.

8. Informing the Designated Safeguarding Manager of the Referral

8.1 On completion any required written referral form, it should be sent to the Designated Safeguarding Manager (DSM). The DSM should check that the referral form contains all relevant information about the concern discussed, including contact information for adult social care should they need further contact with the Alliance.

8.2 The referral should be sent by the DSM as a PDF document, via secure email, to Social Care Services.

8.3 All safeguarding referrals should be recorded within the Alliance's central Safeguarding Log.

9. Recording Guidance:

9.1 Whenever concerns are raised about an Adult at risk, whether through an allegation or the observation of a set of circumstances, it is crucial to make and keep an accurate record.

9.2 The following guidance should be followed:

- Whenever possible and practical, take notes during any conversation.
- Ask for consent to do this and explain the importance of recording information.
- Explain that the person giving you the information can have access to any information about them.
- Where it is not possible or appropriate to take notes at the time, make a written record as soon as possible afterwards and always before the end of the day.
- Record the time, date, location, format of information (e.g. letter, telephone call, direct contact) and all persons present when the information was given.
- Include as much information as possible but be clear about which information is fact, hearsay, opinion and do not make assumptions or speculate.
- Include the context and background leading to the disclosure or concern.
- Include full details of referrals to Adult Social Care and the Police.

10. Allegations against staff or volunteers

10.1 Allegations about staff or volunteers abuse of an adult at risk must be raised immediately with the Alliance Chair who will alert the appropriate agency. The Chair in consultation, will make a decision to suspend or remove the employee or volunteer from active service pending the outcome of an investigation.

10.1 If the Chair is suspected of abuse, this should be reported to the DSM (Company Secretary)

10.2 Personal information may be disclosed without the individual's consent if there are reasonable grounds to believe that an individual is at risk of harm (see Confidentiality and Data Protection Policies).

11. Risk Assessment

The risks of not observing this Children and Young People's Safeguarding policy, include:

- Abuse or harm to a child or young person at risk of harm.

- Potential damage to the reputation of the Alliance.
- Potential risk of legal action.
- Loss of confidence and trust in the Alliance

Policy Review

The Company Secretary will review this policy on an annual basis in conjunction with the directors, and will make any changes necessary

All Board members are required to familiarise themselves with this policy upon their appointment to the Board.

Appendix A: Types and indicators of abuse

Signs and indicators of abuse can be difficult to detect. This appendix aims to help people who come into contact with people who may have care and support needs to identify abuse and recognise possible indicators. Many forms of abuse are criminal offences and should be treated that way. The Care Act 2014 states that there are ten different types of abuse.

1. Physical abuse

The indicators of physical abuse can include the following:

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

2. Domestic violence of abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this appendix relating to:

- psychological
- physical
- sexual
- financial
- emotional.

3. Sexual abuse

Indicators of sexual abuse can include:

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts

- Indecent exposure

4. Psychological or emotional abuse

Indicators can include:

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

5. Financial or material abuse

Indicators can include:

- theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

6. Modern slavery

Indicators can include:

- Human trafficking

- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

7. Discriminatory abuse

Indicators can include:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as [‘protected characteristics’ under the Equality Act 2010](#))
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

8. Organisational or institutional abuse

Indicators can include:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as [‘protected characteristics’ under the Equality Act 2010](#))
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

9. Neglect or acts of omission

Indicators can include:

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals’ cultural, religious or ethnic needs

- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

10. Self-neglect

Indicators can include:

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Appendix B: Safeguarding reporting procedure

