

## Barnsley CVS Safeguarding Adults Policy and Procedures

### 1. Scope of the Document

#### Aims

Barnsley CVS will not tolerate the abuse of adults in any of its forms and is committed to safeguarding adults with care and support needs, from harm. This policy outlines the steps Barnsley CVS will make to safeguard an adult with care and support needs if they are considered to be at risk. This policy sets out the roles and responsibilities of Barnsley CVS in working together with other professionals and agencies in promoting the adult's welfare and safeguarding them from abuse and neglect.

This policy is intended to support staff and volunteers working within Barnsley CVS to understand their role and responsibilities in safeguarding adults, and to have an overview of the wider safeguarding context. All staff and volunteers are expected to follow this policy.

The key objectives of this policy are for all employees and volunteers of Barnsley CVS to:

- have an overview of adult safeguarding
- be clear about their responsibility to safeguard adults and know where to get support / advice
- ensure the necessary actions are carried out where an adult with care and support needs is deemed to be at risk

This document focuses on safeguarding adults in relation to The Care Act 2014. This adult safeguarding document outlines the principles, themes and approach to be taken when working with adults (age 18 and over) who may be or are at risk from abuse and neglect.

It focuses on people whose situation meets **The Care Act safeguarding enquiry duties (section 42)** which apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse and neglect and;
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

However, it is also important to state that where safeguarding concerns are raised and do not meet the above criteria there may be other avenues of advice, information, guidance and support that may be available through Section 1 of the Care Act 'Promoting Wellbeing' and or Section 14.44 which states...

*'Local authorities may choose to undertake safeguarding enquiries for people where there is not a section 42 enquiry duty, if the local authority believes it is proportionate to do so, and will*

*enable the local authority to promote the person's wellbeing and support a preventative agenda'.<sup>1</sup>*  
Further reading<sup>2</sup>

### **Why is Safeguarding Important?**

Adult safeguarding means protecting people's right to live in safety, free from abuse and neglect. It applies to adults with care and support needs who may not be able to protect themselves.

### **Action to safeguard adults should include:**

- promoting well-being and prevent abuse and neglect from happening in the first place;
- ensuring the safety and wellbeing of anyone who has been subject to abuse or neglect;
- taking action against those responsible for abuse or neglect taking place;
- learning lessons and making changes that could prevent similar abuse or neglect happening to other people.

## **2. Introduction**

Adult safeguarding should seek to respond to concerns about abuse in a way that is sensitive to individual circumstances, is person centred and outcome focused. There may be pathways and processes to follow but these should not deter people from adopting common sense and proportionate approaches that put the individual at the heart of their work. It should not be forgotten that abuse and neglect can have a dramatic effect on an individual's wellbeing, in particular on:

- personal dignity;
- physical and mental health and emotional wellbeing;
- control by the individual over their day-to-day life;
- participation in work, education, training;
- suitability of the persons living accommodation;
- participation and contribution to society.

It is therefore vital that everyone plays a key role in identifying, reporting, tackling and preventing abuse and neglect.

## **3. Safeguarding Principles**

During this decade, there has been a greater emphasis on ensuring that any work in relation to safeguarding adopts a more personalised approach to working with children and adults. There has been a particular focus on listening to and hearing the voice of adults and taking into consideration their views and wishes.

Within adult safeguarding there have been some significant drivers to promote personalised ways of working: For example, **six key principles** that underpin safeguarding adult's work, as previously set out in the 'Statement of Government Policy on Adult Safeguarding' (Department of Health (DoH), May 2013). The principles are enshrined in an approach called Making Safeguarding Personal (MSP), which aims to support people to improve or resolve their circumstances with a focus on personalised outcomes rather than just 'investigation' and 'conclusion'.

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<sup>1</sup><https://www.barnsley.gov.uk/media/15369/sy-safeguarding-adults-procedures.pdf>

<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2014/23/section/42>

Making safeguarding personal means Safeguarding adults should be person-led and outcome-focused (what the adult would like us to help them with to reduce the risk and make them feel safer). It engages the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

The six principles should inform the ways in which professionals and other staff work with adults.

### The Six Key Principles of Adult Safeguarding<sup>3</sup>

<b>Empowerment</b>	People being supported and encouraged to make their own decisions and informed consent	<i>"I am asked what I want as the outcomes from the safeguarding process and these directly informs what happens"</i>
<b>Prevention</b>	It is better to take action before harm occurs	<i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"</i>
<b>Proportionality</b>	The least intrusive response appropriate to the risk presented	<i>"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"</i>
<b>Protection</b>	Support and representation for those in greatest need	<i>"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want"</i>
<b>Partnership</b>	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse	<i>"I know that staff treat any personal and sensitive 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"</i>
<b>Accountability</b>	Accountability and transparency in delivering safeguarding	<i>"I understand the role of everyone involved in my life and so do they"</i>

In addition to these principles, it is important that Barnsley CVS staff recognise that adult safeguarding arrangements need to ensure that due regard is made to people's capacity to make decisions in regard to their safety and that if people are assessed as not having capacity decisions will need to be made in their best interests. Where people are viewed as having

<sup>3</sup> <https://www.barnsley.gov.uk/media/15369/sy-safeguarding-adults-procedures.pdf>

capacity, staff need to further recognise that in making a decision they may be being coerced by others and this needs to be taken into account when supporting them to make choices.<sup>4</sup>

As adults we all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised. Adult safeguarding is a dynamic interaction that must be undertaken *with* people and not done *to* people. The six principles should be adopted throughout when working with individuals and be considered as part of a natural approach.

**The emphasis is on developing and sustaining a safeguarding culture which moves away from ‘processes supported by conversations’ to a ‘series of conversations supported by a process’.**<sup>5</sup>

## 4. Abuse and Neglect

The Care Act 2014 identifies a number of different types and patterns of abuse and neglect and the circumstances in which they may take place.

It is important to note that we should not limit our view on what constitutes abuse or neglect, as they can take many forms and the circumstances and wishes of the individual must always be considered. Incidents of abuse may be one-off or multiple, and affect one person or more. Types of abuse highlighted in The Care Act include:

- Physical Abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect and acts of omission
- Self-neglect - This only applies to adults who have the capacity to make the choices that result in the self-neglect and/or hoarding.

For a fuller account of the types and indicators of abuse and neglect refer to Barnsley safeguarding procedures<sup>6</sup>

Other specific areas to be considered which may relate to some of the types of abuse listed above where people have care and support needs and may be targeted include: female genital mutilation, hate and mate crime, honour based violence and crimes including forced marriage, Exploitation by Radicalisers who Promote Violence (Prevent), exploitation by gangs (county

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<sup>4</sup><https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

<sup>5</sup> <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

<sup>6</sup> <https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/how-to-recognise-abuse/>

lines- which may include involvement in criminal activity, sexual exploitation, trafficking, links to modern slavery).

It is also worth highlighting the Deprivation of Liberty Safeguards (amendments made to the Mental Capacity Act 2005 via the Mental Health Act 2007) and although not specifically part of The Care Act, represents a key part of overall practice. Deprivation of Liberty Safeguards focus on ensuring that adults who are deemed to lack capacity in specific areas and are deprived of their liberty (e.g. deciding where to live and around care and support arrangements) are able to continue to live safe and fulfilling lives, that enables least restrictive care and support options to be realised which are in line with personal dignity and human rights and deemed to be in their best interests.<sup>7</sup>

### **Patterns of Abuse<sup>8</sup>**

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

**Serial abuse** in which the source of harm seeks out and ‘grooms’ individuals. Sexual Exploitation sometimes falls 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 violence between spouses or generations or persistent psychological abuse; or

**Opportunistic abuse** such as theft.

### **Who abuses and neglects adults?**

Anyone can abuse or neglect adults including:

- Spouses/partners.
- Other family members.
- Neighbours.
- Friends.
- Acquaintances.
- Local residents.
- People who deliberately exploit adults they perceive as vulnerable to abuse.
- Paid staff or professionals and Volunteers and strangers.

### **Organisational abuse**

Is the mistreatment, abuse or neglect of an adult(s) by a regime or individuals in a setting or service where the adult(s) lives or that they use. Such abuse violates the person’s dignity and represents a lack of respect for their human rights. It is often identified by repeated incidents of poor practice and is often linked to lack of appropriate management oversight, supervision, policies and training.

### **People causing harm who are employed in Positions of Trust (PiPoT)<sup>9</sup>**

Adults are likely at some point in their life to be supported by people who may provide a range of personal care, advice, guidance, enablement, transport etc. Whilst the majority of these interactions are going to be positive and bring about good outcomes there will unfortunately be

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<sup>7</sup> <https://www.barnsley.gov.uk/media/15369/sy-safeguarding-adults-procedures.pdf>

<sup>8</sup> <https://www.barnsley.gov.uk/media/15369/sy-safeguarding-adults-procedures.pdf>

<sup>9</sup> <https://www.barnsley.gov.uk/media/15398/pipot-summary-guidance-approved-july-2020-review-december-21.pdf>

[R:\Safeguarding Information\PiPoT\\_protocol\\_Version\\_2\\_approved\\_May\\_2020\\_\(1\).pdf](R:\Safeguarding Information\PiPoT_protocol_Version_2_approved_May_2020_(1).pdf)

occasions when people are abused or neglected by the people who are supposed to be supporting or working with them.

**At Barnsley CVS, the PiPot Lead is Denise Pozorski**

### **Where does abuse take place?**

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or lives with others. While a lot of attention is paid, for example to targeted fraud or internet scams perpetrated by complete strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

## **5. The Approach<sup>10</sup>**

After identifying that abuse or neglect may have occurred the process will usually include the Safeguarding Lead, raising a concern to the Local Authority (see key contacts at the end of this document), the Local Authority making a decision about the concern raised, undertaking a safeguarding enquiry where appropriate and implementing any necessary safeguarding plans to reduce risk and support the adult to be as safe as possible. Preventing and tackling abuse and neglect should be a dynamic process which is flexible to include the needs and wishes of the adult(s) concerned.

The approach required to be taken on safeguarding is governed by the Care Act, the supporting Care and Support Statutory Guidance and principles and themes outlined previously in this document which are underpinned by Making Safeguarding Personal. It is important to involve the person as soon as safeguarding adults concerns are established to ensure their views, wishes and desired outcomes are included throughout the process to embrace the spirit of Making Safeguarding Personal. These views should directly inform what happens next. Safeguarding is an approach to establish the outcomes a person wants at the point the concern is raised by working with the adult to establish how those outcomes can best be achieved.

### **5.1 Identifying and Raising a Safeguarding Concern**

#### **Who do I go to if I am concerned?**

Where a concern needs to be raised it should be done by the person who believes that abuse may be occurring and the raising of the concern should not be delegated to another person, this concern should be raised in the first instance (where practical) with Barnsley CVS Safeguarding Leads:

**The named responsible lead person for safeguarding duties for Barnsley CVS is Denise Pozorski telephone: 01226 770610 email: [safeguarding@barnsleycvs.org.uk](mailto:safeguarding@barnsleycvs.org.uk)**

**The named responsible deputy lead person for safeguarding duties for Barnsley CVS is Lesley Cooper telephone: 01226 320106 mobile: 07399 619765 email: [lesley.cooper@barnsleycvs.org.uk](mailto:lesley.cooper@barnsleycvs.org.uk)**

**The named responsible governance lead for Barnsley CVS is Denise Pozorski email: [safeguarding@barnsleycvs.org.uk](mailto:safeguarding@barnsleycvs.org.uk)**

#### **1. Respond**

- The primary responsibility for anyone who becomes aware of any abuse is to seek to make the situation as safe as possible for the adult and to take steps to prevent any imminent

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<sup>10</sup> <https://www.barnsley.gov.uk/media/15369/sy-safeguarding-adults-procedures.pdf>

abuse. Where appropriate, it may be necessary to call 999 for emergency services if there is a medical emergency, other risk to life or risk of imminent injury, or if a crime is in progress.

- Get brief details about what has happened and what the adult would like done about it, but do not probe or conduct a mini-investigation
- Seek consent from the adult to take action and to report the concern. Consider whether the adult may lack capacity to make decisions about their own and other people's safety and wellbeing. If you decide to act against their wishes or without their consent, you must record your decision and the reasons for this.

## **2. Report**

This will usually be to the organisation's designated safeguarding lead. A log of the concern will be kept and Denise Pozorski or Lesley Cooper will be responsible to make decisions about notifying adult safeguarding if required and consider alternative actions, where necessary.

## **3. Record**

- Make an immediate record of what the vulnerable adult has said using their own words.
- As far as possible, records should be written straight away, dated and signed.
- Keep records about safeguarding concerns confidential and in a location where the alleged abuser will not have access to the record. Access to this information should not be provided to any unauthorised personnel.

## **4. Refer**

The designated safeguarding lead should keep a record of the reasons for referring the concern or reasons for not referring.

### **In making a decision whether to refer or not, the designated safeguarding lead should take into account:**

- the adult's wishes and preferred outcome
- whether the adult has mental capacity to make an informed decision about their own and others' safety
- the safety or wellbeing of children or other adults with care and support needs
- whether there is a person in a position of trust involved
- whether a crime has been committed

### **This should inform the decision whether to notify the concern to the following people:**

- the police if a crime has been committed and/or
- Barnsley Safeguarding Adults team for possible safeguarding enquiry t. 01226 773300
- Out of hours Telephone number for the Emergency Duty Team t. 01226 787789
- relevant regulatory bodies such as Care Quality Commission, Ofsted, Charities commission
- service commissioning teams
- family/relatives as appropriate (seek advice from adult social services)

### **People raising a concern may become aware of possible abuse when they:**

- witness an abusive act;
- are told about abuse by someone else
- are told about abuse by the service user
- find evidence of abuse;
- recognise several of the risk indicators and become concerned that there
- is a high risk of abuse

It is important that consideration be given to whether the concern being raised is done so in line with the Care Act Criteria as identified in BMBC Safeguarding Adult Procedures<sup>11</sup> Wherever possible, the adult should be consulted about the next steps and especially if this relates to referring a safeguarding concern to the Local Authority. However, it is still possible to raise a concern where consent has not been gained in certain situations such as:<sup>12</sup>

It is in the public interest e.g. there is a risk to other 'adults at risk'; or the concern is about organisational or systemic abuse; or the concern or allegation of abuse relates to the conduct of an employee or volunteer providing services to adults at risk or children; or the abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care.

The adult lacks mental capacity to consent and a decision is made to raise a Safeguarding concern in the adult's best interests (Mental Capacity Act 2005) An adult is subject to coercion or undue influence, to the extent that they are unable to give consent.

In serious situations in order to prevent serious harm occurring. In cases of self-neglect where the adult is at serious risk of harm we may need to make a referral without consent to inform a multi-agency risk assessment to address the risks. Ideally this should be communicated to the adult.

In the interests of transparency, in such situations it would still be good practice to ensure that person or representative are made aware that the concerns identified have been referred to the local authority and the reasons for doing this.

As previously mentioned, it should be recognised that every individual's situation is unique. Whilst The Care Act Section 42 criteria for safeguarding is the core focus, there will be occasions where people are deemed not to have care and support needs (e.g. do not meet The Care Act criteria for care and support needs) but these people with lower level needs may be vulnerable to exploitation, abuse and neglect.

**If abuse is reported to you in the course of your work; it is important that you act appropriately:**

**Do:**

- Remain calm and receptive
- Listen without interrupting
- Only ask questions of clarification if you are unclear what the person is saying
- Make it clear you take them seriously
- Acknowledge their courage in telling you
- Tell them they are not responsible for the abuse
- Let them know you will do what you can to help them

**Do NOT:**

- Allow your shock or distaste to show
- Probe for more information/ask other questions
- Make assumptions or speculate
- Make negative comments about the abuser
- Make promises you cannot keep

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<sup>11</sup> <https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/>

<sup>12</sup> <https://www.barnsley.gov.uk/media/15369/sv-safeguarding-adults-procedures.pdf>



- Agree to keep the information secret

All staff, management, trustees and volunteers at Barnsley CVS are expected to report any concerns to the named person for safeguarding. If the allegation is against one of Barnsley CVS members, staff, volunteers, trustees or directors, seek advice from Barnsley CVS safeguarding leads Denise Pozorski or Lesley Cooper. If the allegation is against the safeguarding lead/s, seek advice from Safeguarding Governance Lead, Denise Pozorski or Barnsley MBC Safeguarding Adults team.

The designated safeguarding adult leads will be responsible for providing acknowledgement of the referral and brief feedback to the person raising the original concern. Feedback should be given in a way that will not make the situation worse or breach the Data Protection Act. If the police are involved, they should be consulted prior to giving feedback to the referrer to ensure any criminal investigation is not affected.

## 5.2 Investigation

The local authority will decide on who will lead on a safeguarding enquiry should it progress to that stage. The named organisation should not conduct its own safeguarding enquiry unless instructed to do so by the local authority.

## 5.3 Outcomes<sup>13</sup>

The views of the adult at risk about their desired outcomes around the safeguarding concern must be sought as early as possible and preferably, at the time the safeguarding concern is raised. The adult at risk should be involved at all stages of the process. The outcomes the adult would like must be realistic, achievable and measurable. The outcomes must be agreed by the adult at risk or advocate. Professionals should also agree timescales with the adult to keep them informed of progress, and where any changes to timescales/progress are needed this should be communicated to the adult. Working directly with individuals in a person centred way (i.e. having honest and open conversations about their situation, developing a relationship) and working together to protect them from abuse and neglect, is far more likely to be more successful in relation to achieving good outcomes than an approach based on the professional knows best. Any decisions made should be made with the individual where this is possible and where there is doubt about an individual's mental capacity the Mental Capacity Act code of practice should be followed i.e. where people are deemed to lack capacity in making certain decisions, specific decisions are made in their best interest and are least restrictive.

The involvement of key people (partner, relatives, friend, neighbour, professional advocate etc.) throughout a safeguarding enquiry can offer additional support and may enable resolution and additional protection as an immediate and long-term solution. A key part of empowerment and ongoing safety should involve the exploration and utilisation of a person's network and community where this is appropriate.

It is therefore important that the person's outcomes (feelings and wishes) are captured at the beginning and considered at appropriate points during the enquiry as they may change depending on the situation. The outcomes at the end of an enquiry should be checked directly with the individual or representative in whichever way is most appropriate and recorded, in particular whether the outcomes have been fully, partly or not met.

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<sup>13</sup> <https://www.barnsley.gov.uk/media/15369/sv-safeguarding-adults-procedures.pdf>

**The three main questions to ask at the outset are:**

- What difference is wanted or desired?
- How will you work with someone to enable that to happen?
- How will you know that a difference has been made?

Because many people in safeguarding situations have very difficult decisions to make about their lives, these questions may take some time to answer and decision-making should be enabled. The actual outcomes identified and agreed with the person who is at the centre of the safeguarding process should be evaluated with the person at the end of the process to find out what difference was made.

## 6. Additional Information

**Complaints procedure**

Barnsley CVS promotes transparency and honesty when things go wrong. All staff and volunteers should apologise and be honest with service users and other relevant people when things go wrong. If a staff or volunteer or any other member of the organisation is unhappy with Barnsley CVS decision about the safeguarding concern, refer to Barnsley CVS's **Compliments, Complaints and Comments Procedures**.

Barnsley CVS is committed to ensuring that staff and volunteers who in good faith whistle-blow in the public interest, will be protected from reprisals and victimisation. refer to Barnsley CVS's **Whistleblowing Policy**.

**Confidentiality and Information Sharing**

Barnsley CVS expects all staff, volunteers, trustees to maintain confidentiality at all times. In line with Data Protection law, Barnsley CVS does not share information if not required (Unless it can demonstrate a legal framework for doing so).

It should however be noted that information should be shared with authorities if an adult is deemed to be at risk of immediate harm. Sharing the right information, at the right time, with the right people can make all the difference to preventing harm. For further guidance on information sharing and safeguarding<sup>14</sup>

**Recruitment and selection**

Barnsley CVS is committed to safe employment. Safe recruitment practices, such as Disclosure and Barring checks reduce the risk of exposing adults with care and support needs to people unsuitable to work with them.

**Training, awareness raising and supervision**

Barnsley CVS ensures that all staff and volunteers receive basic awareness training on safeguarding adults as they may come across adults with care and support needs who may be at risk of abuse. Those adults may report things of concern to staff or volunteers who should be equipped with the basic knowledge around safeguarding adults and be confident to identify that abuse is taking place and action is required. All staff and volunteers should be clear about the core values of Barnsley CVS and commitment to safeguarding adults. Similarly, staff and volunteers may encounter concerns about the safety and wellbeing of children. For more information about children's safeguarding, refer to Barnsley CVS Children's safeguarding policy.

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<sup>14</sup> <https://www.scie.org.uk/safeguarding/adults/practice/sharing-information>

## 7. Linked Agendas

- Domestic Violence and Abuse
- Forced Marriage
- Honour Based Violence
- Modern Slavery
- Prevent
- Hate Crime
- Anti-social Behaviour
- Drug and Alcohol misuse
- Multi-Agency Public Protection Arrangements - MAPP
- Health and Safety Executive
- Safeguarding Children and Young People
- Prisons and Approved Premises
- PiPot
- Self-Neglect and Hoarding

## 8. Key Themes:<sup>15</sup>

The following key themes run throughout safeguarding and should be considered:

**Consent:** At the beginning of any safeguarding the person should be asked what they would like to achieve, what they would like to happen and how they would like to be involved. It is good practice, wherever possible to gain consent in relation to progressing a safeguarding concern but also in relation to agreeing what happens next. As a result of support, advice or guidance, in most cases, the individual should be in a better situation than when abuse and neglect was recognised. An outcome may include that they feel safer, they are able to access their local community, they feel confident in recognising abuse in the future, that there is some justice which means future likelihood of abuse is reduced for themselves and others and they feel empowered to act to prevent it or know where and how to report abuse etc.

### **Safeguarding is everybody's business:**

In raising safeguarding concerns, this does not take away the responsibility of all to ensure that their actions should promote the safety and well-being of Adults at Risk. Safeguarding enquiries should be supported by all those involved in an Adults life and they don't prevent other actions that can be taken to promote the safety and well-being of the Adult. In terms of outcomes these need to be owned by all and reviewed as part of the on-going care and support that is provided to Adults at Risk across the safeguarding partnership.

### **Professional Judgement / Curiosity:**

It is essential that key decisions by paid staff are made based on their knowledge and understanding of the situation and that they are enabled to apply their training and knowledge in partnership with the individual. This may involve bringing into play a range of legal, practice and ethical frameworks as well as the principles already outlined. This includes a level of professional curiosity, whereby we make all reasonable efforts to enquire into potential instances of abuse. This is particularly important in relation to incidences of where there may be coercion and control by other influential people in the lives of individuals

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<sup>15</sup> <https://www.barnsley.gov.uk/media/15369/sv-safeguarding-adults-procedures.pdf>

**Risk Assessment and Management:**

Assessment of risk should be carried out with the individual during any safeguarding episode and adjustments should be made depending on any changes in relation to the situation. Risk to others should also be considered.

**Mental Capacity:**

The Mental Capacity Act (MCA) 2005 requires an assumption that an adult (aged 16 or over) has full legal capacity to make decisions unless it can be shown that they lack the capacity to make a decision for themselves at the time of the decision needs to be made. Individuals must be given all the appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision making process. Unwise decisions do not necessarily indicate a lack of capacity. Any decision made, or action taken, on behalf of someone who lacks the capacity to make the decision or act for themselves must be made in their best interests. It is therefore important that the individual's capacity is considered throughout, particularly when there is doubt or when there is fluctuation.

**The Mental Capacity Act Code of Practice<sup>16</sup>****Advocacy:**

Local authorities have a duty to involve the adult in a safeguarding enquiry.

Involvement requires supporting the adult to understand how they can be involved, how they can contribute and take part, and lead or direct the process. As part of the planning process, the lead agency must consider and decide if the adult has "substantial difficulty" in participating in the safeguarding enquiry. Where an adult has "substantial difficulty" in being involved, the lead agency must decide whether there is an appropriate person to support them and in the absence of anyone suitable or available, arrange for an independent advocate.

**Safeguarding Planning:**

In response to identified risks, a safeguarding plan can be developed and implemented at any time. The safeguarding plan aims to, prevent abuse or neglect; keep the risk of abuse or neglect at a level that is acceptable to the person; support the individual to continue in the risky situation if that is their choice and they have the capacity to make that decision.

**Information Sharing:**

This is the key to delivering better and more efficient services that are coordinated around the needs of the individual. It is a foundation of early intervention and preventative work, for safeguarding, for promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all. Nevertheless, it is important to understand that most people want to be confident that their personal information is kept safe and secure and that practitioners maintain individuals' privacy, while sharing appropriate information to deliver better support.

**Recording:**

Good record keeping is an essential part of accountability of Barnsley CVS to those who use our services. Maintaining proper records is vital to the individuals' care, support and safety. Where an allegation of abuse or neglect has been made, we have a responsibility to keep clear and accurate records. It is fundamental to ensure that evidence is protected and to show what action has been taken and what decisions have been made and why.

**Feedback:**

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<sup>16</sup> <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

It is important to provide regular updates to the adult, people raising the concern and relevant partners. People raising a safeguarding concern are entitled to be given appropriate information regarding the status of the referral they have made. The extent of this feedback will depend on various things (e.g. the relationship they have with the individual, confidentiality issues and the risk of compromising an enquiry). At the very least, it should be possible to advise people raising the concern that their information has been acted upon and taken seriously.

**Recovery from Abuse and Neglect:**

Safeguarding planning also involves promoting wellbeing and supporting adults who have been the victim of abuse or neglect to recover from the experience e.g. counselling, peer support and part of this recovery may include restorative justice.

**Safeguarding and Human Rights:**

It is important that any safeguarding complies with the Human Rights Act (HRA) 1998 (in particular Articles 5 and 8). This means that both the process and the outcome must be proportionate, not unduly restrictive, and enables risk where appropriate. Additionally, any actions arising from the principles and approach should be consistent with current legislation.

**Closing Statement**

The main purpose of any work in relation to safeguarding should be about supporting individuals to take control of their own life and be free from abuse and neglect wherever possible. Any interaction with individuals should be focused on making a difference, reducing risk and empowering people and communities to prevent and reduce abuse and neglect from happening in the future.

## 9. Key Contacts Barnsley CVS

Name	Role	Contact details
Denise Pozorski	Designated Lead Officer	<a href="mailto:John.marshall@barnsleycvs.org.uk">John.marshall@barnsleycvs.org.uk</a> Tel: 01226 705951 Tel: 07931 466336
Lesley Cooper	Designated Deputy Lead Officer	<a href="mailto:lesley.cooper@barnsleycvs.org.uk">lesley.cooper@barnsleycvs.org.uk</a> Tel: 07399 619765 Tel: 01226 320106
Denise Pozorski	Designated Strategic Lead (Board Member)	<a href="mailto:safeguarding@barnsleycvs.org.uk">safeguarding@barnsleycvs.org.uk</a> Tel: request call via email

## Key Contacts in Barnsley

Organisation	Named contact	Contact details
Barnsley Clinical Commissioning Group	Designated Nurse Safeguarding Adults and Patient Experience Team NHS Barnsley Clinical Commissioning Group, Putting Barnsley People First	Email : <a href="mailto:qualityteam.safehaven@nhs.net">qualityteam.safehaven@nhs.net</a>
Barnsley Hospital	Lee Oughton Named GP Safeguarding Vulnerable Clients (one day per week)	Call: 01226 433772 Email: <a href="mailto:lee.oughton@nhs.net">lee.oughton@nhs.net</a> Address: Hillder House, 49-51 Gawber Road, Barnsley S75 2PY
Barnsley Hospital	Deborah Longmore Safeguarding Adults Named Nurse	Call :01226 431249 (1249) Email: <a href="mailto:deborah.longmore@nhs.net">deborah.longmore@nhs.net</a>
Barnsley Safeguarding Adults Board Manager	Cath Erine Safeguarding Adults Manager	Call: 01226 775812 (5812) Email: <a href="mailto:CathErine@barnsley.gov.uk">CathErine@barnsley.gov.uk</a> Secure email: <a href="mailto:Catherine@barnsley.gcsx.gov.uk">Catherine@barnsley.gcsx.gov.uk</a> Address: BMBC,PO Box 634, Barnsley S70 9GG

Organisation	Named contact	Contact details
Berneslai Homes	Tony Griffiths and Leanne Cook  Housing Manager	Call: (01226) 775106 Email: <a href="mailto:TonyGriffiths@berneslaihomes.co.uk">TonyGriffiths@berneslaihomes.co.uk</a> <a href="mailto:LeanneCook@berneslaihomes.co.uk">LeanneCook@berneslaihomes.co.uk</a>

## Appendix A



### ADULT SOCIAL CARE/SAFEGUARDING ADULTS/ SELF-NEGLECT CONCERN FORM – May 2021

**Please attempt to complete all fields on this referral form.**

Email the completed form, with relevant attachments if necessary, to [adultsocialservices@barnsley.gov.uk](mailto:adultsocialservices@barnsley.gov.uk) if you have a BMBC email address or other secure email or use Egress etc. If you don't have a secure email option please

**Ring the Customer Access Team on 01226 773300.**

#### 1. Details of person at risk of harm / requiring welfare / social care support:

<b>Name:</b>			
<b>Gender:</b>		<b>Date of Birth or Age:</b>	

<b>Ethnicity:</b>		<b>Are they in receipt of any services?</b>	Yes/no/don't know. If yes please detail:
<b>Current Address and Post Code:</b>			
<b>Permanent Address if Different to the Above:</b>			
<b>Home Telephone:</b>		<b>Mobile Number:</b>	

**Reason for referral – Please tick:**

**Welfare concern or referral for a social care assessment of need**

**Alleged abuse or risk of abuse/self-neglect**

**When determining an abusive situation please use the following test:**

**The person has needs for care and support (whether or not the local authority is meeting any of those needs) i.e. is vulnerable.**

**Is experiencing, or at risk of, abuse or neglect**

**As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.(if you do not know if they can protect themselves but you think they have care and support needs and they are experiencing abuse or neglect please send in the form)**

**3. Description of any disability or specific need – tick all that apply (if known):**

<b>Learning Disability</b>		<b>Mental Health</b>	
<b>Mobility problems</b>		<b>Personal Care</b>	
<b>Dual Impairment</b>		<b>Hearing Impairment</b>	
<b>Visual Impairment</b>		<b>Frailty</b>	
<b>Substance Misuse</b>		<b>Memory Problems</b>	
<b>Asylum Seeker Support</b>		<b>Support for Social Isolation</b>	




<b>Support to Carer</b>		<b>Requires Support</b>	
<b>Socially Isolated</b>		<b>Debts/Benefits/Money Advice</b>	
<b>Homeless/insecurely housed</b>		<b>Drug/Alcohol issues</b>	
<b>Does the adult have any communication needs – BSL etc.</b>			

**4. Detail what you have seen/been told etc that makes you believe that the adult is in need of support OR being abused/at risk of abuse (include dates/times/statements/body maps/photos or other evidence)**

<b>The location of the alleged source of harm – address or external location? (complete only when there is an alleged abuse or risk of abuse):</b>	
<b>Date concern/incident identified:</b>	

Time concern/incident identified:	

**5. If an allegation of abuse – please tick as many as you feel apply**

Physical abuse		Sexual Exploitation	
Sexual abuse		Psychological abuse	
Financial abuse		Modern slavery	
Discriminatory abuse		Organisational abuse	
Neglect or acts of omission		Self-neglect	
Domestic Violence abuse (have you considered or completed a DASH risk assessment) 		Hoarding – please use appendix two to provide a hoarding score. <a href="https://www.barnsley.gov.uk/media/8678/self-neglect-and-hoarding-policy.pdf">https://www.barnsley.gov.uk/media/8678/self-neglect-and-hoarding-policy.pdf</a>	
Female Genital Mutilation		Radicalisation	
Hate crime/incident/mate crime/incident		Internet abuse	
Honour Based Violence			

**6. Have you discussed your concerns with the adult? What are their views, what outcomes do they want to address the risks/harm (if any?)**

<b>7. Reasons for not discussing with the adult?</b>	
<b>Adult lacks mental ability/capacity</b>	
<b>Adult unable to communicate their views – state why?</b>	
<b>Discussion would increase risk of harm</b>	
<b>State why the harm would increase?</b>	

<b>8. what action have you taken/agreed with the adult to reduce the risks</b>	
<b>Contact with the Police Give details</b>	
<b>DASH risk assessment</b>	
<b>Move to alternative accommodation</b>	
<b>Referral to other agency</b>	
<b>Other – detail</b>	
<b>No actions agreed – state why</b>	

<b>9 Risk to others</b>	
<b>Are there any other adults at risk?</b>	Yes / No / Unknown
<b>If Yes, give details (ages/names etc) and detail any actions you have taken to address these</b>	

<b>Are there any children at risk/dependents?</b>	Yes/no/unknown
If yes provide details – names/ages and any action taken to reduce the risks.	

<b>10. If an allegation of abuse - source of alleged harm/perpetrator information:</b>					
<b>Name of person alleged to be causing the harm:</b>					
<b>Gender:</b>	Male / Female	<b>Date of Birth:</b>		<b>Ethnicity:</b>	
<b>Address Including Post Code:</b>					
<b>Contact Number:</b>			<b>Relationship to alleged victim:</b>		
<b>Previous history of alleged or proven abuse (If known)</b>				Yes / No / Unknown	
<b>Does this allegation involve a 'person in a position of trust'? (worker/volunteer)</b>				Yes / No / Unknown	
<b>If so please give details of the person</b>					
<b>Name of the organisation alleged to be the source of harm</b>					
<b>Address and postcode of organisation</b>					
<b>Contact number</b>					
<b>Nature of organisation – care home, domiciliary care provider, supported living, hospital ward etc</b>					
<b>Name of manager (if known)</b>					

### 11. Alleged source of harm: (perpetrator)

Is the person aware of the concern or need being raised with social services?

Yes / No / Unknown

12. If a crime has been committed, has this been reported to the police?

Yes / No / Unknown

If Yes, what is the Crime Number (if known)?

Name and contact details of the police officer reported to:

### 13. Consent?

Has the person at risk consented to this concern being recorded and shared with other agencies and professionals?

Yes / No / Unknown

If consent not obtained is there a risk to others/evidence (public interest) or evidence of duress/coercion? Are we confident the adult lacks capacity to give consent? (Explain why they lack capacity – at this time?)

### 14 Details of person completing form:

Name:

Role:

Address:

Organisation (if any):

Telephone:

Email:

Manager or alternative contact if you are unavailable in the next 48 hours:

<b>Date form completed</b>	
<b>Date and time form sent to Adult Social Care</b>	

<p>Share this completed form, asap, with <a href="mailto:adultsocialservices@barnsley.gov.uk">adultsocialservices@barnsley.gov.uk</a></p> <p>attach any relevant information.</p> <p><b>This is only secure if you have a GSCX, NHS. Net, GSI/CJSM etc email or use EGRESS or equivalent</b></p>	<p>IF you have NOT got a secure email address Or would prefer to ring</p> <p>Customer Access Team on 01226 773300</p> <p>Opening times 8.45 – 5.00 – Mon to Thurs 8:45 - 4:30 - Friday</p> <p>Out of hours - <b>01226 787789</b></p>
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**Keep a copy of this form for your records**

**Notify your manager.**

## **Guidance to support the completion of the Adult Social Care/ Safeguarding/Self Neglect and Hoarding concern form**

The combined form allows you to share information that may result in either:

- ✚ A social care/mental health assessment
- ✚ A safeguarding adult's assessment (including self-neglect and /or hoarding)

The concern form can be accessed here: <https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/for-professionals-and-volunteers/> (referral forms)

### **Section 1:**

- Please provide the name of a manager or colleague who can discuss the concern with us, if you work shifts or are due to go on annual leave etc to avoid delay in assessing the risks and responding

### **Section 2:**

- If both a social care assessment and you are sharing concerns about abuse or self-neglect and/or Hoarding please tick both boxes.

### **Section 3:**

- Provide as much information as you can, ideally include a contact phone number and address for the adult.

### **Section 4:**

- If you are not sure what disabilities the adult has, please tick as many as you feel are relevant and then add the reasons for your assessment at the start of text box 4.
- In the text box –provide a brief chronology of your concerns, including **facts** in addition to **your concerns/observations**.

### **Section 5:**

- Tick as many abuse types to cover the harm you think the adult is experiencing or at risk from.
- If you need further information about the indicators of abuse, please visit the SY Safeguarding Adults procedures – <https://www.barnsley.gov.uk/media/15369/sy-safeguarding-adults-procedures.pdf>

### **Section 6:**

- It is essential that the adult is aware of your concerns and has a choice about whether they want a safeguarding concern shared with Adult Social Care.

- It is possible that the issues can be resolved without formal safeguarding by you/your organisation or by signposting them to another organisation.
- If the adult refuses to discuss the concerns with you and you believe the risks are unlikely to be resolved without support, you should share your concerns with adult social care.
- It is essential that if it is not possible to talk to the adult or doing so would increase the risks to them that this information is included in this section.

### **Section 7:**

- Ideally risks should be addressed asap, if you are able to take any action to reduce risks then please do so and include details of what actions have been taken and the impact on the risks.
- If Domestic abuse is a feature in the concern – a DASH risk assessment should be completed – <https://www.barnsley.gov.uk/media/19218/dash-risk-assessment.pdf>
- If you have agreed with the adult that a referral to another agency is appropriate, please add as much information – name of organisation/worker/phone number/email address etc.

### **Section 8:**

- Provide as much detail as possible about other adults or children at risk.
- If the concern relates to an employee or volunteer, please state the name of the employer and if possible, provide details of the manager.

### **Section 9**

- Provide as much information as possible to support social care and the police to assess the risk posed by the individual.
- A person in position of Trust is a worker/volunteer who works with adults at risk of harm OR a person who works with Children who cares for adults in a paid or unpaid capacity.

### **Section 10:**

- It is not essential to let the alleged source of harm know a concern is being raised and may in some cases increase the risk to the adult.

### **Section 11:**

- If the concern has been shared with the police by either the adult or you/your organisation provide crime number/link police officer etc

### **Section 12:**

Ideally the adult will have consented to the concern being shared with Adult Social Care etc, however if you believe that:

- ✓ Other adults are at risk from the alleged source of harm
- ✓ The source of harm is a worker or volunteer (Person in Position of Trust) <https://www.barnsley.gov.uk/media/19310/protocol-for-procedures.pdf>
- ✓ The adult is unable to consent due to issues with their mental capacity

### **And/or**

- ✓ The adult is under duress from a family member/friend or other

**You must share the concern, even if the adult is refusing to give consent.**

**If you want to discuss the concern in advance of completing the form either contact your internal safeguarding colleague (if available) OR contact the Customer Access Team on 01226 773300**



**Please do not send via email unless you have a secure email or are internal to BMBC (e.g your email includes GCSX, GSI, CJSM, NHS.NET etc). If you don't have a secure email, complete the form for your own records but ring and speak to the Customer Access Team to share your concern.**