



Adults at Risk Safeguarding Policy

DRAFT

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CS053	2	CM	73322	94216	14/01/2023	December 2022	
CS053	3	CM	-	-	12/12/2023 Amends to document locations and reporting pathways	December 2023	
CS053	4	HCS	=	=	=	01/08/24	

Distribution

Internal: All SCC Staff

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Website: Full publication

1. Introduction

1.1. Salisbury City Council (SCC) is committed to safeguarding adults with care and support needs from harm and wish to ensure there are procedures in place, which, as much as possible, provide for their safety. As the SCC operates a number of activities which may be attended by vulnerable adults, it is important that a robust set of procedures is adopted to protect individuals and the Council. 1.2. This policy is based on the advice given in the Wiltshire Safeguarding Adults Board Policy and Procedures for Safeguarding Adults in Wiltshire (March 2017)

Definition of Adult at Risk - An 'Adult at Risk' is defined as any person aged 18 years and 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 who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation

2. Responsibility:

2.1. Every member of staff, volunteer or councillor who supports activities involving vulnerable adults, has a duty of care to themselves and to others and should familiarise themselves with the procedures relating to this policy

3. Designated Officer Role and Responsibilities:

3.1. The ~~Head of Community Services Communities Manager~~ will be the **Designated Safeguarding Lead (DSL) for all Child and Adult at Risk protection issues** ~~(DSL) for Vulnerable Adult Protection issues~~

3.2. At all times there will also be a Deputy Designated Safeguarding Lead (DDSL)

3.3. As of August 2024 these are as follows

- DSL – Head of Community Services – Sarah Gregson
- DDSL – CEO – Asa Thorpe

~~3.2-3.4.~~ Activities undertaken by the City Council which are likely to involve these people should be reported to the DSL prior to their commencement. The DSL will then undertake, with the support of the initiating manager, a full risk assessment of the activity and recommend any risk mitigation actions. This risk assessment and any subsequent actions will be formally recorded, and this record will be maintained by the DSL

3.5 The DSL and DDSL should undertake training as outlined in the table below

Commented [SG1]: Recommended Area of Change 4.4.1 & 4.4.2

Commented [SG2]: Recommended Area of Change 4.4.3

4. Definition of an 'Adult at Risk' Training Requirements

Commented [SG3]: Moved to point 1.2

Commented [SG4]: Recommended Area of Change 4.10

4.1. An 'Adult at Risk' is defined as any person aged 18 years and 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 who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation

SCC provides the following mandatory training to all staff

<u>Staff group</u>	<u>Level of safeguarding Training</u>	<u>Internal/External</u>
<u>Staff working to support children and/or adults at risk & Managers responsible for safeguarding at public events</u>	<ul style="list-style-type: none"> <u>Induction safeguarding overview video</u> <u>Level 2 , Plus internal procedures</u> 	<u>Internal</u>
<u>All staff</u>	<ul style="list-style-type: none"> <u>Induction safeguarding overview video</u> <u>Level 1, plus internal procedures</u> 	<u>Internal</u>
<u>Volunteers working directly to support children and/or adults at risk</u>	<ul style="list-style-type: none"> <u>Induction safeguarding overview video</u> <u>Level 1, plus internal procedures</u> 	<u>Internal</u>
<u>Designated safeguarding Leads (inc deputies)</u>	<ul style="list-style-type: none"> <u>Induction safeguarding overview video</u> <u>Level 2 , Plus internal procedures</u> <u>Specialist Advance Practitioner Training</u> 	<u>Internal</u> <u>External</u> <u>External</u>

5. Activity Registration

- 5.1. Where a child, adult at risk or volunteer registers with Salisbury City Council to participate in an activity the following information must be included on the registration form to support any possible safeguarding reporting pertaining to that individual in the future
- 5.2. GP name and address
D.O.B
Whether the individual has a key worker, support worker or social worker in place
- 5.3. - A direct and named contact will be provided to parents or carers named on the registration form of any child or adult at risk who is participating in or volunteering on SCC activity.

Commented [SG5]: Recommended Area of Change 4.2 (4.2.1, 4.2.2, 4.2.3 & 4.2.4)

6. Information Sharing

- 6.1** The safe, relevant and expedient sharing of safeguarding information and concerns with other statutory and voluntary sector organisations should be supported by a procedure, with reference to the NSPCC report “multi-agency working and information sharing: learning from case reviews” (April 2024)
- 6.2** Whilst SCC does not provide regulated activity and has no legal responsibility to share information, it does so as an action of best practice in safeguarding
- 6.1. The SCC “Safeguarding & Multi-agency information sharing procedure” can be found as Appendix E to this policy

Commented [SG6]: Recommended Area of Change 4.1 (4.1.1) and Adjacent Policy and Procedure Action 5.5. See Also Background Paper 9.3

7. Lone Working

- 7.1. It is SCC policy that no work with a child or adult at risk takes place on a one-to-one basis, unless a specific need creates a clear service case, and a risk assessment has been undertaken and signed off by the DSL.
- 7.2. No SCC employee will admit a child or adult at risk into their workplace when lone-working.

8. Partnership Work

- 8.1. All activity undertaken by SCC specifically targeted at or providing a service for children or adults at risk, in partnership with another organisation, freelance consultant or service provider must be subject to a "Safeguarding in Partnership Agreement".
- ~~8.1.~~ 8.2. This agreement will outline in writing which party takes responsibility for safeguarding policy and practice for the duration of this activity and defines a process for information sharing.

Commented [SG7]: Recommended Area of Change 4.6

9. Hiring of SCC Facilities

- 9.1. All organisational hire agreements pertaining to SCC facilities or open spaces must include the following language

Is your event/activity, in/on an SCC building or land, for or largely targeted at
a) children, young people (under 18, including family events) YES/NO
or
b) adults at risk, who are not accompanied by a parent or carer. YES/NO

If YES to either of the above, please initial to indicate that you will provide a copy of your safeguarding policies along with your signed hire agreement. Initial: _____

Safeguarding Responsibility

In signing this hire agreement, I understand that safeguarding for their event is their responsibility and any concerns raised to SCC about safeguarding will be shared with our Designated Safeguarding Lead who will contact you immediately.

Commented [SG8]: Recommended Area of Change 4.7

Hiring of SCC Facilities

Commented [SG9]: Recommended Area of Change 4.7

10. Grants and subsidies given by SCC

- 10.1. As per the SCC Grants Policy mandatory requirements, all organisations allocated grants by SCC must "be able to provide a safeguarding policy".
- 10.2. As per the SCC Rent Reduction Policy mandatory requirements, all organisations in receipt of a rent reduction must "be able to provide a safeguarding policy"

Commented [SG10]: Recommended Area of Change 4.8

~~10.11.~~ Reporting Procedures:

All annexes and full policy documents are stored on SCC sharepoint Documents/~~Policies~~/Safeguarding -~~Reporting~~

- ~~10.1.11.1.~~ 1.1.1. Where there is a suspicion of Adult at Risk abuse taking place it must be reported following the process as outlined in Wiltshire Adult Safeguarding Board referral document - shown as Annex A

~~40.2-11.2.~~ Any concerns regarding the suspicion of adult abuse taking place must be raised with a Line Manager, ~~or the DSL~~ or the DDSL

~~40.3-11.3.~~ Concerns raised with a Line Manager must be reported by that Line Manager to the DSL at the earliest opportunity. If the DSL is unavailable, then the incident must be reported to the DDSL City Clerk

~~40.4-11.4.~~ The DSL or DDSL will consider further actions required with reference to Annexe D – “Safeguarding Adult Concerns – a brief guide for referrers”

~~40.5-11.5.~~ Concerns, discussion, decision and reasons will be recorded in writing using Adults At Risk Concerns Log – shown as Annex B

~~40.6-11.6.~~ The key issue is to ensure that any suspicion of adult abuse is promptly reported and that all staff understand that is their responsibility to do so

~~40.7-11.7.~~ Staff, volunteers and councillors should acquaint themselves with types of abuse and how to recognise signs of abuse. Details of these are shown at Annex B

~~40.8-11.8.~~ Where there is an allegation against staff/volunteers, it should be reported as above using

~~40.9-11.9.~~ Furthermore **all** incidents involving staff/volunteers will be reported to the CEO City Clerk

~~40.10-11.10.~~ If the DSL is unavailable then the incident should be reported to the DDSL City Clerk in the first instance

~~41-12.~~ **Types of Abuse:**

~~41.1-12.1.~~ Physical

~~41.2-12.2.~~ Sexual

~~41.3-12.3.~~ Psychological

~~41.4-12.4.~~ Financial or material

~~41.5-12.5.~~ Neglect or acts of omission

~~41.6-12.6.~~ Discriminatory

~~41.7-12.7.~~ Organisational

~~41.8-12.8.~~ Domestic violence

~~41.9-12.9.~~ Modern Slavery

~~41.10-12.10.~~ Self Neglect

Annexe C gives further details

~~42-13.~~ **Confidentiality:**

~~42.1-13.1.~~ It is important to ensure confidentiality about any suspicions, or allegations being made by an adult at risk. Whilst it is recommended notes should be made as soon as possible, these should be treated in confidence until required by investigating authorities

~~42.2-13.2.~~ It is important to ensure confidentiality about any suspicions, or allegations being made by a child. Whilst it is recommended notes should be made as soon as possible, these should be treated in confidence until required by investigating authorities.

~~42.3-13.3.~~ All safeguarding reporting documentation should be retained only until handed over to and stored securely by the DSL and any retained copies (digital or physical) should then be deleted or shredded.

Commented [SG11]: Recommended Area of Change 4.5

~~12.4.13.4.~~ Any contemporaneous notes made by a member of staff should be anonymised or destroyed
~~13.5.~~ The DSL will store all reporting documentation in the Safeguarding Reporting Folder on Sharepoint in accordance with GDPR legislation, a folder which is only accessible by senior leaders, the DSL and the DDSL.

~~13.14.~~ **Emotional Distress:**

~~13.1.14.1.~~ It is possible that anyone having abuse reported to them or identifying the signs of abuse may be affected emotionally. In such cases staff, volunteers or councillors should contact the SCC's Communities Manager for advice and support

~~14.15.~~ **Procedures:**

~~14.1.15.1.~~ Guidelines on precautions and checks to be carried out should be followed at all times. Advice on whether an activity requires special measures in place is available from the ~~DSL~~ Communities Manager

~~15.16.~~ **Staff Disclosure and Barring Checks (DBS):**

~~15.1.16.1.~~ Any staff member, volunteer or councillor who wishes to lead, or be responsible for, activities on a regular basis involving adults at risk must have successfully completed an Enhanced Disclosure and Barring Service (EDBS) check first.

~~15.2.16.2.~~ A standard check (SDBS) is required for all staff or volunteers who are likely come into contact with adults at risk and don't meet the criteria for an enhanced disclosure

~~15.3.16.3.~~ A basic check (BDBS) may be sufficient for those who do not meet the eligibility criteria for SDBS

~~15.4.16.4.~~ SCC will have carry out an assessment of the eligibility of each role for an enhanced DBS check. An example of the questions considered can be found at <https://www.gov.uk/find-out-dbs-check>

~~15.5.16.5.~~ Basic checks may be requires of staff who do not meet the eligibility criteria for a standard check e.g. of self-employed persons working on public council events

~~15.6.16.6.~~ Anyone not holding an EDBS check may not support activities where there is a possibility of unsupervised contact with an adult at risk occurring. In this situation they must be fully supervised by a member if staff who does hold an EDBS check and the activity must be sufficiently staffed to ensure there is always and EDBS checked person in the room. The DSL must also be made aware of this supervision

~~15.7.16.7.~~ All staff are required to join the DBS update service. If the person continues in the role the SCC will check their DBS with via the update service every three years in accordance with procedures.

~~45.8.16.8.~~ SCC will renew the DBS of Volunteers who stay in a role requiring a standard DBS, every three years in accordance with procedures.

~~45.9.16.9.~~ This policy is written to allow for staff, volunteers and councillors to begin working with adults at risk in advance of the appropriate check being completed with the appropriate supervision. This will allow effective service delivery whilst at the same time ensuring that no adult at risk is exposed to risk of abuse

~~46.17.~~ External Staff / Bought in Staff:

~~46.1.17.1.~~ If an activity requires the buying in of outside expertise e.g. entertainers or trainers, then said providers **must** produce their Update Service details or their own EDBS certification which should be checked using the following criteria

~~46.2.17.2.~~ If providing a hard copy certificate, only the original document can be accepted as proof of an EDBS – photocopies will not be accepted. Certificates of more than 2 years old **will not** be accepted

~~46.3.17.3.~~ If the external staff are registered with the DBS update service, they can provide SCC with access to the service to verify EDBS status.

~~46.4.17.4.~~ If for exceptional reasons, staff **without** EDBS certification are to be used, then they must not have unsupervised access to adults at risk at any time during the course of activities. This must be included in the risk assessment and action plan for the event or activity

~~46.5.17.5.~~ Furthermore, the use of uncertified staff must be reported to the DSL in advance of the activity taking place

~~47.18.~~ Additional information/support:

~~47.1.18.1.~~ If anyone has concerns about issues concerning Adults at Risk additional support is available from

Wiltshire Adult Multi-Agency Safeguarding Hub (MASH)

0300 456 0111

Or complete a referral form online

<https://adultslas.wiltshire.gov.uk/web/portal/pages/referrals/safeguarding>

Weekdays 8.30am – 5.20pm (Friday 4.20pm)

Out of hours

0300 456 0100

Email: adviceandcontact@wiltshire.gov.uk

~~48-19.~~ **Disclosure:**

~~48.4-19.1.~~ Any information regarding allegations or suspicion of abuse incidents must be conveyed to City Council responsible officers as soon as possible. This will enable procedures to be examined and statement prepared if allegations require further investigations.

~~49-20.~~ **List of Annexes:**

~~49.1-20.1.~~ Annex A - Flowchart – What to do if you are worried and adult at risk is being abused or neglected

~~49.2-20.2.~~ Annex B - Concerns Log – Adults at Risk

~~49.3-20.3.~~ Annex C - Types of Abuse

~~20.4.~~ Annex D - [Safeguarding Adult Concerns – A Brief Guide for Referrers](#)

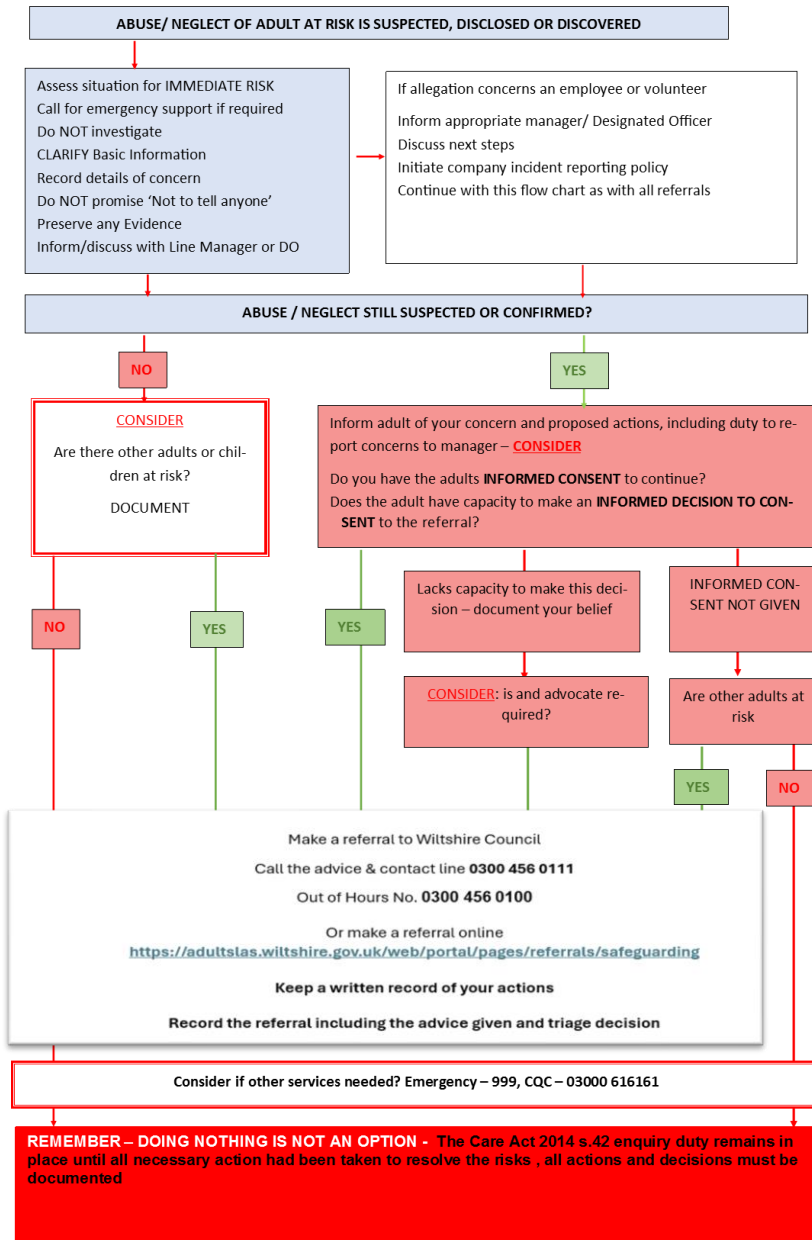
~~49.4-20.5.~~ Annex E - [Safeguarding & Multi-agency information sharing procedure](#)

Policy Owner: Sarah Gregson – [Head of Community Services](#) ~~Communities Manager~~

Commented [SG12]: Recommended Area of Change 4.11

Annex A – What to do

What to do if you are worried an Adult at Risk is being abused or neglected



Annex B

Adults at risk

Concerns Log

Date	Click here to enter text.	Venue	Click here to enter text.
Safeguarding Lead	Head of Community Services		
Individual raising concerns	Click here to enter text.		
Details of concern <i>Inc. what has been seen/heard/reasons for concern; details of child etc</i>	Click here to enter text.		
Steps taken e.g. who has been contacted, date and time			
Click here to enter text.			
Follow-up e.g. any further information requested or contact made with or from relevant bodies			
Click here to enter text.			

Annex C – Types of Abuse

What is Abuse?

Abuse may consist of a single act or repeated acts, or may be an act of neglect or an omission to act. Abuse may be perpetrated as a result of deliberate intent, negligence or ignorance.

Neglect and poor professional practice also need to be taken into account. This may take the form of isolated incidents or poor unsatisfactory professional practice, or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent Abuse can occur any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse 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 will, property or inheritance or financial transactions, or the misuse or misappropriation of property, possession 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 abuse**; including neglect and poor care practice within an institution or specific care setting such as hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation;
- **Domestic abuse**, as defined by the home office. Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16* or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, financial and emotional. *(although this definition refers to those over 16, in the context of this policy, safeguarding adults refers to victims of domestic abuse who are 18 years or over)*

- **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
- Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance**



ANNEX D

Safeguarding Adults Concerns A Brief Guide for Referrers

Purpose of Guidance

This guide sets out key information for organisations and professionals who work with Adults at Risk, about how and when Safeguarding referrals should be considered and made. This guidance references the framework [Understanding what constitutes a safeguarding concern and how to support effective outcomes](#)

What are the Statutory Safeguarding Duties of the Local Authority?

The Care Act 2014 s42 duty states:

- (1) Where a local authority has reasonable cause to suspect that an adult in its area (whether ordinarily resident there)—
 - (a) **has needs for care and support** (whether or not the authority is meeting any of those needs),
 - (b) **is experiencing, or is at risk of, abuse or neglect**, and
 - (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- (2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

A referrer has only to consider that there is reasonable cause to suspect that (a) and (b) apply, to raise a safeguarding concern to the local authority.

Defining needs for care and support

'Safeguarding duties apply regardless of whether a person's care and support needs are being met, whether by the local authority or anyone else. They also apply to people who pay for their own care and support services. An adult with care and support needs may be:

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.' (Adult Safeguarding Practice Questions, SCIE, July 2018)

Consideration of this need for care and support must be person-centred (for example, not all older people will be in need of care and support but those who are 'frail due to ill health, physical disability or cognitive impairment' may be). The above is not an

exhaustive list and it must be considered alongside the impact of needs on the individual's wellbeing

What do referrers need to consider before deciding to refer an adult safeguarding concern?

Where there is uncertainty referrers should always consult with the MASH. If this is not possible, they should not be discouraged from making a referral, 'if in doubt refer'. The following areas could be considered when deciding whether to make a referral.

1. Am I concerned about the adult's welfare, or about risk of or actual abuse or neglect?

Concerns about the adult's welfare can be referred separately to adult social care for an offer to the person of a needs assessment.

2. Does the adult appear to me to meet the definition of being an adult with care and support needs?

If they do not, but I am still concerned that they are being harmed, who will I contact to engage with the adult and/or support me to help to problem solve? Options may include the police, their GP, local housing provider, trading standards or any agency/group specified in local guidance. If they do not appear to meet the definition but I am still concerned I may wish to discuss this with the MASH for further problem solving.

3. How does the adult want to participate in raising the concern?

You will need to explain your concerns to the adult, unless doing so will increase the risk to them. Do they want to raise the safeguarding concern themselves? If not, do they want you to support them to raise the concern? If not, do they want you to raise the concern on their behalf?

4. Having explained your concerns, does the adult consent to a concern being raised?

If the person does not consent to you making a referral there are further questions you can ask to help you clarify whether or not you should override their wishes and make a referral without their consent. Are the person's 'vital interests' at stake, is their life at risk? Are they being subject to inhuman and degrading treatment which is having a serious impact on their wellbeing? Legislation supports information sharing when an adult meets the criteria for the s42 duty or when their vital interests are at risk. If other adults or children are at risk of being abused there is likely to be a public interest in preventing that abuse, and the adults right to respect for private life may also be over-ridden.

Safeguarding is everyone's business

Take action to refer as 'no professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and/ or, the police if they believe or suspect that a crime has been committed'. You may need to seek advice from a Manager or the Safeguarding Adults Lead in your organisation.

Making Safeguarding Personal, gaining the view and outcomes wanted by the Adult

Making Safeguarding Personal tells us that the Adult is placed at the centre of the Safeguarding process. All practitioners have the duty to develop an understanding of what the Adult being safeguarded wishes to achieve. This includes obtaining their desired outcomes and goals. Practitioners should also record the Adult's views and wishes. They should work with the Adult and their representative or advocate how best to achieve those outcomes. This includes consideration of circumstances where the adult does not want action taken, but where it is considered that the concern needs to be raised because of an overriding public interest. See below in the 'Sharing of Information' section. The wishes of the adult are fundamental to the safeguarding process. The adult's views should be sought and obtained. Advise the Adult that you need to make a referral and ask what outcomes he/she wishes for. Remember "No decision about me without me." **What needs to be included in a referral and in discussions about a concern?**

In order to understand the situation and represent the views of the adult and referrer well the following details should be included in the referral (in addition to more generic details required in the referral):

- What is working well in supporting the adult's wellbeing, what are the strengths in their life?
- What are you concerned about? Why are you referring now? What is the current impact on the adult and/or others in the situation? Including on their wellbeing?
- What does the adult want to happen?
- Does the adult have care and support needs? Are they experiencing or at risk of abuse/ neglect?
- What are the complicating factors? For example, is the adult experiencing duress, are they being controlled?
- What is your perception of risk and level of risk – to the person, children, others? What are the perceptions of the adult or others in the situation?
- What actions have been taken so far?
- Any relevant historical information.
- Any reasonable adjustments (eg to support effective communication) or additional support/ advocacy input that might be needed to enable the adult to understand and be involved in the safeguarding enquiry

Mental Capacity

Consideration of 'capacity' and 'consent' are central to adult safeguarding. The Mental Capacity Act, its principles and guidance should be applied throughout everyday Safeguarding practice.

There should always be a presumption that the adult has capacity to make decisions unless there is evidence to suggest otherwise.

However, there are some circumstances when it may be necessary to consider the protection and rights of others and to override the withholding of consent to ensure the protection of the Adult

and/or others. An adult has the right to choose to remain in a situation where they risk being harmed or where they choose to take risks.

The five statutory principles form the basis of an assessment of mental capacity:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

If an adult lacks capacity to understand the risk of harm and to make a decision about how this should be managed, then their advocate/ representative(s)/Lasting Power of Attorney should be consulted in order to make a best interest decision.

It is important to remember that the Local Authority has a duty under S11 of the Care Act 2014 to still respond to safeguarding concerns where there is reasonable cause to think that the adult lacks capacity to make a decision about a referral to the LA or where there are concerns that the adult is at risk of or experiencing abuse or neglect. The referrer needs to consider, where the adult is not wanting action to be taken, or where the adult may lack capacity to make that decision whether a referral is in their best interests. The possibility of coercion or undue influence towards the Adult should also be considered.

Sharing Information

The Data Protection Act 2018 and the General Data Protection Regulations of 2018 permit information to be shared in a situation of 'vital interest', where it is critical to prevent serious harm or distress or where someone's life is threatened. However, if the only adult who would suffer if the information is not shared is the subject of that information, and they have mental capacity to make a decision about it, then sharing it may not be justified.

If someone's decision is having a harmful impact on their own safety and wellbeing, you should discuss this with a colleague, manager or your organisations safeguarding lead and seek advice about what options may be available. The referrer needs to consider, where the adult is not wanting action to be taken, or where the adult may lack capacity to make that decision whether a referral is in their best interests.

In an emergency

In all situations when a crime has been or is about to be committed, the person raising the concern should call 999 or the local police.

In Wiltshire safeguarding concerns should be reported to the Adult MASH

Telephone: 0300 456 0111

Textphone: 01225 712501

Email: adviceandcontact@wiltshire.gov.uk

SCC Safeguarding & Multi-agency information sharing procedure

Background

Whilst confidentiality is important within safeguarding processes, the NSPCC report “multi-agency working and information sharing: learning from case reviews” (April 2024) states

This procedure is referred to in

- The SCC Safeguarding Children Policy _ Point 7
- The SCC Safeguarding Adults at Risk Policy _ Point 6

Purpose

This procedure outlines the ways in which SCC staff can securely share information with relevant agencies and ensure that SCC has a record of all information sharing undertaken.

This procedure ensures that SCC can evidence the direct action of staff to ensure the safeguarding of children and adults at risk through information sharing.

This procedure encourages confident use of information sharing by SCC staff in the context of learning from serious case reviews.

When is it relevant to use this procedure?

The multi-agency information sharing procedure should be used in two circumstances

If a safeguarding concern is raised within SCC and it is established by the DSL that all of the following applies

- a) The concern should be escalated beyond SCC
- b) That the concern does not represent immediate risk of harm to a child or adult at risk (where the Wiltshire Integrated Front Door, or Police should be immediately informed)
- c) That there is a known, statutory agency, who are already supporting the person concerned e.g. GP, Key worker, school with whom the information can be shared.

OR

- d) Where the person concerned (or their responsible parent or carer) consents to an SCC staff member taking a record of information on a concern to share with a named external support agency or organisation

Examples of use

Example 1:

A concern is raised regarding a child who is seen out of school and unattended during school time, we only know their first name having met them at a public event. But we know which school they attend.

Action – Information share with the school safeguarding lead

Example 2:

A regular attendee at a group is showing signs of depression and feels that they are not being listened to by their GP practice

Action – Information Share with GP practice

Considerations

Wiltshire Safeguarding Vulnerable People Partnership (SVPP) provides these 7 golden rules of information sharing, which your DSL will use in assessing the need for information sharing.

- i. Remember that the UK GDPR, Data Protection Act 2018 and Human Rights laws are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
- ii. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- iii. Seek advice from other practitioners or your information governance lead if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- iv. Where possible share with consent and, where possible, respect the wishes of those who do not consent to having their information shared. Under the UK GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful reason to do so, such as where safety may be at risk. You will need to base your judgment on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
- v. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
- vi. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (Practitioners must always follow their organisation's policy on security for handling personal information);
- vii. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

<https://swcpp-wiltshire.trixonline.co.uk/chapter/information-sharing#the-seven-golden-rules-for-information-sharing>

Procedure

STEP 1 - Take a record of the concern on the form below filling in **Parts 1 & 2**

STEP 2 - SHARE THE FORM WITH YOUR DSL and complete **Parts 3 and 4** together

STEP 3 - Seek the consent of the person concerned or their responsible parent or carer for the information share, denoted by a signature on **Part 5** of the form

STEP 4 -

If consent is given

- a. Agreed actions are undertaken and are initialed and dated on the form when complete.
- b. Complete **Part 6**, identifying who the information was shared with and when

If consent is refused or cannot be obtained

- a. re-escalate to the DSL

References:

- 1) NSPCC report "Multi-agency working and information sharing: learning from case reviews" (April 2024) - <https://learning.nspcc.org.uk/media/gp0oqtpv/multi-agency-working-information-sharing-learning-from-case-reviews.pdf>

SCC Safeguarding Information Sharing Reporting Form

Part 1: DETAILS

OF PERSON SUBMITTING

Name/DOB:	
Post/Job Title:	
Agency:	
Tel No. Work:	
Mobile No (if available):	
Email:	
Witnessed Incident/first hand information:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SOURCE DETAILS IF NOT REPORTING PERSON

These are details of the person who witnessed the incident or supplied the information on the concern.

Name/DOB:	
Source Address	
Post/Job Title:	
Agency:	
Tel No. Work:	
Mobile No (if available):	
Email:	
Provenance (How does the source know of this information ?	
Is the source willing to engage with this information sharing process? Yes <input type="checkbox"/> No	<input type="checkbox"/>

Part 2: CONCERN DETAIL

Please provide as much detail as possible about the information using the Aide Memoire below, including the circumstances of how this was received.

Part 3: – BACKGROUND - To be completed with the SCC DSL or Deputy DSL

Has an anonymous consultation with the Wiltshire Integrated Front Door Taken Place

Yes No

If no, why not?

Has the concern been reported to police

Yes No

If no, why not?

Is there a known statutory agency/organisation already in support of the person named in this concern? Please include a named key worker or contact if possible

Yes No

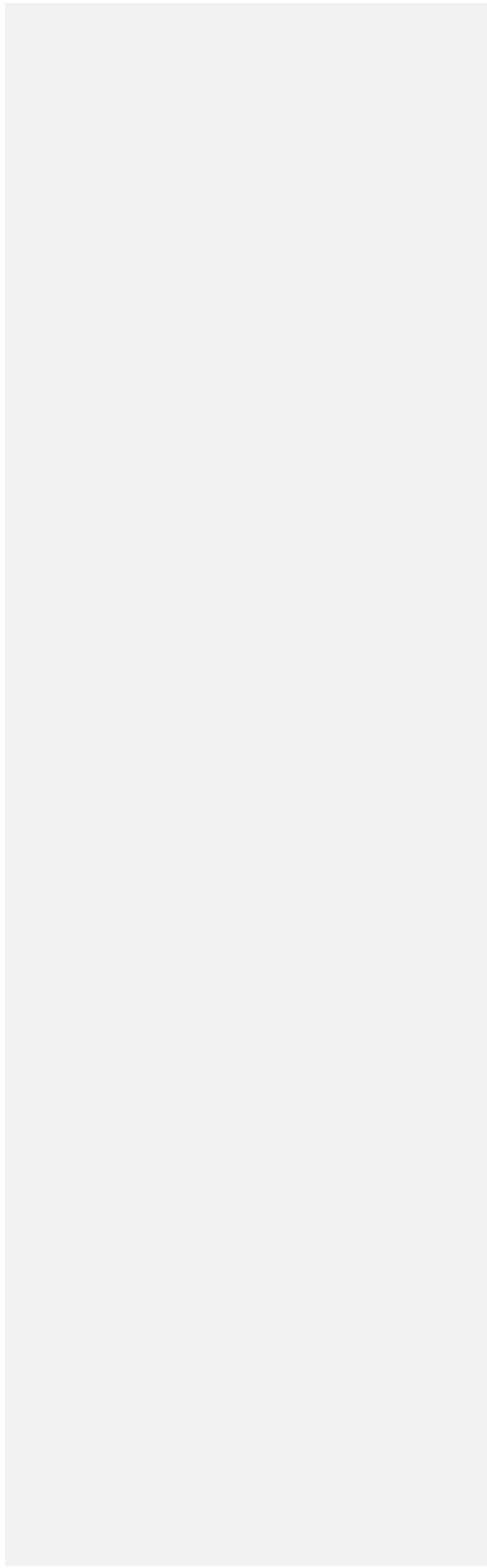
Statutory Agency/Organisation :

Named key worker/contact:

Is there a suggested external support agency relevant to this situation/concern?

Suggested external support agency:

*****ALL QUESTIONS ARE MANDATORY. INCOMPLETE FORMS WILL BE RETURNED *****



Part 4: Action Plan

Agreed actions	Agreed actor	Date action completed	Initial
e.g. Share this form with Spurgeons home support worker team	e.g. Sarah Gregson	e.g. 01/01/2024	e.g. SG
Signed: DSL		Date:	
Signed: Person Submitting		Date:	

Part 5: Consent

I DECLARE THAT, AS THE PERSON NAMED IN THIS REPORT, I CONSENT TO THE ACTIONS OUTLINED ABOVE AND THE SHARING OF THIS INFORMATION WITH THE NAMED ORGANISATIONS IN THE ACTION PLAN.

NAME:

SIGNATURE:

DATE:

Part 6: Sharing information

This form was shared with

ORGANISATION:

NAMED CONTACT:

ROLE:

CONTACT NUMBER:

CONTACT EMAIL:

DATE:

AIDE MEMOIRE IN RELATION TO DETAILS REQUIRED FOR INFORMATION REPORT.
THIS LIST IS NOT EXHAUSTIVE AND NOT ALL SECTIONS MAY BE APPLICABLE TO
EACH INDIVIDUAL REPORT

- Dates/times of incident(s) the report makes reference to.
- Full details of the incident/information to which this submission relates to
- Full name, address and DOB of **all** persons involved (including nicknames).
- Addresses / locations and days / times of activity taking place.
- Details of vehicles used. (Make & Model, Colour, Vehicle registration number)
- Details of trading name/premises of interest (newsagents, take away, off licence etc.)
Think about VULNERABILITY INDICATORS and EXPLOITATION.
- How the relationship started/what is believed to be the nature of the relationship?
- Methods of communication/contact between the parties (including specific detail i.e. social network site account names and numbers, email addresses, telephone numbers)
- How the person is being exploited (include details of any incitement/reward or coercion)?
- Details of any payment or other transactions to or from a third party.