



lifeworks

Learning disability champions

Lifeworks Charity Limited

Safeguarding Adults Policy

V3.0

May 2023

Notice to staff using a paper copy of this guidance, the Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Owner: Safeguarding Lead

Policy Information Chart

Title	Safeguarding Adults Policy V3.0
Document purpose/summary	The purpose of this policy is to provide clear guidance for all Lifeworks staff on how to identify, raise concerns and respond to safeguarding matters by implementing this procedure.
Owner	Safeguarding Lead
Policy Department	Safeguarding
Ratification date	05/23
Review date and frequency	Annually, or earlier if there is a change in evidence
Consultation process	SLT
Ratified by	BOT
Target audience	All Lifeworks Staff and Trustees
Circulation	Electronic: Intranet Written: Upon request to the Policies Administrator Please contact the Policy Administrator if you require this document in an alternative format.
Equality analysis checklist completed	Yes
References/sources of information	LA Multi-Agency Adult Safeguarding Guidance/Protocol Care Act 2014: Safeguarding Adults: http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted SCIE-Safeguarding Adults Reviews/SARs under the Care Act: https://www.nice.org.uk/guidance/qs132 NICE NG 189 Safeguarding adults in care homes https://www.nice.org.uk/guidance/ng189/resources/safeguarding-adults-in-care-homes-pdf-66142030079941 NICE Guidance [NC22] Older People with Social Care Needs and Multiple Long-Term Conditions, November 2015:

	<p>https://www.nice.org.uk/guidance/ng22</p> <p>NICE Quality Standard [QS132] Social Care for Older People with Multiple Long-Term Conditions: https://www.nice.org.uk/guidance/qs132</p> <p>Making Safeguarding Personal: https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal</p> <p>Making Safeguarding Personal Booklet: https://www.local.gov.uk/sites/default/files/documents/25.142%20Making%20Safe%20guarding%20Personal_03%20WEB.pdf</p> <p>Department of Health and Social Care (2018) Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry: https://improvement.nhs.uk/resources/department-health-and-social-care-pressure-ulcers-safeguarding-adults-protocol/</p> <p>NHS Improvement (2018) Pressure ulcers: revised definition and measurement. Summary and recommendations: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756243/safeguarding-adults-protocol-pressure-ulcers.pdf</p>
<p>Associated documentation/cross referenced policies</p>	<p>Accessible Information Behaviour that Challenges, Violence and Aggression Confidentiality Cyber Security Data Protection Legislative Framework (GDPR) Deprivation of Liberty Safeguards Duty of Candour Female Genital Mutilation Handling of Residents Money Meeting Needs Mental Capacity Act 2005 Notifications Position of Trust Radicalisation and PREVENT Record Keeping Restraint Safeguarding Children Safeguarding Children in an Adult Setting Whistleblowing</p>
<p>Supersedes document</p>	<p>Safeguarding Adults at Risk is Everyone's Business Child and Adult Protection Safeguarding Policy and Procedure V6.2 College Safeguarding is Everyone's Business V3</p>

Executive approval is subject to the understanding that the policy Owner has followed the organisation process for policy ratification.

Document Review History

Version no.	Type of Change: Major, minor, none	Date	Author of change	Description of change
1.0	New Document	Nov 2015	SLT	Complete revision
1.0	Major	Jan 2016	SLT	Addition of Appendix
1.0	Minor	Nov 2017	SLT	Updated
1.0	Minor	Sept 2020	CEO	Updated
2.0	Major	Sept 2022	Safeguarding Lead	Separation of Adult and Child Policies Creation of overarching charity policy
3.0	Major	May 2023	Safeguarding Lead	Names of DSLs, Definition of notifiable events, combining of College and Community, new top level report format

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1.0 Equality, Diversity and Inclusion

1.1 Lifeworks is committed to encouraging equality, diversity and inclusion among our workforce and eliminating unlawful discrimination. The aim is for our workforce to be truly representative of all sections of society and our customers, and for each employee to feel respected and able to give their best. The Charity, in providing services, is also committed against unlawful discrimination of service users or the public.

2.0 Introduction

2.1 Policy Aims

Lifeworks adopts the vision set out by the Devon Adult Safeguarding Board in Devon Multi-Agency Safeguarding Adult Procedures and Guidance (last updated Jan 2018):

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- promote the wellbeing of the adult(s) at risk in safeguarding adults arrangements
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise awareness of safeguarding adults to ensure that everyone can play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult address what caused the abuse or neglect

2.2 Policy Statement

- 2.2.1 Lifeworks is committed to ensuring that adults at risk are safeguarded effectively and that the welfare and life chances of the adults we work with are not only protected but promoted.
- 2.2.2 As an organisation we have zero tolerance to all forms of harm and neglect that may be experienced by the adults we work with. Without exception everyone has a right to be protected from harm and abuse regardless of gender, ethnicity, disability, sexuality or beliefs.
- 2.2.3 It is expected that all staff (including agency staff and contractors), volunteers and trustees know of the requirements placed on them by this policy and accompanying procedures around safeguarding adults at risk and what to do if they have concerns.
- 2.2.4 Lifeworks will take all necessary actions to prevent and stop any harm and neglect experienced by adults at risk, in partnership with statutory agencies, no matter whether that harm or neglect is caused by Lifeworks' staff or other representatives, family or other carers, the general public or other users of Lifeworks' services.
- 2.2.5 The Board of Trustees is accountable for ensuring effective safeguarding practices are in place with associated quality assurance. Lifeworks is committed to being a learning organisation and therefore any learning from reviews and quality assurance will be taken forward proactively.

2.2.6 This policy will be subject to annual review to ensure that the policy and associated procedures remain consistent with Devon and Torbay Safeguarding Adults Board procedures, relevant legislation and guidance as well as Charity Commission requirements.

3.0 Purpose

3.1 This policy is designed to outline the process required when there has been evidence, allegation or suspicion of abuse, harm, neglect or risk of or actual radicalisation by a service user, member of Lifeworks staff, another service user, or any other person.

4.0 Scope

4.1 To provide guidance to staff dealing with allegations of abuse, harm or neglect. This policy also contains information regarding the following:

- Categories of Abuse
- Indicators of Abuse
- Reporting

4.2.1 For the purposes of this policy, an adult is anyone over 18 years of age. Lifeworks recognises that the age of the adult at risk has no bearing on an adult's right to be safe, and so this is the only distinction that is made in relation to age.

4.2.2 Person's aged 18 or over still in receipt of services from Children's Services:

Where safeguarding concerns are raised the matter should be dealt with through adult safeguarding arrangements. Where appropriate adult safeguarding services will involve other agencies (including children's services) as necessary.

4.3 Adult abuse. For the purposes of this document and avoidance of doubt, the following definitions are adopted from the Care Act 2014 Statutory Guidance (Care and support statutory guidance April 2021)

Safeguarding duties 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 or 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.

5.0 Definitions

5.1 Definition of Safeguarding

Safeguarding relates to children, young people and adults at risk and means protecting their health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.

5.2.1 Definition of an Adult at Risk

An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and, as a result of their care needs, is unable to protect themselves.

5.2.2 Throughout this policy, the distinction between an adult with the capacity to make decisions and adults lacking capacity is emphasised. Adults who have the capacity retain the right to make their own decisions and to direct their own lives. Adults lacking the capacity to make decisions, retain the right to be involved in decision-making as far as possible. However, decisions that have to be made on their behalf must be in their best interests. The judgement that an adult is at risk should not be confused with a decision about their capacity. They are distinct questions, although a lack of capacity will, ordinarily, contribute to an adult being at risk.

6.0 Responsibilities

6.1 Responsibilities of All Staff

Safeguarding is everyone's responsibility.

Everyone employed by or volunteering with Lifeworks is responsible for reporting anything that is or could potentially be abuse, neglect or the risk of abuse or radicalisation and are responsible for implementing these policies and procedures in association with their line managers and other relevant agencies.

6.1.1 All Staff have a responsibility to:

- Maintain an attitude of "it could happen here" in order to remain vigilant to the possibility of abuse and ensure that any and all safeguarding concerns are acted upon in the appropriate manner.
- Be clear about their own role and that of others in providing a caring and safe environment for all adults at risk and must know how they should respond to any concerns about an individual that may arise.
- Ensure they are aware of and adhere to this policy and all related policies and procedures listed in the reader information chart of this document.
- Ensure they are familiar with and adhere to all relevant procedures involved in recognising and reporting incidents.
- Report all concerns, without judgement about their significance, to the Designated Safeguarding Lead.
- Adhere to appropriate confidentiality.
- Ensure they fulfil the mandatory safeguarding training and induction requirements.
- Maintain professional relationships with service users at all times. No attempt should be made to build or encourage any friendship with service users or their families outside of work. This includes telephone and personal contact and connecting via social media.
- Ensure that any and all correspondence with service users and their families is via Lifeworks systems. Staff must not give their personal contact details to service users including e-mail, home or mobile telephone numbers.

6.1.2 All staff undertake online safeguarding training as part of their induction and this is updated at least every 2 years. Staff in each service area attend additional safeguarding training and updates throughout the year.

6.2 Responsibilities of the Charity Safeguarding Lead

Lifeworks Charity has an overall Charity Safeguarding Lead who is a member of the SLT.

6.2.1 The Charity Safeguarding Lead has a responsibility to:

- Take ownership of all Safeguarding policies and procedures across the Charity, reviewing and monitoring their implementation.
- Provide bi-monthly group forum to charity DSLs.
- Circulate updates relating to Safeguarding to the charity DSLs.

- Provide an annual formal report to the Board of Trustees on Safeguarding (including items stated in 6.5.4).
- Undertake an annual safeguarding audit/review alongside key staff and the Trustee Safeguarding Champion.
- Inform the CEO, Chair of the Board and the Trustee Safeguarding Champion immediately of any notifiable safeguarding incident and ensure an investigation takes place. A notifiable safeguarding incident in this case includes those incidents which meet criteria and are under further investigation by the LA and incidents which involved emergency services.
- Ensure that the Charity's requirements for external reporting of Safeguarding events are fulfilled.

The Charity Safeguarding Lead undertakes Level 3 safeguarding training and additional safeguarding management training in order to fulfil their role. Training is updated at least every two years.

6.3 Responsibilities of the Designated Safeguarding Leads (DSL) and their Deputies

Each service area (Lifeworks College, Robins and Sesame) has a Designated Safeguarding Lead (DSL) who has overall responsibility for adult safeguarding in the setting. In the absence of the DSL, the Deputy DSL will undertake the DSL's duties.

6.3.1 The DSL has a responsibility to:

- Liaise with the LA, Social Services, Police and other agencies on individual cases of suspected or identified abuse.
- Ensure the Deputy Safeguarding Lead is up to date in terms of training and is fully involved and supported in decisions made.
- Act as the contact person/s within the service area.
- Be responsible for co-ordinating action within the service area on safeguarding issues
- Liaise with staff on a 'need to know' basis so that service user's rights to confidentiality are ensured
- Represent the service area at safeguarding meetings if required
- Ensure staff and visitors within the service area are familiar with this policy and procedure
- Ensure all staff receive regular update training on such current safeguarding issues.
- Ensure the staff team is aware of how to identify and respond to risks to service users from extreme or radical views.
- Embed a contextual safeguarding approach within the charity, working to ensure that environmental and social factors that may impact upon service users' welfare and safety are understood, considered and communicated to any safeguarding partners as necessary.
- Discuss concerns and support colleagues to arrive at effective responses within the confidentiality of the Safeguarding Policy.
- Generate timely safeguarding reports, including the top level report identifying trends.
- Call multi-agency Best Interest meetings where appropriate
- Refer cases to the Channel programme as required, for service users who have been identified as being vulnerable to being drawn into terrorism
- Support staff involved in reporting incidents
- Refer cases to Lifeworks HR Team where a person is dismissed or has left due to risk/harm to a service user to the Disclosure and Barring Service as required
- Refer cases where a crime may have been committed to the Police as required
- Attend (as appropriate) Local Authority Designated Officer Support Network meetings.

6.3.2 DSLs undertake additional safeguarding training modules in order to fulfil their role. The Lifeworks College DSLs undertake additional Multi-agency Safeguarding and Child Protection training in order to fulfil their role.
All safeguarding leads across Lifeworks Charity receive updated training at least every two years.

6.4 **Responsibilities of the HR Department**

The HR Department is a centralised team, based at Head Office, who oversee all recruitment across the Charity.

6.4.1 The HR Team has a responsibility to:

- Ensure that an up-to-date Safer Recruitment Policy is in place and procedures within are followed.
- Ensure that Safeguarding adults and adult protection is implicit throughout any recruitment process and this commitment is clear to all applicants.
- Ensure that an up to date Single Central Record of DBS checks is maintained at all times.
- Ensure that Safeguarding Policies are readily available to staff and external stakeholders.
- Manage and monitor the safeguarding training of all staff.

6.4.2 The HR Manager and HR Officer are trained in Safer Recruitment, alongside key management personnel in each service area and oversee the recruitment process of all staff members across the Charity.

6.5 **Responsibilities of the Board of Trustees**

6.5.1 Trustees should proactively safeguard and promote the welfare of their charity's service users. They must take reasonable steps to ensure that their service users or others who come into contact with their charity do not, as a result, come to harm.

This should be a key governance priority for Trustees. Trustees are responsible for safeguarding even if certain aspects of the work are delegated to staff. It is therefore essential that trustees:

- know their responsibilities
- have adequate measures in place to assess and address safeguarding risks
- have adequate safeguarding policies and procedures appropriate for the charity's particular circumstances and which reflect both the law and best practice
- make sure that these policies and procedures are effectively implemented and regularly reviewed

These steps are vital, given that charities are accountable to the public and must operate for the public benefit. Trustees should be familiar with their responsibilities and the Charity Commission guidance:

[Safeguarding and protecting people for charities and trustees \(last updated June 22\)](#)

6.5.2 There is a clear line of responsibility and accountability in the provision of services within Lifeworks to safeguard and protect the welfare of children, young people and adults at risk. Trustees must be confident that service users, visitors and staff know who they should contact to report any safeguarding concerns they may have. The Charity Safeguarding Lead directly reports to the Lifeworks Board of Trustees.

- 6.5.3 Safeguarding is every board member's governance responsibility and in addition there is a nominated trustee safeguarding champion. All trustees are appointed in line with safer recruitment practices and undertake level 2 children and adult safeguarding as part of their trustee induction programme. The BOT safeguarding champion will in addition undertake level 3 safeguarding training.
- 6.5.4 Trustees have legal responsibility for the organisation's safeguarding arrangements and must be informed of any safeguarding incidents and internal investigations. The safeguarding policy will be regularly reviewed, updated and formally ratified at trustee meetings. This enables the trustees to be able to support the senior leadership and staff teams by continually evaluating the information provided and know when they need to become more involved. This includes:
- Allegations made against the most senior members of staff
 - Ensuring safer recruitment practices are carried out for senior staff
 - Disciplinary proceedings for the most senior members of staff
 - Being notified about any complaints made in relation to safeguarding
 - Investigating any whistleblowing allegations made against the most senior members of staff
 - Undertaking, alongside key staff, annual internal safeguarding audits and reviews
 - Agreeing the organisation's risk management framework including how safeguarding risks will be mitigated
 - Ensuring full investigations are conducted in response to any serious notifiable safeguarding incident in line with Charity Commission, Ofsted and CQC regulations
 - Meeting on an annual basis with the CEO and Charity Safeguarding Lead to formally review the previous 12-month number and type of incidents and accidents, investigation responses and outcomes

The overall governance of Lifeworks is critical to underpinning the foundation and development of good safeguarding practice. Trustees will need to be confident effective safeguarding systems and processes are in place and being followed at all times. Children and adult safeguarding policies should be formally reviewed annually, or updated with changes in legislation as they happen.

Safeguarding is an agenda item at every quarterly BOT meeting whereby the SLT will formally report on any incidents or accidents including notifiable safeguarding related incidents, investigations and outcomes. In addition, any notifiable safeguarding incident will be reported immediately by the Charity Safeguarding Lead to the Board safeguarding champion and the Chair of the Board and they will be kept fully informed.

See Appendix C for more information and links from The Charity's Commission on the Board's role in Safeguarding.

7.0 Multi-Agency Safeguarding (Adults) Protocol

All Local Authorities are required to produce the above Guidance. When contracted with more than one authority we ensure all protocols are listed and followed.

All LAs updated their multi-agency safeguarding agreement to reflect these changes.

8.0 Care Act 2014

The changes introduced in April 2015 are fully detailed in the Care and Support Statutory

Guidance issued under the Care Act 2014 (Chapter 14) of the Act and covers the following:

- Adult safeguarding, what it is and why it matters.
- Abuse and neglect.
 - What they are and spotting the signs.
 - Reporting and responding to abuse and neglect.
- Carers and adult safeguarding.
- Adult safeguarding procedures.
- LA's role and multi-agency working.
- Criminal offences and adult safeguarding.
- Safeguarding enquiries.
- Safeguarding adult boards (SABs).
- Safeguarding adult's reviews (SARS).
- Information sharing, confidentiality and record keeping.
- Roles, responsibilities, and training in Local Authorities. the NHS and other agencies.

The government also re-issued the Care and Support Statutory Guidance on 9 May 2016 under the Care Act. As an organisation, we are aware of the changes within chapter 14 concerning LAs' roles and responsibilities.

Note: Where someone is 18 years old or over but whose services are arranged via children services any safeguarding issue is dealt with via the adult safeguarding arrangement within the LA or other statutory partners such as NHS or police.

9.0 Adult Safeguarding: What It Is, and Why It Matters

- 9.1 It is a means of protecting an adult's safety, free from abuse and neglect. It means people and organisations working together to prevent and stop such abuse and neglect, whilst making sure that the adult's wellbeing is promoted, including, where appropriate, due regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can best be achieved. Professionals should not be advocating safety measures that do not take account of the individual's wellbeing as defined in Chapter 1 of the Care and Support Statutory Guidance issued by the Department of Health.

- 9.2 Safeguarding is not a Substitute for:
- Providers' responsibilities to provide safe and high-quality care and support.
 - Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
 - The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.
 - The core duties of the Police to prevent and detect crime and protect life and property.

- 9.3 The Care Act requires that each authority must:
- Make enquiries or cause others to do so, if it believes an adult is experiencing or is at risk of abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so by whom.
 - Set up a SAB.

- Arrange where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or SAR. This applies if the adult has substantial difficulty in being involved in the process and where there is no other suitable person to present and support them.
- Co-operate with each of its relevant partners to protect the adult. In their turn, each relevant partner must co-operate with the LA.

10.0 The Principles of Safeguarding

10.1 The Six Principles that underpin all Adult Safeguarding are:

Empowerment: people being supported and encouraged to make their own decision and informed consent:

- “I am asked what I want from the safeguarding process and these directly inform what happens.”

Prevention: it is better to take action before harm occurs:

- “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality: the least intrusive response appropriate to the risk presented:

- “I am sure that the professionals will work in my interest, as I see them, they will only get involved as much as needed.”

Protection: support and representation for those in greatest need:

- “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.

Partnership: local solutions through services working with their communities have a part to play in preventing, deleting and reporting neglect and abuse:

- “I know that staff treat any personal or 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.”

Accountability: accountability and transparency in delivering safeguarding:

- “I understand the role of everyone involved in my life and so do they.”

10.2 These principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare welfare benefits, housing, wider LA function, and the criminal justice system. The principles should inform how professionals and other staff work with adults. They can also help SABs and other organisations more widely, by using them to examine and improve their local arrangements.

In addition to these principles, the Act seeks to broaden a community approach to establishing their safeguarding arrangements. At Lifeworks, we recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and lifestyles so it is unhelpful to prescribe a process that must be followed whenever a concern is raised; and the case study below helps illustrate this.

11.0 Dignity, Freedom and Choice

We are supporting adults who may be fearful about speaking out. They may have had negative experiences of professionals or may be afraid of the consequences. They may not believe that their concerns will be taken seriously, or that we will take the necessary steps to keep them safe.

It is therefore important that our actions and responses offer them appropriate reassurance.

At every step of the Safeguarding process, we must do what we can to support and promote the dignity of the service user. This can be achieved by some simple steps:

- Asking our service user what they would like to see happen
- Asking them what we can do to support them in this process
- Asking them if there is anything that they are particularly worried about
- Clearly telling them who you are going to speak to next, what you intend to say and when.
- Checking that they understand this and asking if they are worried about anything.

It is best practice for us to obtain the consent of the adult before we make a referral to adult safeguarding or Prevent representatives. It is therefore important that we work to build confidence and demonstrate openness with the service user at every stage.

12.0 Abuse and Neglect

12.1 Types of Abuse and Neglect

Physical abuse: including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence: including psychological, physical, sexual, financial, emotional abuse; so, called 'honour' based violence.

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Sexual exploitation: The term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. It may be very important in specific cases to be clear about the context in which concerns about sexual exploitation arise. Some individuals may have been groomed as children or young people, whilst others may be engaged as sex workers so are at risk because they are threatened or coerced, have drug dependencies and/or mental health needs. People with learning disabilities may be led into harm because of the perceptions they are being offered friendships.

Controlling Behaviour: Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive Behaviour: Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Forced Marriage: Although forcing someone into a marriage and/or luring someone overseas for marriage is a criminal offence, the civil route and the use of 'Forced Marriage Protection Orders' is still available. These can be used as an alternative to entering the criminal justice system. It may be that perpetrators will automatically be prosecuted where it is overwhelmingly in the public interest to do so, however, victims should be able to choose how they want to be assisted

Exploitation by radicalisation: The Home Office leads on the anti-terrorism PREVENT

strategy, of which CHANNEL is part (refer to www.gov.uk for information). This aims to stop people from becoming terrorists or supporting extremism. All local organisations have a role to play in safeguarding people who meet the criteria. Contact should be made with the police regarding any individuals identified who present concern regarding violent extremism.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including regarding wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

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.

Human Trafficking: The definition of human trafficking is the illegal movement of people through force, fraud or deception to exploit them, typically for forced labour or sexual exploitation. Men, women and children are forced into a situation through the use (or threat) of violence, deception or coercion. Victims may enter the UK legally, on forged documentation or secretly under forced hiding, or they may even be a UK citizen living in the UK who is then trafficked within the country but should not be confused with people smuggling, where the person has the freedom of movement upon arrival in the UK. There is no 'typical' victim of human trafficking and modern slavery. Victims can be men, women and children of all ages, ethnicities, nationalities and backgrounds. It can however be more prevalent amongst the most vulnerable members of society and within minority or socially excluded groups.

Cuckooing: refers to the relatively recent identification of a type of controlling and coercive criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs.

Discriminatory abuse: including forms of harassment, slurs or similar treatment, because of race, gender, gender identity, age, disability, sexual orientation or religion.

Internet/cyberbullying: can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive. Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely to intimidate an individual or virtual abuse during an online multiplayer game.

Organisational abuse: Organisational abuse (also known as institutional abuse) is distinct from other forms of abuse or neglect because it is not directly caused by individual action or inaction. Instead, it is a cumulative consequence of how services are managed, led and funded. Some aspects of organisational abuse may be hidden (closed cultures), and staff may act differently when visitors are there (disguised compliance). Organisational abuse can affect one person or many residents. Therefore, it is important to consider each unique case and the impact on individual residents as well as the whole care home.

Neglect and acts of omission: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect: this covers a wide range of behaviour in neglecting to care for one's hygiene, health or surroundings and includes behaviour such as hoarding.

12.2 Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the CQC, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems which is now described as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

12.3 **Signs of abuse**

Physical Abuse

- No explanation for injuries or inconsistency with the account of what happened.
- Injuries are inconsistent with the person's lifestyle.
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.
- Frequent injuries.
- Unexplained falls.
- Subdued or changed behaviour in the presence of a particular person.
- Signs of malnutrition.
- Failure to seek medical treatment or frequent changes of G.P.

Sexual Abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck.
- Torn, stained or bloody underclothing.
- Bleeding, pain or itching in the genital area.
- Unusual difficulty in walking or sitting.
- Foreign bodies in genital or rectal openings.
- Infections, unexplained genital discharge, or sexually transmitted diseases.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude.
- Incontinence that is not related to any medical diagnosis.
- Self-harming.
- Poor concentration, withdrawal, sleep disturbance.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Fear of receiving help with personal care.
- Reluctance to be alone with a particular person.

Psychological

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the person.
- Insomnia.
- Low self-esteem.
- Uncooperative and aggressive behaviour.
- A change of appetite, weight loss/gain.
- Signs of distress: tearfulness, anger.
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

Financial

- Missing personal possessions.
- Unexplained lack of money or inability to maintain lifestyle.
- Unexplained withdrawal of funds from accounts.
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.
- Failure to register an LPA after the person has ceased to have the mental capacity to manage their finances so that it appears that they are continuing to do so.
- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show an unusual interest in the assets of the person.
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA.
- Recent changes in deeds or title to a property.
- Rent arrears and eviction notices.
- A lack of clear financial accounts held by a care home or service.
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
- The disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house.
- Unnecessary property repairs.

Domestic abuse

- Appears to be afraid of a partner and/or of making choices for themselves.
- Behaves as though they deserve to be hurt or mistreated.
- May have low self-esteem or appear to be withdrawn.
- Appears unable or unwilling to leave perpetrator.
- Leaves perpetrator and then returns to them.
- Makes excuses for or condones the behaviour of the perpetrator.
- Blames abuse on themselves.
- Minimises or denies abuse or seriousness of the harm.
- The perpetrator is always with the victim and will not let the victim speak for themselves, e.g., at GP visits.
- Low self-esteem
- Feeling that the abuse is their fault when it is not.
- Physical evidence of violence such as bruising, cuts, broken bones.
- Verbal abuse and humiliation in front of others.
- Fear of outside intervention.
- Damage to home or property.
- Isolation – not seeing friends and family.
- Limited access to money.

Domestic violence and abuse include 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. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Modern Slavery

- Signs of physical or emotional abuse.
- Appearing to be malnourished, unkempt or withdrawn.
- Isolation from the community, seeming under the control or influence of others.
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address.
- Lack of personal effects or identification documents.
- Always wearing the same clothes.
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers.

Discriminatory Abuse

- The person appears withdrawn and isolated.
- Expressions of anger, frustration, fear or anxiety.
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

Organisational Abuse

- Incidents of abuse or neglect are not reported, or there is evidence of incidents being deliberately not reported.
- Lack of flexibility and choice for people using the service.
- Inadequate staffing levels.
- People being hungry or dehydrated.
- Poor standards of care or frequent, unexplained deterioration in a residents' health and wellbeing.
- Repeated cases of the resident not having access to nursing, medical or dental care.
- Lack of procedures and safeguards in place relating to the safe handling of residents money.
- A sudden increase in safeguarding concerns in which abuse or neglect has been identified.
- Repeated instances of residents, families and carers feeling victimised if they raise safeguarding concerns.
- The service fails to improve or respond to actions or recommendations in local compliance visits or audit frameworks from the local authority, clinical commissioning groups or the Care Quality Commission.
- Lack of personal clothing and possessions and communal use of personal items.
- Lack of adequate procedures.
- Poor record-keeping, missing documents or evidence of redacted, falsified, or incomplete records.
- Absence of visitors.
- Few social, recreational and educational activities.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual care plans.
- Lack of management overview and support.

Neglect and Acts of Omission

- Poor environment – dirty or unhygienic.
- Poor physical condition and/or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or unexplained weight loss.
- Untreated injuries and medical problems.
- Inconsistent or reluctant contact with medical and social care organisations.
- Accumulation of untaken medication.

- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing.

Self-Neglect

- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Neglecting household maintenance.
- Hoarding.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.

(Social Care Institute for Excellence. Oct 2020).

12.4 **Patterns of Abuse**

Serial abuse in which the person allegedly responsible seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;

Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or

Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

12.5 **Who Abuses or Neglects Adults?**

Anyone can carry out abuse or neglect, including:

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

While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated by 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.

13.0 **Specific Safeguarding Policies and Procedures**

13.1 **Safeguarding Children in an Adult setting**

This organisation is aware of its obligations under the Health and Social Care Act 2008 (Regulated Activities) 2010 to protect and safeguard children visiting, or in other ways related to, our adult settings.

Refer to our Safeguarding Children in Adult Settings policy. This policy sets out the responsibilities of staff concerning any allegation of abuse involving children that may be witnessed by staff whilst in the employ of this organisation. We are committed to working in partnership with other multi-agency partners so that the protection and safeguarding of children is consistent with current policy and guidance.

13.2 **Safeguarding Children**

This organisation is aware of its obligations to protect and safeguard children within our Further Education College (including Lifeworks Community) and Robins.

Refer to our Child Safeguarding Policy for responsibilities and procedures relating to children.

13.3 **Prevent and Radicalisation**

This organisation is aware of its obligations to protect our stakeholders from risk of radicalisation and of the Prevent duty.

Refer to our Prevent and Radicalisation Policy for responsibilities and procedures relating specifically to radicalisation.

13.4 **Female Genital Mutilation (FGM)**

This organisation is aware of its obligations to protect our service users from risk of FGM.

Refer to our FGM Policy for responsibilities and procedures relating specifically to this form of abuse.

14.0 **The Mental Capacity Act 2005**

The MCA starts with the presumption that, from the age of 16, we can make our own decisions – including about our safety and when and how services intervene in our lives. People must be assumed to have the capacity to make their own decisions and be given all practicable help to make a specific decision before anyone treats them as not being able to make their own specific decision. Where an adult is found to lack the capacity to make a decision then any action taken, or any decision made on their behalf, must be made in their best interests.

Professionals and other staff need to understand and always work in line with the Mental Capacity Act 2005 (MCA). They should use their professional judgement and balance many competing views. They will need considerable guidance and support from their employers if they are to help adults manage risk in ways and put them in control of decision making if possible.

Regular face-to-face supervision from skilled managers is essential to enable staff to work confidently and competently in difficult and sensitive situations.

Mental capacity is frequently raised in relation to adult safeguarding. The requirement to apply the MCA in adult safeguarding enquiries challenges many professionals and requires utmost care, particularly where it appears an adult has the capacity for making specific decisions that nevertheless places them at risk of being abused or neglected.

The MCA created the criminal offences of ill-treatment and wilful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that adult's care and support, such as paid staff but also family carers as well as people who have the legal authority to act on that adult's behalf (i.e. persons with power of attorney or court-appointed deputies).

These offences are punishable by fines or imprisonment. Ill-treatment covers both deliberate acts of ill-treatment and also those acts which are reckless which results in ill-treatment. Wilful neglect requires a serious departure from the required standards of treatment and usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

Abuse by an attorney or deputy: If someone has concerns about the actions of an attorney acting under a registered enduring power of attorney (EPA) or lasting power of attorney (LPA), or a deputy appointed by the Court of Protection, they should contact the Office of the Public Guardian (OPG). The OPG can investigate the actions of a deputy or attorney and can also refer concerns to other relevant agencies. When it makes a referral, the OPG will make sure that the relevant agency keeps it informed of the action it takes. The OPG can also make an application to the Court of Protection if it needs to take possible action against the attorney or deputy. Whilst the OPG primarily investigates financial abuse, it is important to note that it also has a duty to investigate concerns about the actions of an attorney acting under a health and welfare LPA or a personal welfare deputy. The OPG can investigate concerns about an attorney acting under a registered EPA or LPA, regardless of the adult's capacity to make decisions.

See Appendix C for further information about the MCA.

15.0 Recruitment and Disclosure

- 15.1 Lifeworks recruitment is always conducted in accordance with Safer Recruitment procedures. Every interview panel has at least one member who is Safer Recruitment trained. Once an offer of employment has been made, Lifeworks Charity will apply for an enhanced disclosure from the DBS and a check of the Children's Barred List (now known as an Enhanced Check for Regulated Activity) in respect of all positions which amount to "regulated activity" as defined in the Safeguarding Vulnerable Groups Act 2006 (as amended). The purpose of carrying out an Enhanced Check for Regulated Activity is to identify whether an applicant is barred from working with children by inclusion on the Children's or Adults Barred List and to obtain other relevant suitability information.

The DBS issues the DBS disclosure certificate to the subject of the check only, rather than to Lifeworks. It is a condition of employment with Lifeworks Charity that the original disclosure certificate is provided to the HR Team as soon as is practical after the certificate is received. Employment will remain conditional upon the original certificate being provided and it being considered satisfactory by the HR Team.

- 15.2 Additional pre-employment checks (verification of identity, address and qualifications; references) are carried out for every candidate, as well as (where relevant to the role) checks on prohibition from teaching, EEA Sanction, prohibition from management and childcare disqualification. While Disqualification by Association no longer applies, it remains the case that the relationships and associations that staff have in work and outside (including online) may have an implication for the safeguarding of service users and as such there is an expectation that staff will speak to their DSL promptly if any such situation should arise. Please refer to our Recruitment & Selection Policy for full details.

16.0 Dissemination of policy and procedures

- 16.1 As identified in this policy all new staff and volunteers, including any new member of the Board of Trustees, will be required to be familiar with the policy as part of their induction. At mandatory induction all staff to be issued with a copy of this policy and given the appropriate time and opportunity to read and digest it, then sign an acknowledgement record to confirm this. The

inductee's understanding of the policy and operating procedures will be checked and formally confirmed by their line manager as part of their mandatory training completion and record.

- 16.2 All practitioners will also undertake Level 2 E-Learning Awareness of Safeguarding Adults; Safeguarding Children and Child Protection and A2: Level 2 Mental Capacity Act & Deprivation of Liberty Safeguards within week one of their induction.
- 16.3 In addition to being covered as part of the Induction process this policy will be revisited as part of probation objectives/ supervision/ annual appraisal system to ensure that all staff remain familiar with its contents as well as 'safeguarding is everyone's business' being an agenda item on individual supervision/ one-to-one's and monthly management staff meetings and at full staff meetings. Any changes to this policy will be formally cascaded to staff and reinforced in individual supervision /one- to-one meetings
- 16.4 Where required the policy will be available in different formats to make it more accessible (as per our Equality and Diversity Policy).

An 'Easy Reading' version of this policy will be available in leaflet/ factsheet/ electronic format (such as on the Lifeworks' website) and made accessible to all staff, volunteers and contractors as a useful reminder and summary of the policy. External contractors will be required to commit to work within the scope of this policy.

- 16.5 In every service the contact details for the Designated Person and Deputy Person will be displayed prominently.

17.0 Visitors/External Service Providers

Risk assessments are carried out as necessary for visitors or external service providers. Upon arrival, all visitors to the service areas are provided with key safeguarding information and asked to provide confirmation of identity.

18.0 Working with families

Keeping relevant, up-to-date and accurate information about our service users is a key aspect of effective safeguarding. We will regularly ask all families to provide us with the following information, where relevant to the individual, and to notify us of any changes that occur:

- Names and contact details of persons with whom the service user normally lives
- Names and contact details of all persons with parental responsibility
- Names and contact details of emergency contacts for the service user
- Details of transport arrangements in place (if different from above)
- Any relevant court orders in place including those which affect any person's access to the service user (e.g. Residence Order, Contact Order, Care Order, Injunctions etc.)
- Name and contact detail of the service user's general practitioner
- Any other factors which may impact on the safety and welfare of the service user

Information about service user given to us by the service user themselves, their parents or carers, or by other agencies will remain confidential. Staff will be given relevant information only on a "need to know" basis in order to support the service user if that is necessary and appropriate.

We are, however, under a duty to share any information which is of a child protection or safeguarding nature, as noted in Keeping Children Safe in Education (2019) which states “The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.” We understand that this duty applies to both children and adults at risk, and that information sharing in this context is in the best interests of the service user and overrides any other duties we have regarding confidentiality and information sharing.

We have a duty to keep any records which relate to child protection/safeguarding work undertaken by us or our partner agencies and to ensure that these are kept apart from the main service user record, stored securely and only accessible to key members of staff. We also have a duty to send copies of these records to any other provider to which the service user transfers.

If we have a reason to be concerned about the welfare of a service user we will always seek to discuss this with their family in the first instance, subject to the conditions laid out in our Safeguarding Procedure (below). On occasion, according to the nature of our concern, it may be necessary for us to make an immediate referral to social care services when to do otherwise may put them at risk of further harm either because of delay, or because of the actions of parents or carers.

19.0 E-safety

Use of the Internet and other technologies generates significant opportunities for people with learning disabilities to enhance the accessibility of communication with friends, parents/carers, other learning providers, community activities and employers. However, there are also significant potential risks for vulnerable people when using new technology, including:

- Access to illegal, harmful or inappropriate images or other content
- Unauthorised access to, loss of, and sharing of personal information
- Internet grooming and/or radicalisation
- The sharing and distribution of personal images without consent
- Inappropriate communication and contact with others
- Cyber-bullying
- Sexting
- An inability to evaluate the quality, accuracy and relevance of information on the internet
- Plagiarism and copyright infringement
- Illegal downloading of music or video files
- Excessive use which may impact on social and emotional development and learning

Lifeworks has a clear responsibility to recognise the benefits of technology and the opportunities they present, and to support our service users to be able to safely navigate the digital world.

The College promotes safe use of technology and ensures that the use of ICT is embedded throughout the curriculum. Our assessments are rigorous and pinpoint what resources and learning materials a student will require in order to fully access our curriculum.

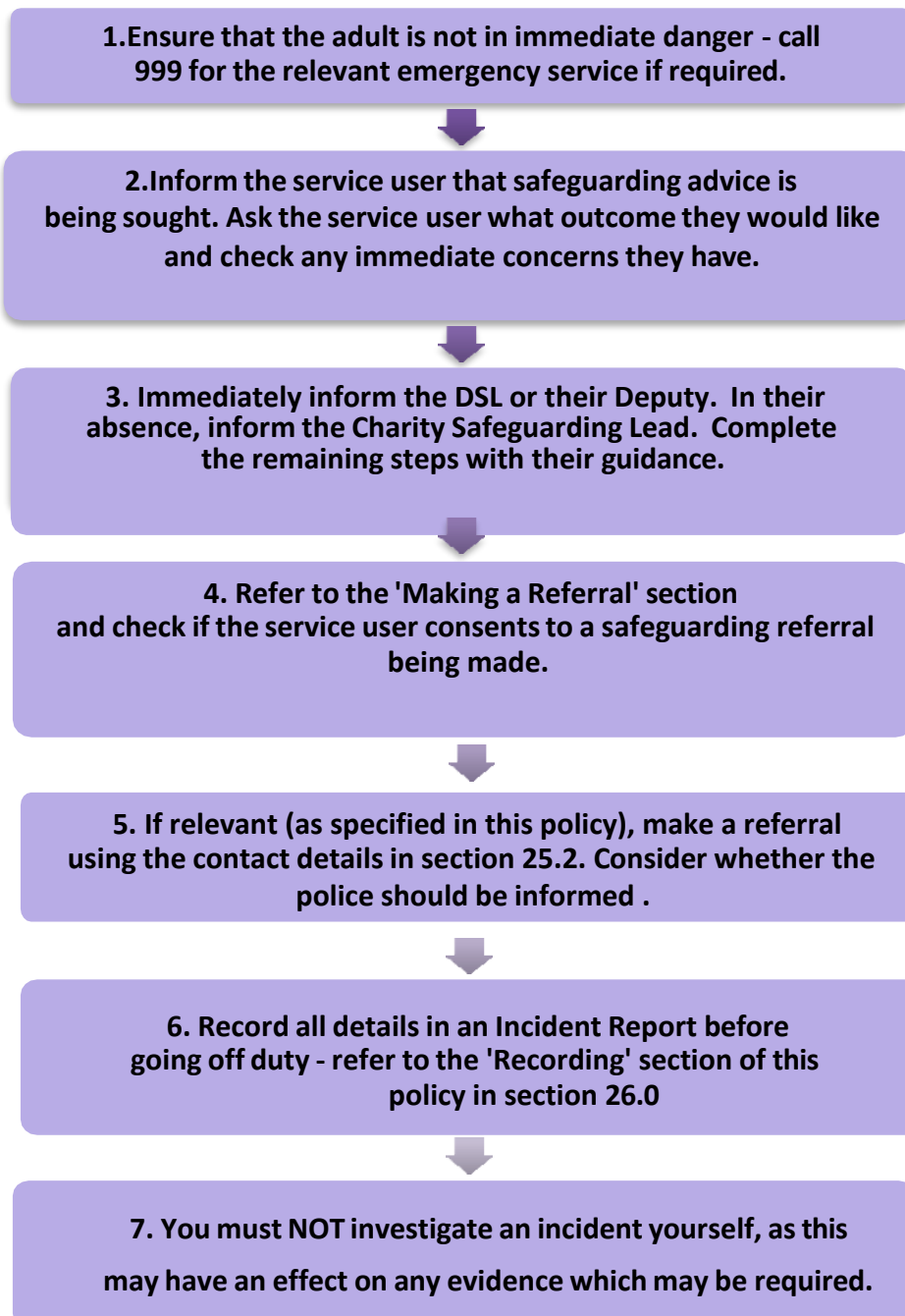
20.0 Safeguarding Dos and Don'ts

- Do speak to a colleague if you are concerned, even if it seems minor
- Do record fact and not opinion
- Do stay calm, don't show shock

- Do listen carefully and patiently
- Don't try to investigate yourself
- Don't think it is someone else's responsibility
- Don't tamper or remove any evidence
- Don't make promises you can't keep

21.0 Immediate Actions in the event of an Adult Safeguarding Concern Flowchart

The flowchart below provides a summary of the key steps to take in the event of an adult safeguarding incident. Each step is explained more fully in the sections that follow.



22.0 What to do in the case of immediate danger

- 22.1 If there is an immediate risk to life, serious injury or there is the suggestion that a criminal act has been committed the Police should be contacted as a matter of urgency on 999. Criminal investigation by the Police will take priority over all other lines of enquiry.
- 22.2 If staff initially encounter a situation that warrants emergency attention, they should inform their Designated Safeguarding Lead as soon as the immediate danger has been mitigated.

Preserving evidence

Where possible steps should be taken to preserve and record any physical evidence of abuse, however it is recognised that at times this may not be possible due to the traumatic nature of what is presented.

In cases of physical or sexual assault only touch what you have to and wherever possible leave things as they are. The abused person should be advised not to wash or remove clothing. You should also preserve anything that is used to comfort the person (e.g. blankets).

23.0 How to respond to an allegation (disclosure) or risk of harm

- 23.1 If a service user discloses harm to any staff member it must be remembered that the staff member's role is to recognise and refer abuse, not to investigate. This is to avoid contamination of evidence gained in any subsequent investigation undertaken by Police &/or Social Services and to ensure that the person is not placed in the stressful position of having to repeat their story over and over again.

'Not investigating' does not mean that the staff member receiving the concern cannot ask any questions. However, careful thought needs to be given to how and what questions are asked, avoiding anything that can be interpreted as 'leading' the service user. The basic rule of thumb is that staff should ONLY ask enough questions of them to clarify whether there is a safeguarding concern. Once the person has clarified that they are being harmed or are at risk (or the staff member is reassured that they are safe), no further questions are required.

If a service user presents with an injury accompanied by a clear allegation that they have been harmed, or makes a clear sexual allegation it should not be necessary to question the child other than perhaps to clarify who was involved and when an incident took place. The service user should be listened to actively and their story carefully recorded. In this situation the staff member should ensure immediate information sharing with the Designated Safeguarding Lead (or Deputy DSL in DSL's absence). It is likely that such a scenario will require immediate consultation about action to be taken and an urgent referral will be necessary.

In other situations where the service user appears to be making a possible allegation or has a suspicious injury, it is reasonable to ask open, non-leading questions in order to establish details. Examples of questions are. "That's a nasty bruise, how did it happen?; Tell me about what happened?; You seem a bit upset and I'm worried about you, is anything troubling you?; Can you tell me more about that?" You may wish to use the acronym 'TED' as a reminder that the person can be encouraged to 'Tell', 'Explain' and 'Describe' the concern. If it is necessary to seek further clarification, staff should keep to open questions such as What? When? Who? How? Where? It is important to remember that questions should only be asked to help clarify whether the person is at risk of harm. Once clarification is achieved, no further questions should be asked.

23.2 Confidentiality and Sharing of Information

Where an allegation has been made, staff must let the adult know the position regarding their role and what action they will have to take as a result. In the first instance, this will be to inform the DSL and seek advice. Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of adults at risk with other professionals, particularly investigative agencies and adult social services.

All personal information regarding an adult at risk will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the DSL and appropriate agencies.

Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it and be asked what they would like to be the outcome.

Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the adult at risk is the priority.

Staff must assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

24.0 Who to inform about a safeguarding concern

24.1 The Designated Safeguarding Lead or their Deputy will discuss the concerns and help to form a view as to the next steps. This may include contacting the Police, referring to the local Safeguarding Adults Service or making a record of the concern. Such decisions and reasons for the decision must be recorded and signed. The DSL will take the lead on phone calls to the Safeguarding Boards.

24.2 The DSL has access to the safeguarding chronology of individual service users and so is able to use this knowledge to build a full picture of the situation. They are also trained to a higher level of knowledge in Safeguarding and therefore are best placed to support staff members in determining next steps. However, if the staff member is concerned that the suggested outcome will put the adult at further risk, they have a duty to escalate their concerns to the Charity Safeguarding Lead.

24.3 Internal Contacts

Role	Site		
	College and Lifeworks Community	Robins	Sesame
Designated Safeguarding Lead	Emma Pindard	Sonia Hodge	Amanda Parnell
Deputy Designated Safeguarding Lead	Karen Dorow Steve Crowe	Emma Quaintance	Amanda Percival
		Sarah Gontsi	
Charity Safeguarding Lead	Sarah Gontsi		
Trustee Safeguarding Champion	Richard Crompton		
Prevent Officer	Sarah Gontsi		
Whistleblowing Officer	Laura Fraser-Crewes (Paul Clarkson in the case of an allegation against CEO)		

25.0 Making a Referral to Adult Safeguarding Services

25.1 Consent

We should seek to obtain consent from the service user before referring. A service user may be fearful about the consequences of a safeguarding referral, so it is important that we take the time to explain the reasons for referring, to try to offer reassurance and ultimately obtain their consent.

If a service user refuses intervention or asks that information is not shared, we must respect their wishes.

However, there are some circumstances whereby we may still make a referral:

- If we are concerned about potential harm to a child, now or in the future
- If the person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- If other people are, or may be, at risk, especially children
- If by sharing the information, a crime could be prevented
- If a serious crime has been committed
- If the alleged abuser has care and support needs and may also be at risk
- If staff are implicated
- If the person has the mental capacity to make that decision but they may be under duress or being coerced
- If a court order or other legal authority has requested the information.
- If the alleged abuser holds a position of trust or has care responsibilities to others, e.g. a police officer, carer, teacher, healthcare professional etc.

Advice on whether consent would need to be obtained in a specific case can be sought from Care Direct on 0345 155 1007 or email csc.caredirect@devon.gov.uk.

If none of the above apply and the person does not want to share safeguarding information, we will do the following:

- Try to support the service user to weigh up the risks and benefits of different options

- Raise awareness with the service user of the level of risk and possible outcomes
- Arrange for support that may help with building confidence and self-esteem if necessary
- Agree on and record in their safeguarding chronology the level of risk the person is taking
- Record in their safeguarding chronology the reasons for not intervening or sharing information
- Review the situation via a Team Meeting

Any member of staff reporting abuse, neglect or radicalisation within the service will receive support from Lifeworks.

25.2 Making a Referral: Contact Details

College or Robins Referrals

For concerns at College or Robins, all reports of concerns or alerts should be reported to Devon Safeguarding Adults Services via Care Direct on 0345 155 1007 (if the matter has already been reported to the Police then they can do this for you). You can also email csc.caredirect@devon.gov.uk

Care Direct is open to take calls between 8.00am to 8.00pm Monday to Friday and from 9.00am to 1.00pm on Saturdays.

Out of normal working hours the Emergency Duty Team should be contacted on 0845 6000 388.

Sesame Referrals

For concerns at Sesame, concerns or alerts should be reported to Torbay safeguarding adult services. The Safeguarding Team are available 9.00am to 5.00pm Monday to Friday and their contact number is 01803 219700. You can also email alerts@nhs.net or use the enquiry form for Safeguarding Alerts.

Out of hours contact number: 0300 456 4876.

Cross-Boundary Referrals

For referrals which cross boundaries (for example, the alleged abuse has been disclosed in Devon, but took place at the student's home in Plymouth) the initial referral should be made to the 'host' authority i.e. the authority where the alleged abuse/incident took place. However, both authorities should be informed. Use the contact details above for Devon and Torbay.

For Cornwall, contact the Adult Safeguarding Triage Team, who are available 8.45am to 5.15pm Monday to Friday on 01872 326433 (out of hours number 01208 251300) or email accessteam.referral@cornwall.gov.uk.

For Plymouth, report your concerns using the Plymouth online form or phone 01752 668000

Contacting the Police

If a crime has been, or may have been, committed, the matter should be reported to the police who will then lead an investigation. In the case of an emergency and immediate risk, this should be via 999. Where there is no immediate risk, the relevant Safeguarding Board (see 21.5.1 for contact details) can advise on police involvement.

26.0 Recording and Reporting

26.1 Recording

It is important to build a chronology of any safeguarding concerns or observations— whether referred or not – to aid the DSL and other agencies in understanding the full picture when making decisions. Therefore, **all** concerns should be logged and passed to the DSL, no matter how insignificant they may seem.

Following a safeguarding incident or allegation, an accurate record should be made using the relevant Lifeworks Incident Reporting Form (Appendices A1-A4). This must be completed and forwarded to the DSL before the end of your shift. The form includes:

- The date and time of the incident and location
- Details of the alleged abuser, if known
- Details of the suspected abuse or neglect or what has been reported to you. Use factual information, use the service user's own words.
- The appearance and behaviour of the alleged victim, including any injuries. Use a body map to record the location of any injuries.
- All actions you have taken, including those to secure the wellbeing of the service user and who you have notified of the safeguarding incident
- Whether you have made a referral

The DSL should ensure that a copy of the form is attached to the service user's safeguarding record. In the case of a referral made by telephone, a copy should be sent to the Safeguarding Board or police (where relevant) no more than 24hours after the telephone conversation.

26.2 Reporting to Stakeholders

In addition to reporting the incident to the DSL, significant safeguarding incidents must be reported by the DSL or Charity Safeguarding Lead to Lifeworks' external stakeholders.

Reporting to the Care Quality Commission and Ofsted

Sesame - Providers of domiciliary, residential and nursing home care, including hospitals are regulated by the Care Quality Commission (CQC) and have a duty to report any allegations of abuse or neglect to the CQC (Statutory notification regulation 18).

Robins is an Ofsted regulated Children's Home and as such Robins has a duty to report any allegations of abuse or neglect to Ofsted. See Children Home Regulations Regulation 40.

The Charity Safeguarding Lead should immediately inform the CEO, the Chair of the Board and the Trustee Safeguarding Champion of any significant safeguarding incidents. They should also present a quarterly update to the Board of all safeguarding concerns. Safeguarding is a standing item on all SLT/Service Area Management meeting agendas.

27.0 Allegations Against Staff

27.1 Whistleblowing

Lifeworks has a process to guide staff in the event that they have any genuine concerns related to suspected wrongdoing or danger affecting any of our activities. Please refer to the Whistle Blowing policy in full for further details.

Any concerns should in the first instance be raised with the registered manager. However, where the matter is more serious, or if you feel that the registered manager has not addressed your concern, or you prefer not to raise it with them for any reason, you should contact one of the following:

The Whistleblowing Officer: Laura Fraser-Crewes

The Chair of the Board of Trustees: Paul Clarkson

For more detailed guidance, please refer to the Whistle Blowing policy.

27.2 Managing allegations

27.2.1 It is essential that any allegation of abuse made against a person who works with vulnerable adults, including those who work in a voluntary capacity, is dealt with fairly, quickly and consistently, in a way that provides effective protection for the vulnerable adult and, at the same time, supports the person who is the subject of the allegation.

27.2.2 Anyone who is concerned about the behaviour of a colleague or is aware of concerns that have been raised or allegations made must inform the DSL or, in their absence, their Deputy. Should the Designated Person/Deputy be unavailable, or the allegation be against them, then contact should be made with the Charity Safeguarding Lead or in their absence the Chief Executive Officer.

27.2.3 All such concerns / allegations must be reported as soon as possible. The member of staff / volunteer who is making the report should make a signed and dated record of their concerns and any observations within 4 hours to pass to the designated person.

27.2.4 Staff or volunteers should not:

- attempt to deal with the situation themselves
- make assumptions, offer alternative explanations or diminish the seriousness of the behaviour or alleged incidents
- keep information to themselves or promise confidentiality
- take any action that might undermine any future investigation or disciplinary procedure (e.g. interviewing the alleged victim or potential witnesses, or informing the alleged perpetrator, parents or carers).

27.2.5 Upon receiving information about concerns or allegations, the DSL should collate all known information about any of the adults involved, the person against whom the allegation has been made and any details of known or possible witnesses. They should then contact Devon Care Direct or Torbay Adult Safeguarding Team within one working day to discuss the matter at hand and plan how to proceed. Cornwall and Plymouth Local Authorities' contact details should be used if a service user has been placed from either Cornwall or Plymouth Local Authorities (see Section 25.2 for contact details)

27.2.6 The DSL/registered manager should ensure that the the subject of the allegations is:

- Advised at the outset to contact her/his union or professional association;
- Treated fairly and honestly and helped to understand the concerns expressed, processes

- involved and possible outcomes;
- Kept informed of the progress of the case and of the investigation;
- Clearly informed of the outcome of any investigation and the implications for disciplinary or related processes;
- Provided with appropriate support (via occupational health or employee welfare arrangements where these exist);
- (If suspended) kept informed about workplace developments.

An investigation will not be seen as an assumption of guilt.

In order for the matter to be fully investigated, and to ensure that that the service user and the staff member receives equal protection, the staff member may be suspended on full pay until the investigation is complete. The duration of the suspension will be as short as possible.

It is accepted that the employee may feel isolated and every effort will be made to give them appropriate assistance. If the outcome of the investigation is that there is no case to answer, then the employee should be sensitively inducted back to work and given the appropriate support by their Line Manager. Consideration should also be given to the ongoing relationship between the service user and the member of staff.

28.0 Monitoring compliance

28.1 All reports of abuse, neglect or radicalisation will be monitored as appropriate, and evaluated and reviewed on a regular basis, at least every year by the Lifeworks Safeguarding Steering Group. This includes the Charity Safeguarding Lead, the CEO and the Trustee Safeguarding Champion. Following evaluation information being submitted to the Board, actions can be recommended to reduce potential for future occurrences. The effectiveness of the policy will also be evaluated against all case studies as part of the review. As part of this review, completed cases will be evaluated to see how they have been handled.

28.2 The HR Team manage and monitor the safeguarding training of all staff using a training matrix. This information is recorded in staff personnel files.

28.3 Supervisors ensure that the mandatory safeguarding training has been completed by new employees and that all safeguarding policies have been read and understood. Safeguarding knowledge and queries, alongside expectations of training, are discussed and recorded at supervision and as part of the appraisal process.

28.4 The DSL of each service area undertakes 'spot-check' monitoring of staff knowledge and implementation of safeguarding policies and procedures. Outcomes of these spot-checks are discussed during group supervision with the Charity Safeguarding Lead.

Appendix A1: College and Lifeworks Community Recording Form for a Safeguarding Incident

Staff, volunteers and regular visitors are required to complete section A and give it or email it to the DSL or Deputy DSL if they have a safeguarding concern about a person in our service area.

SECTION A: To be completed by person who is reporting the concern	
Information Required	Enter Information Here
Name of person completing the form	
Your Signature	
Job role	
Date of occurrence	
Time of occurrence	
Full name of person involved	
Date of birth	
Gender	
Witness if any	
Incident Details <i>Please include where you were when the person made a disclosure, what you saw, who else was there, what did the person say or do and what you said.</i> <i>Ensure that if there is an injury this is recorded (size and shape) and a body map is completed</i> <i>[Make it clear if you have a raised a concern about a similar issue previously]</i>	

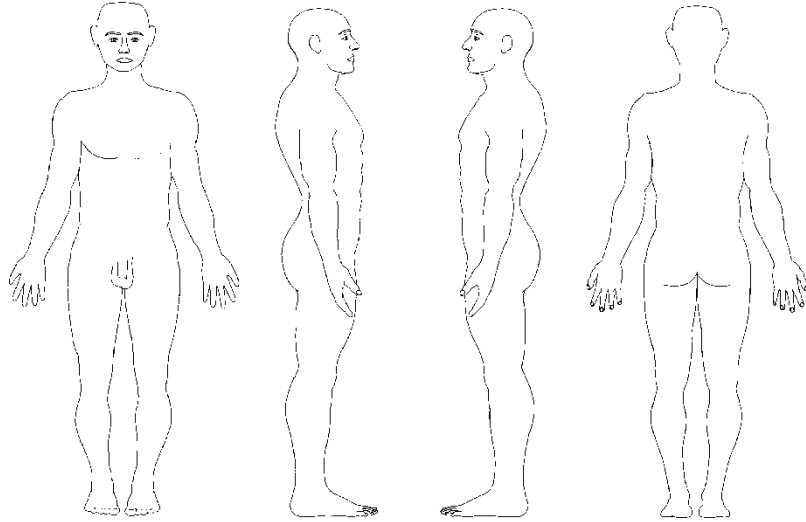
Incident Details contd.

SECTION B: To be completed by DSL

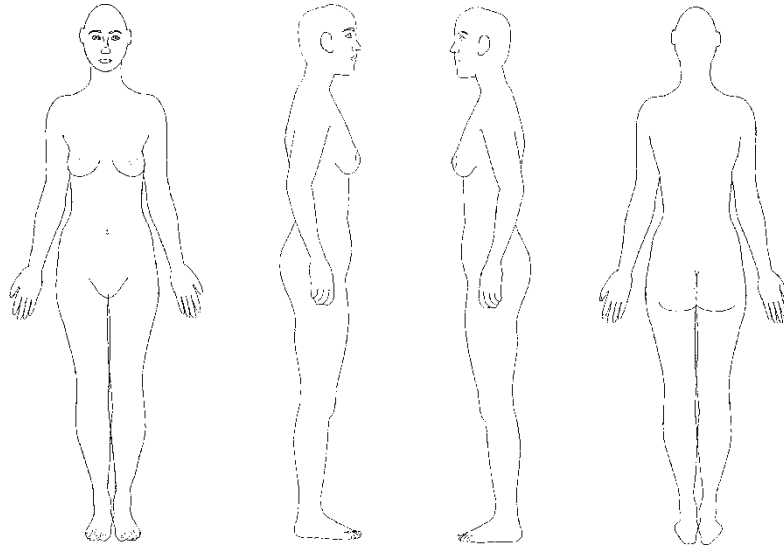
Time form received by DSL	
Nature of concern/disclosure	
Parents/Carers Informed [yes/no, date and time]	
Referral made to police [yes/no, date and time]	
Referral Made to Other Agency [yes/no, date and time, name of organisation]	
Feedback given to service user [yes/no, date and time]	
Feedback given to pastoral team/key worker [yes/no, date and time]	
Feedback given to person who recorded disclosure [yes/no, date and time]	
Full Name of DSL	
Signature of DSL	
Date of Signature	

Body Chart

Male



Female



Describe any injury that was sustained during the occurrence or any unexplained or unwitnessed injury being reported, including what type of injury, where it is, how big it is, what first aid measures were needed, if medical intervention was needed. Also, mark the location and proportion of the injury on the body chart.

Appendix A2: Robins Recording Form for a Safeguarding Incident

Name of person completing the form	
Designation	
Date of occurrence	
Time of occurrence	
Name of person involved	
Male/female	
Status i.e. service user/staff/visitor/public/contractor	
Age	
Witness name if any	

Specification of occurrence type

INCIDENT (violence/abuse/physical attack on staff/absconding/missing person/hospitalisation damage to property/major utility failure etc.)	ACCIDENT (fall or other injury/car accident/any accidental or unintentional injury etc)	INJURY FROM KNOWN RISK ASSESSED BEHAVIOUR (self-harm if risk assessed)	INJURY OF UNKNOWN ORIGIN (child comes into service with bruises/cuts/scrapes/grazes etc.)	NEAR MISS (potential to cause harm)

Nature of occurrence: tick the most appropriate box

Fatality		Major Injury		Dangerous Occurrence		Abusive Incident		Minor Injury		Utility failure	
Damage to Property		Risk to Self or Others		Missing Person		Service User Allegation		Assault		Altercation	

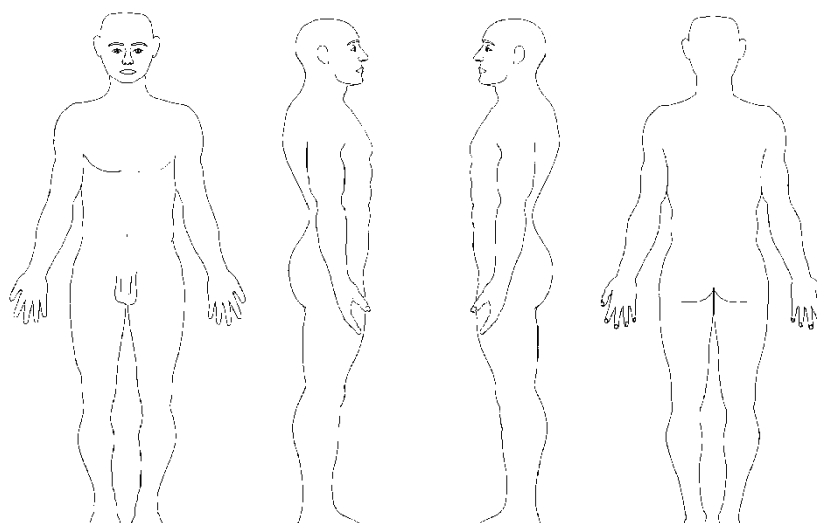
What was the cause of the occurrence?

Industrial disease		Road Traffic Accident		Physically assaulted by a person		Injured whilst handling, lifting, or carrying.		Illness	
Injury by an Animal		Struck by a moving vehicle		Theft		Infectious disease		Absconding	
Medication error		Self injury		Verbal Abuse		Behavior related		Drowning or asphyxiation	
Disclosure		Other please Specify:		Slip trip or fall from height/same level		Fire/flood/gas leak/explosion		Fall witnessed or unwitnessed	

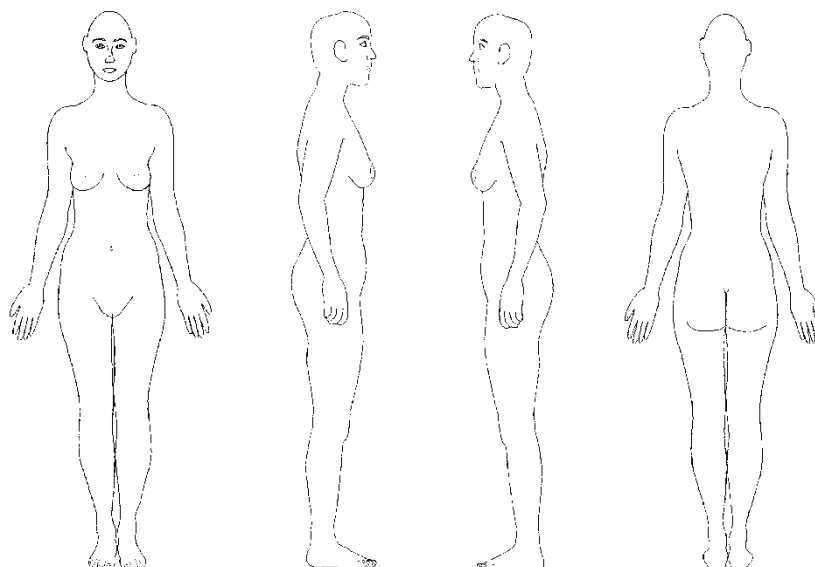
What happened? Please describe the events that took place in as much detail as possible including how staff were alerted / response times / witnesses / injuries / what was said by those present / how did the occurrence happen?

Body Chart

Male



Female



Describe any injury that was sustained during the occurrence, including what type of injury, where it is, how big it is, what first aid measures were needed, if medical intervention was needed. Also, mark the location and proportion of the injury on the body chart.

Also use the body chart for any unexplained or unwitnessed injury

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Body Chart Completed by:

Date & Time:

If there are any untoward or unexplained injuries or any cause for concern, then the GP, 111 or 999 must be contacted immediately. If the child/young person refuses to be examined by the visiting GP or paramedic then the refusal must be witnessed and recorded below

Which service did you contact?
Which professional attended?
If DR / paramedic visited did the child/young person consent to an examination?
Name of witness to refusal:
Did the child/young person consent to being supported during the examination?
Name of person supporting the child/young person during examination

What action did staff take during the incident and after the incident?

How was the incident managed and what did staff do to ensure all parties were safe?

--

PRN Medication

Was any prn medication required or used?
If yes ensure mar chart is completed correctly including the description of why the medication was administered (attach copy)
Copy attached?

Did anyone else witness the occurrence (add name and designation)

Witnesses:	Designation:

Observations by person in charge of shift. What could be done to prevent this from happening again?

Who have you informed?

Next of kin yes / no	Person informed	Time
Manager yes / no	Person informed	Time
On call manager yes / no	Person informed	Time

Is it a safeguarding matter? If so do you need to take any further action?

Do you need to call the police or complete a safeguarding referral (MASH/LADO)

Is a REG 40 required?

Child/young person's debrief: What is the child/young person's thoughts on what happened? How do they feel about it? Is there anything they would like to say? Is there anyone they would like to speak to? What do they want to happen?

Name of person completing the form:

Signature:

Name of shift leader:

Signature:

For manager to complete:

Any further action required? Do you need one or more statutory notifications? Does an HSE form need

To be completed? Is the occurrence reportable under RIDDOR? Do support plans risk assessments

need completing or updating? Is a full debrief required? Does there need to be any further investigation? Any occupational health

Involvement required?

Signature of manager: _____

date: _____

Appendix A3: Sesame Recording Form for a Safeguarding Incident

Name of person completing the form	
Designation	
Date of occurrence	
Time of occurrence	
Name of person involved	
Male/female	
Status i.e. service user/staff/visitor/public/contractor	
Age	
Witness name if any	

Specification of occurrence type

INCIDENT (violence/abuse/physical attack on staff/absconding/missing person/hospitalisation damage to property/major utility failure etc.)	ACCIDENT (fall or other injury/car accident/any accidental or unintentional injury etc)	INJURY FROM KNOWN RISK ASSESSED BEHAVIOUR (self-harm if risk assessed)	INJURY OF UNKNOWN ORIGIN (child comes into service with bruises/cuts/scrapes/grazes etc.)	NEAR MISS (potential to cause harm)

Nature of occurrence: tick the most appropriate box

Fatality		Major Injury		Dangerous Occurrence		Abusive Incident		Minor Injury		Utility failure	
Damage to Property		Risk to Self or Others		Missing Person		Service User Allegation		Assault		Altercation	

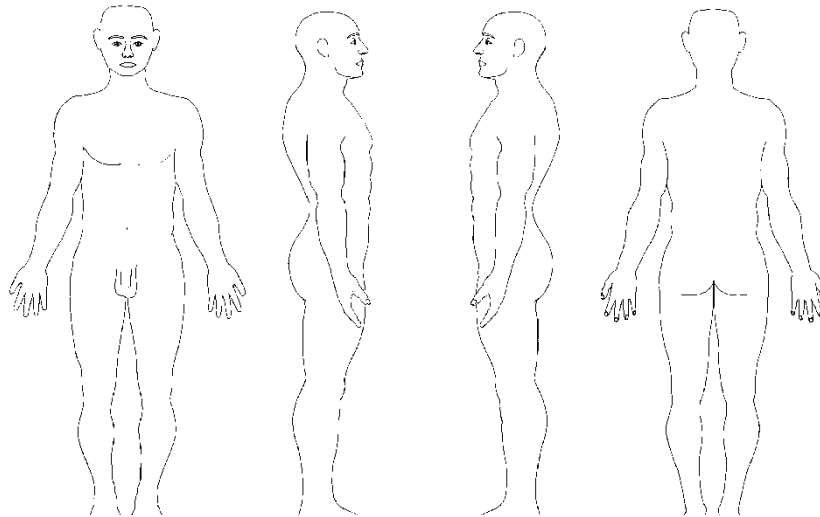
What was the cause of the occurrence?

Industrial disease		Road Traffic Accident		Physically assaulted by a person		Injured whilst handling, lifting, or carrying.		Illness	
Injury by an Animal		Struck by a moving vehicle		Theft		Infectious disease		Absconding	
Medication error		Self injury		Verbal Abuse		Behavior related		Drowning or asphyxiation	
Disclosure		Other please Specify:		Slip trip or fall from height/same level		Fire/flood/gas leak/explosion		Fall witnessed or unwitnessed	

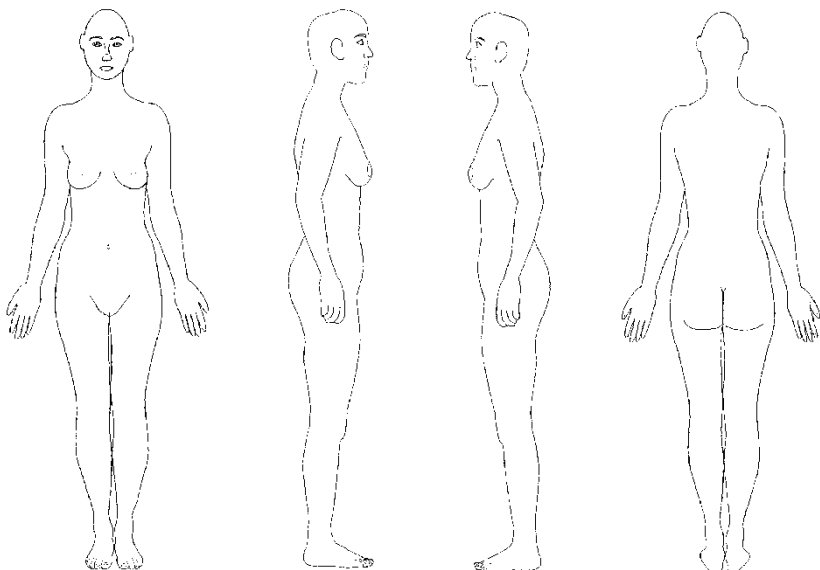
What happened? Please describe the events that took place in as much detail as possible including how staff were alerted / response times / witnesses / injuries / what was said by those present / how did the occurrence happen?

Body Chart

Male



Female



Describe any injury that was sustained during the occurrence, including what type of injury, where it is, how big it is, what first aid measures were needed, if medical intervention was needed. Also, mark the location and proportion of the injury on the body chart.

Also use the body chart for any unexplained or unwitnessed injury

Body Chart Completed by:

Date & Time:

If there are any untoward or unexplained injuries or any cause for concern, then the GP, 111 or 999 must be contacted immediately. If the person refuses to be examined by the visiting GP or paramedic then the refusal must be witnessed and recorded below

Which service did you contact?
Which professional attended?
If DR / paramedic visited did the child/young person consent to an examination?
Name of witness to refusal:
Did the child/young person consent to being supported during the examination?
Name of person supporting the child/young person during examination

What action did staff take during the incident and after the incident?

How was the incident managed and what did staff do to ensure all parties were safe?

PRN Medication

Was any prn medication required or used?
If yes ensure mar chart is completed correctly including the description of why the medication was administered (attach copy)
Copy attached?

Did anyone else witness the occurrence (add name and designation)

Witnesses:	Designation:

Observations by person in charge of shift. What could be done to prevent this from happening again?

Who have you informed?

Next of kin yes / no	Person informed	Time
Manager yes / no	Person informed	Time
On call manager yes / no	Person informed	Time

Is it a safeguarding matter? If so do you need to take any further action?

Do you need to call the police or complete a safeguarding referral?

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Resident's debrief: What is the Individual's thoughts on what happened? How do they feel about it? Is there anything they would like to say? Is there anyone they would like to speak to? What do they want to happen?

Name of person completing the form:

Signature:

Name of shift leader:

Signature:

For manager to complete:

Any further action required? Do you need one or more statutory notifications? Does an HSE form need

To be completed? Is the occurrence reportable under RIDDOR? Do support plans risk assessments

need completing or updating? Is a full debrief required? Does there need to be any further investigation? Any occupational health

Involvement required?

Signature of manager: _____

date: _____

Appendix B – Safeguarding and the role of trustees

Trustees' Charity Law Duties in Relation to Safeguarding

The Charity Commission's position, is that the overriding duty of charity trustees in safeguarding matters is as follows:

Charity trustees are responsible for ensuring that those benefiting from, or working with, their charity are not harmed in any way through contact with it. They have a legal duty to act prudently and this means that they must take all reasonable steps within their powers to ensure that this does not happen.

The Commission has issued 10 actions trustee boards need to take to ensure good safeguarding governance:

- Safeguarding should be a key governance priority for all charities
- Ensure your charity has an adequate safeguarding policy, code of conduct and any other safeguarding procedures. Regularly review and update the policy and procedures to ensure they are fit for purpose
- Identify possible risks, including risks to your service users or to anyone else connected to your charity and any emerging risks on the horizon
- Consider how to improve the safeguarding culture within your charity
- Ensure that everyone involved with the charity knows how to recognise, respond to, report and record a safeguarding concern
- Ensure people know how to raise a safeguarding concern
- Regularly evaluate any safeguarding training provided, ensuring it is current and relevant
- Review which posts within the charity can and must have a DBS check from the Disclosure and Barring Service
- Have a risk assessment process in place for posts which do not qualify for a DBS check, but which still have contact with children or adults at risk
- Periodically review your safeguarding policy and procedures, learning from any serious incident or 'near miss'

The Importance of Reporting Serious Incidents

The Charity Commission includes in its Annual Return a statement, which trustees must make, confirming that there have been no serious incidents in the relevant period that have not been reported previously. It can constitute an offence to make a false statement in this document and trustees who have – however unwittingly – allowed an employee to submit a return without making proper enquiry on this point can find themselves in an uncomfortable position.

Given the Commission's current "no tolerance" approach to regulatory failings of a serious nature, the general advice is to submit a serious incident report if in doubt as to whether one is warranted or not, and to do so promptly.

[How to report a serious incident in your charity](#)

[Deciding what to report](#)

Conclusion

It is essential that the board of trustees are familiar with their charity law duties to manage safeguarding risks, allegations and incidents appropriately. They must have in mind the need for their charity to engage personally and thoughtfully with how safeguarding policies and procedures are developed, recorded and implemented. It is, therefore, of great importance that Trustees can frame their decision making and risk mitigation. Safeguarding is, by nature, not risk free, so by ensuring Lifeworks Trustees are effectively supported themselves and undertake up to-date relevant trustee training, they can help to reassure service users, families, stakeholders, investors, partner agencies and staff that safeguarding is a key governance priority.

Appendix C - Mental Capacity Act 2005

The Mental Capacity Act 2005 (the Act) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions or acting for that person, when the person lacks the capacity to make a particular decision for themselves.

The same rules apply whether the decisions are life-changing events or everyday matters.

Section 1 of the Act sets out the five 'statutory principles' – the values that underpin the legal requirements in the Act. The Act is intended to be enabling and supportive of people who lack capacity, not restricting or controlling of their lives. It aims to protect people who lack capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so.

The five statutory principles are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. 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.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. 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.
5. 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.

The Act applies to anyone **aged 16 and over**, with guidance stating:

The Act's starting point is to confirm in legislation that it should be assumed that an adult (aged 16 or over) has full legal capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. This is known as the presumption of capacity. The Act also states that people must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process.

For further information please see guidance available at: [Mental Capacity Act Code of Practice](#)