



Safeguarding Adults at Risk Policy and Guidance

The Centre School

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Version Control

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2	Added reference to the Mental Capacity (Amendment) Act 2019 Added Care Act 2014 definition of Adult at Risk	Pages 3, 11 Page 5	17.08.2022	July 2023

1. Introduction

The Centre school fully recognises the responsibilities it has under The Care Act 2014, section 14.5 'Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.' The six principles apply to further educational colleges or establishments. Also, the Mental Capacity Act (2005) requires there to be arrangements in place to safeguard adults at risk.

NB: We are awaiting the outcome of the consultation on the proposed Mental Capacity (Amendment) Act 2019 which removes the process around Deprivation of Liberty Status (DoLS) and introduces new processes for Liberty Protection Safeguards (LPS). See page 11 for details.

This policy is to be read in conjunction with Cambridgeshire and Peterborough Safeguarding Adults Board Policy and Procedures ([Cambridgeshire and Peterborough Multi-Agency Safeguarding Policy | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](http://safeguardingcambspeterborough.org.uk)) and all schools are required to use these procedures.

This policy sets out how the school's Local Governance Committee discharges its responsibilities to safeguard adults at risk of abuse or neglect.

The school will:

- ensure there is a designated senior person with lead responsibility for safeguarding adults at risk in the school;
- recognise the importance of the role of the designated safeguarding lead for adult safeguarding and ensure they have the time, training and support necessary to undertake their duties;
- ensure every member of staff, paid and unpaid, and members of the governance committee, know who the designated safeguarding lead is, and their deputies, and **how to pass on and record concerns about a learner immediately if urgent, or at least within 24hrs** via CPOMS.
- ensure every member of staff, paid and unpaid, and members of the governance committee know what the contingency arrangements are for when the designated safeguarding lead is not available (contact Principal, DDSL Chris Lee-McCloud or CVC DSL)
- ensure that all staff, paid and unpaid, recognise their duty and feel able to raise concerns about poor or unsafe practice in regard to adults at risk and that such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle-blowing policies;
- ensure that parents are informed of the responsibility placed on the school and staff in relation to safeguarding adults at risk by setting out these duties in print and online e.g. the school prospectus and website.
- provide for parents a copy of the school's Safeguarding Adults at Risk Policy and Guidance on the school website and in print if requested.
- ensure that the designated safeguarding lead takes advice from an adult safeguarding lead via Cambridgeshire and Peterborough Customer Services contacts:

Cambridgeshire	Peterborough
Customer Services (8am to 6pm Monday to Friday, 9am to 1pm on Saturday) Telephone 0345 045 5202 Email: referral.centre-adults@cambridgeshire.gov.uk	Adult Social Care MASH – 01733 747474 Early Help Helpline – 01733 863649 Email: adultsocialcare@peterborough.gov.uk
In an emergency, outside office hours, if someone is in danger and unable to protect themselves or cannot remain in the community without immediate intervention telephone 01733 234 724 and / or dial 999	

- Please see the [Cambridgeshire County Council Safeguarding Adults at Risk Referral Form](#)
- And the [Cambridgeshire and Peterborough Safeguarding Adults Partnership Board Multi-Agency Safeguarding Adults Procedures March 2022](#).

If a person is in immediate danger, the police or ambulance service must be called straight away on 999

2. SEND Code of Practice January 2015

Section 3.51:

Young people with SEN or disabilities turning 18 may become eligible for adult social care services, regardless of whether they have an EHC plan or whether they have been receiving services from children’s social care.

Section 3.52:

The Care Act 2014 and the associated regulations and guidance set out the requirements on local authorities when young people are approaching, or turn, 18 and are likely to require an assessment for adult care and support. These are intended to support effective transition from children’s to adult social care services. For those already receiving support from children’s services, local authorities must continue to provide children’s services until adult provision has started or a decision is made that the young person’s needs do not meet the eligibility criteria for adult care and support following an assessment. Children’s services must not be discontinued simply because a young person has reached their 18th birthday.

Section 8.73:

Where a safeguarding issue arises for someone over 18 with an EHC plan, the matter should be dealt with as a matter of course by the adult safeguarding team. They should involve the local authority’s child safeguarding colleagues where appropriate as well as any relevant partners (for example, the police or NHS) or other persons relevant to the case. The same approach should apply for complaints or appeals.

3. The Care Act 2014

See also [DoH Care & Support Statutory guidance](#) for **Adult Care Guidance Issued under the Care Act 2014, Department of Health** (*for people aged 18 and over*)

Wellbeing

The core purpose of adult care and support is to help people achieve the goals and outcomes that matter to them in all areas of their life.

Under the Care Act 2014 local authorities have a 'duty' to promote **wellbeing** when carrying out **any** care and support functions.

The Care Act defines 'wellbeing' as a broad concept relating to the following areas:

- personal dignity
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal wellbeing
- suitability of accommodation
- the individual's contribution to society.

Who is an adult at risk?

As defined by the Care Act 2014:

The term 'Adult at Risk', is a short form of the phrase 'An adult at risk of abuse or neglect' and refers to adults who may have safeguarding needs according to the Care Act (2014). An Adult at Risk (sometimes referred to as AAR) is an adult (someone aged 18 or older) who:

- a) has needs for care and support (whether or not the authority is meeting any of those needs),
- b) is experiencing, or is at risk of, abuse or neglect, and
- c) as a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

As set out in the Care Act 2014, statutory Adult Safeguarding duties exist when adults who are experiencing, or at risk of, abuse or neglect cannot protect themselves due to their care and support needs.

Since the Care Act 2014, the term vulnerable adult is no longer used as it can evoke negative connotations or can be seen to imply 'weakness'. Instead, the Care Act refers to adults with care and support needs.

This *may* be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical and/or sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long term illness/condition
- misuses substances or alcohol

Section 14 - Safeguarding

(This provides guidance on relevant parts of sections 42–46 of the Care Act 2014)

14.2. The 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.

(For the purpose of this guidance 'care and support' will be taken to include all care services provided in any setting or context.)

14.5 Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. For example, this could occur when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25 (see also chapter 16 of the Care Act guidance). Where appropriate, adult safeguarding services should involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. the Police or NHS) or other relevant persons.

14.20. In 2013, the Home Office announced changes to the definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage.
- *Age range extended down to 16.*

Section 16 - Transition to adult care and support

(This provides guidance on relevant parts of sections 58-66 of the Care Act 2014, and The Care and Support (Children's Carers) Regulations 2014)

This section covers:

- When a transition assessment must be carried out;
- Identifying young people who are not already receiving children's services;
- Adult carers and young carers;
- Features of a transition assessment;
- Cooperation between professionals and organisation;
- Providing information and advice once a transition assessment is completed;
- Provision of age appropriate local services and resources;
- After the young person in question turns 18;
- Combining EHC plans with care and support plans after the age of 18;
- Continuity of care after the age of 18;
- Safeguarding after the age of 18;
- Ordinary residence and transition to higher education;
- Transition from children's to adult NHS Continuing Healthcare.

Definition of Adult Safeguarding in The Care & Support Statutory Guidance:

'Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and

beliefs in deciding on any action. This includes that adults sometimes have complex relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

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 Care Quality Commission 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 and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Patterns of abuse vary and include:

- Serial abusing in which the perpetrator 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 abuse between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

Anyone may carry out abusive or neglectful acts, including:

- spouses/partners;
- other family members;
- neighbours;
- friends;
- acquaintances;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals; and
- volunteers and strangers.

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

4. The Ten 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.
- **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 in connection with 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 to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **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 neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Signs of abuse and neglect

Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards; education, leisure services, faith groups, and housing.

GPs, for example and, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected.

Findings from Safeguarding Adults Reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

(See “Specific Indicators of Abuse”, Appendix 2).

5. Reactions to Abuse

The consequences of abuse may have profound effects on the adult involved.

The person may:

- deny that abuse has occurred, even when there is evidence to the contrary,
- attempt to persuade others that an abusive relationship is normal,
- withdrawal from social activity, ranging from normal activities to total lack of communication,
- show increased agitation and anxiety, from attention-seeking behaviour to overly subservient behaviour,
- experience depression,
- experience confusion, characterised by a deterioration in a previously confident person,
- change their behaviour or personality suddenly and unexpectedly,
- demonstrate physical or verbal aggression, or become prone to over-reaction
- demonstrate self-neglect, including the loss of self-esteem, deterioration in appearance, weight loss or erosion of personal confidence

6. Making Safeguarding Personal

When abuse has been disclosed, reported or observed, it is important that the person be treated with dignity and respect and is involved fully in the discussions about them – making safeguarding personal for them. The [DoH Care & Support Statutory guidance](#) suggests all safeguarding concerns need to be tailored to the individual requiring support taking into consideration the lived experience of the adult. The Guidance states:

‘.....engages the person in a conversation about how best to respond to *their* safeguarding situation.’

Finding out what difference is wanted or desired by the person? (What change does the person want?) and how will you work with the person to enable that to happen? (How can that change be made).

They have the right:

- to be listened to when they report abuse of themselves and/or others,
- to appropriate education/information in order to identify behaviour which constitutes abuse and the rights to informed decision-making and consequent risk,
- to have the investigation processed where possible through a timescale with which they can be comfortable,
- to privacy and confidentiality in the conduct of the investigation,
- to be assisted by an interpreter, advocate, relative or carer in giving information, or evidence, unless the evidence which is to be given is subject to separate rules, e.g. police procedures,
- where a person’s capacity is compromised to have decisions made in their best interest,
- to expect arrangements to be made to promote safety and welfare in both the short and long term,
- to expect that the issues of power, coercion and intent on the part of the person suspected on abusing to the adult at risk are given particular attention,
- not to have to undergo repeated presentations of information/evidence, except as required in criminal proceedings,
- to be involved in decisions made as a result of the investigation,
- to not participate in the investigation,
- to have access to the police action for justice procedures where appropriate.

The 6 principles from the [Care and Support Statutory guidance](#) underpin the way we all work in safeguarding adults at risk of abuse or neglect.

Principle	What it means	What it could mean for the adult involved
Empowerment	People being supported and encouraged to make decisions with informed consent	<i>I make choices about my life and wellbeing. I was asked what I wanted to happen</i>
Prevention	Taking action before harm occurs	<i>I was given good information on how to choose a reputable tradesperson/I feel safe online</i>
Proportionality	The least intrusive response, appropriate to the risk presented	<i>I was pleased with what happened. I was able to stay in my own home and supported in making new social relationships</i>

Protection	Support & representation for those at risk	<i>I was given support to make my finances secure. I get help to report abuse and I am able to take part in the safeguarding process</i>
Partnership	Local services working within their communities to play their role in preventing, detecting and reporting abuse	<i>I know that all the different people – from social care, the police and my GP have my best interests at the centre of their work</i>
Accountability	Being accountable for what you do and what you don't do	<i>I know all the different people working with me they all explain what their exact role is, but I make the decisions with their help and support</i>

7. Desired Outcomes for the Individual

They:

- are safe from continuing harm and / or abuse
- feel that they have recovered from the abuse or neglect
- are empowered and able to manage their situations
- have their stated objectives and desired results met
- believe that their views, worries, and wishes are taken seriously
- feel they haven't had to compromise their safety and wellbeing at the cost of having relationships with other people
- develop stronger networks that are also protective
- know how to take precautions against harm and how to keep safe
- know who to contact to find out information
- feel in control and not driven or controlled by the safeguarding adult's process
- can get help from someone who is independent

8. Procedures - Actions to be taken to address safeguarding concerns

It is not the responsibility of anyone working in the school to decide whether or not abuse has taken place. Staff members must raise all concerns with the designated person (**see process flowchart Appendix 3**).

Designated Lead for Safeguarding Adults is:

Annabel Gerrard Croxon, Head of Student Welfare and Safeguarding

And their Safeguarding Adults Deputies are:

Sue Raven (Principal) Chris Lee-McCloud (Teacher)

The Safeguarding Lead will devise a plan of action, taking responsibility for overseeing safeguarding processes, reporting and recording activities in the school, based on guidance from the local authority.

Any allegation made against a member of staff or a volunteer should be reported to the Head Teacher, who will seek advice from the Named Senior Officer for Education and the Local Authority Designated Officer (LADO). NB Peterborough Heads will seek advice directly from the LADO. In the event of an allegation being made against the Principal, this should be

reported to the Chair of TCS Local Governance Committee. Please also note the [PIPOT Guidance](#) (People In Positions of Trust) may apply.

If a disclosure of abuse is made by a learner, they should have the procedure that will be followed explained to them, and that it may not be possible for the school to maintain confidentiality.

If a learner makes an allegation about another organisation this should be reported to the Designated Safeguarding Lead who will take appropriate action.

9. The Prevent Duty - Departmental advice for schools and childcare providers

The Prevent Duty is the duty in the Counter-Terrorism and Security Act 2015 on specified authorities, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism.

The main points of this advice are to:

- explain what the Prevent Duty means for schools and childcare providers;
- make clear what schools and childcare providers should do to demonstrate compliance with the duty; and
- inform schools and childcare providers about other sources of information, advice and support.

10. Mental Capacity Act 2005

The Mental Capacity Act 2005 (the MCA) is designed to protect and empower people who may currently lack the mental capacity to make their own decisions about their care and treatment. It also allows people who have capacity to make preparations for a time when they may lack capacity in the future.

The MCA was implemented alongside a Code of Practice which was designed to support the Act with practical, statutory guidance, explaining how the Act operates on a day-to-day basis and offering examples of best practice to carers and practitioners.

11. Mental Capacity (Amendment) Act 2019 and Liberty Protection Safeguards

Liberty Protection Safeguards (LPS) have been introduced via the Mental Capacity (Amendment) Act 2019 for which consultation closed in July 2022. Under the Mental Capacity (Amendment) Act 2019 it is proposed that LPS replace the DoLS as the system that authorises arrangements amounting to a deprivation of liberty in order to provide care or treatment to an individual who lacks the relevant mental capacity.

The LPS will introduce an explicit duty to consult with the person, and those interested in their welfare, to establish the person's wishes and feelings about proposed arrangements. Those who are close to the person will also be able to provide representation and support to them via a new 'Appropriate Person' role. Otherwise people can be represented and supported by an Independent Mental Capacity Advocate (IMCA) who will protect their rights throughout the process. Furthermore, the rights of people at the heart of the most complex cases will be considered and upheld by the new 'Approved Mental Capacity Professional' role.

The core principles of the MCA are at the heart of the proposed design for LPS. This will help to further align mental capacity awareness and practice across different settings and

professions. Unlike DoLS, LPS will extend to 16 and 17 year olds. This will streamline existing processes and improve access to safeguards for young people.

12. Decisions made in the 'Best Interests' of the adult and people aged 16/17 years:

In situations where the adult is judged to lack capacity in relation to the decision that needs to be made, decisions can be made in their 'best interests'.

Such decisions need to be made in accordance with the five principles of the Mental Capacity Act 2005, of which 'best interests' is one. The Mental Capacity Act 2005 sets out a statutory framework for acting and making decisions on behalf of people aged 16 years and over who lack the mental capacity to act or make such decisions for themselves. See also LPS above.

Consideration should be given to the following:

- so far as ascertainable, the person's past and present wishes and feelings and the factors that they would consider if they were able to do so
- the need to permit and encourage that person to participate, or to improve their ability to participate, as fully as possible in anything done for and any decision affecting them

If it is practical and appropriate to consult them, the views as to that person's wishes and feelings and as what would be in their best interests of:

- any person named by them as someone to be consulted on those matters, e.g. **parents/carers**
- anyone (whether their spouse, a relative, friend or other person) engaged in caring for them or interested in their welfare
- the holder or any continuing power of attorney granted by them
- whether the purpose of which any action or decision is required can be effectively achieved in a manner less restrictive of their freedom of action.

In the case of anything done or a decision made by a person other than the Court it shall be sufficient if that person reasonably believes that what they do or decides is in the best interests of the person concerned. (Law Commission Report No.231)

13. Consent and the Sharing of Information

Your adult has the right (Human Rights Act 1998 Article 8) to not give their consent to sharing their confidential information. Informed consent of the adult should be sought and obtained. Consent must be freely given after the alternatives and consequences are made clear to the person from whom permission is being sought, if it is safe to do so (*proportionate response*).

If the data is classified as "special category data", the consent must be explicit, and specific detail of the processing should be explained, the types of data to be processed, the purposes of the processing and any specific aspects of the processing which may affect the individual e.g. disclosures.

Where an overriding public interest exists:

If informed consent has not been sought or sought and withheld, the organisation must consider if there is an overriding public interest of justification for sharing the information to a third party organisation.

In making this decision, being compliant with the relevant legislative guidance ie Human Rights Act 1998 (in particular Article 3 – your adult’s right to live without inhuman or degrading treatment, Article 5, their right to liberty and security and Article 8 – their right to respect for their private and family life – so not consenting to you interfering with their life), the Care Act 2014, and the Data Protection Act 2018, the following questions should be considered:

- Is sharing the information necessary for the prevention or detection of crime, to protect public safety or to protect the rights and freedoms of others?
- Is sharing the information necessary to promote the wellbeing of the adult(s) at risk?
- What risk to others is posed by the alleged person suspected of abusing?
- What will be the impact of sharing the information for the alleged person suspected of abusing?
- Will sharing the information be proportionate to the intended aim?
- Consider domestic abuse, coerciveness and influence – can the adult freely make the decision not to share?
- Is there an equally effective but less intrusive alternative means of achieving that aim?

Having due regard to the seriousness of the abuse and the potential risk to others, it is likely that sharing information in such circumstances would be justified. It is important that it is made clear to the adult at risk, and people involved with them, such as relatives (if appropriate and the adult consents) that in these cases there is a necessity for the police and/or local authority to investigate due to the possible risk to other adults.

No part of the data protection regulatory framework serves to prevent the responsible dissemination of relevant personal information in relation to the investigation of suspected, alleged, or actual abuse of an adult at risk.

14. Confidentiality

Whether or not planning a response to an adult at risk concern is through informal consultations or a formal meeting, you are likely to be sharing information that would normally be considered confidential.

Each school holds information, which in the normal course of events, is regarded as confidential and will have their own safeguards and procedures for sharing this with other related agencies. Some information will be subject to the Data Protection Act, 2018.

An adult at risk concern provides sufficient grounds to warrant sharing information on a “need to know” basis and/or “in the public interest” and unnecessary delays in sharing that information should be avoided. Whenever possible the adult must be consulted about information being shared on their behalf. Often consent has been given through the usual assessment process. There will be a need to share information with other agencies for example Health, Advocacy and the Police, and generally permission should be asked before doing so.

However in exceptional circumstances e.g. if it is considered someone is at serious risk of abuse then information may be disclosed without consent but the adult should be aware of the sharing of information and that it will be shared that they are not consenting if this is the case.

Where they have capacity and they are not being pressured or intimidated their agreement should be sought and their refusal respected.

If other adults are at risk the “public interest” principle may override their decision.

‘information will only be shared on a ‘need to know’ basis when it is in the interests of the adult’

The principles governing the sharing of information include:

- confidentiality must not be confused with secrecy
- information will only be shared on a 'need to know basis' when it is in the best interests of the service user(s)
- informed consent should be obtained but if it is not possible and other adults are at risk, it may be necessary to override the requirement
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk
- when sharing the information with parents/family, did you gain consent from the adult to do this? You should consider safety and the 'proportionate response' safeguarding principle when making decisions to the sharing of information.

15. Record Keeping

The school will:

- keep clear, detailed, accurate, written or electronic records of concerns about adults at risk, (noting the date, event and action taken);
- ensure all records are kept securely, whether in paper or electronic format and if electronic that these are stored using recognised safeguarding software platforms.

16. Record Transfer from Education to Adult Settings

An education setting may hold records dating back to when the young adult entered the education system. An individual decision must be made in relation to each learner as to what, if any, information needs to be transferred into the adult setting.

Staff should take into account all of the information in the previous section entitled "Consent and the Sharing of Information" when deciding what child protection records to transfer to the adult setting.

Staff should only transfer information about current and/or ongoing concerns rather than transferring whole files with historical information.

The young person's/adult's views about record transfer should be sought, having regard to their capacity to give informed consent. However, failure to consent should not deter the transfer of relevant, current safeguarding information.

See the Local Authority Guidance to 'Schools on Keeping And Managing Safeguarding Records' for more details.

This Policy is to be read in conjunction with:

17. Whistleblowing Policy

Staff members and volunteers with serious concerns about any aspect of their work are encouraged to come forward and voice those concerns. The Whistleblowing Policy has been

designed to assist, encourage and enable employees to make serious concerns known within the organisation.

Whistleblowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously. Further support can be found at [Protect](#) (formerly known as Public Concern at Work) or call for confidential advice on 020 74046609.

18. Safer Working Practice

All staff and volunteers should be familiar with, and adhere to, the principles set out in “Guidance for Safer Working Practice for those working with children and young people in education settings”, 2022. This document should also be applied to work with adults at risk.

19. Other Linked Policies:

Health and Safety Policy

Behaviour Management and Anti-bullying Policy

Positive Handling Policy

Recruitment, Selection and Disciplinary Procedures

Complaints Procedure

Information sharing protocols

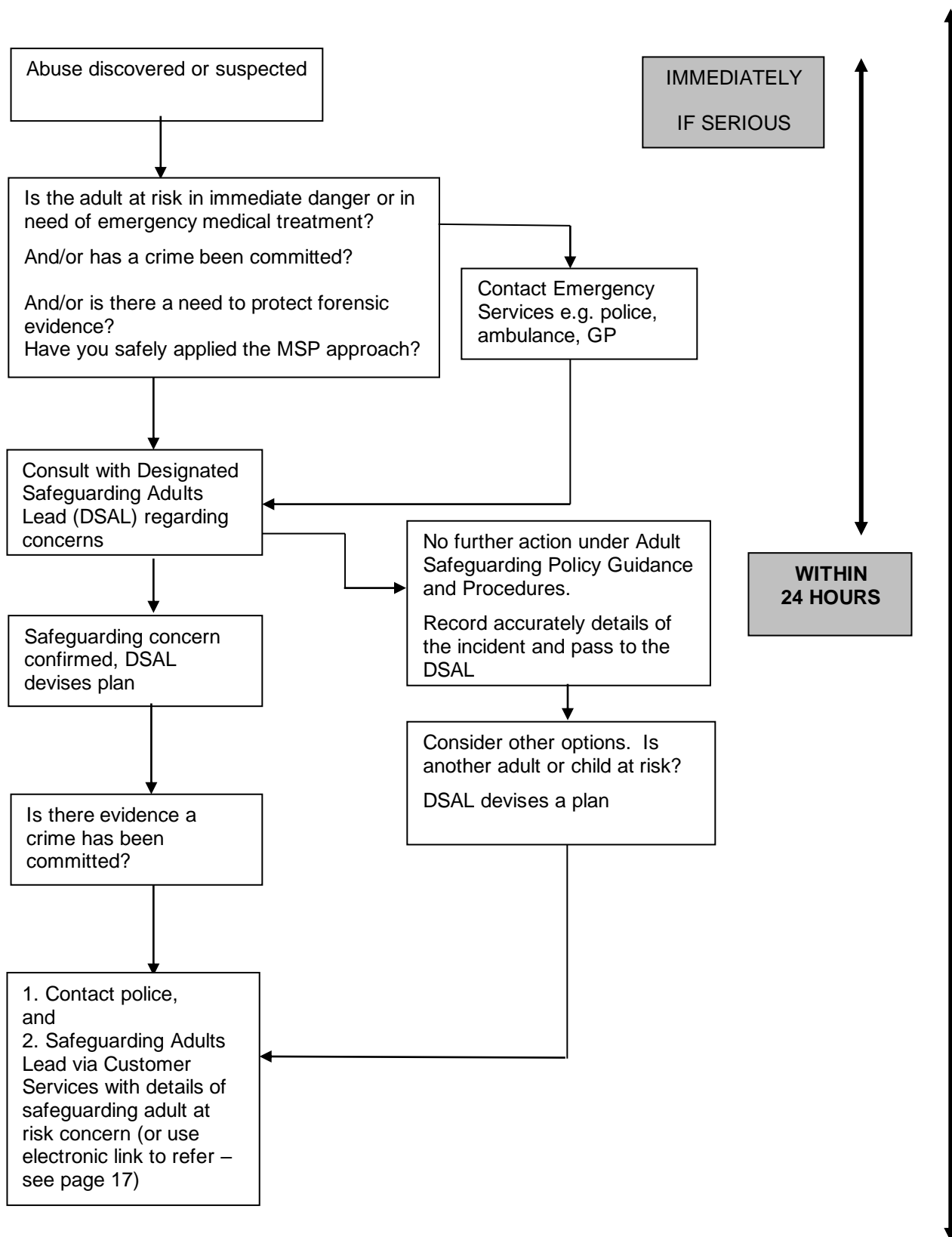
On-line safety Policy

20. Local Authority Practice Guidance

Cambridgeshire County Council’s Safeguarding Adults Policy Framework can be found at: [Cambridgeshire and Peterborough Multi-Agency Safeguarding Policy | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](#)

Appendix 1 - Process Flowchart

Actions to be taken when first aware of a Safeguarding Adults at Risk concern. This should be read in conjunction with the Allegations Procedure (back page of the Safeguarding and Child Protection Policy)



Appendix 2 - Specific Indicators of Abuse

The following list of indicators is not exhaustive and the presence of one or more of them does not confirm that abuse has happened. However, a cluster of several indicators may require attention as they could indicate an adult/young adult is at risk of abuse.

The person may:

- deny that anything is wrong,
- show an acceptance of incidents as part of their situation,
- appear to be withdrawn or agitated and anxious,
- have restricted mobility due to absence of suitable mobility aids,
- seek attention or protection, often from numerous sources,
- look to others to answer questions even when directed to them,
- have dramatic changes in their behaviour or personality, without medical explanation,
- lack support from or carers to access health care/treatment, or access to professional support and services,
- be reluctant to return home,
- lack help from family/carers to allow them to go into respite/permanent care,
- not have access to professional and other visitors, or may find that they are not able to answer for themselves or confidentially.

The person may have:

- unexplained bruising or non-accidental injuries,
- abrasions, especially around the neck, wrists and/or ankles,
- unexplained burns, especially on the back of the hands,
- hair loss in one area, or their scalp may be sore to touch,
- frequent minor accidents without seeking medical help,
- unexplained fractures,
- be malnourished,
- pressure sores and sores from lack of continence care,
- had their medication mismanaged and misused.

The person may:

- demonstrate over sexualised behaviour,
- complain of soreness in genital/anal area, without a medical cause known,
- have bruising on the inner thighs or shoulders, breasts and/or genital area,
- be pregnant or have a diagnosis of a sexually transmitted disease when it is not known that they are sexually active.

The person may:

- live in poor conditions, lack clothing, or lack of access to their own money,
- have an unexplained or sudden inability to pay bills,
- have been gifting and transferring their assets or property,
- have an unexplained or sudden withdrawal of money from their accounts,
- say their possessions of value go missing from home without satisfactory explanation,
- show a marked contrast with their previous lifestyle and standards,
- make unusual purchases unrelated to their known interests e.g. expensive make-up.

Appendix 3 Useful Contacts

Cambridgeshire - Report all concerns to:

Cambridgeshire County Council Customer Services: (8am - 6pm Mon-Fri; 9am – 1pm Sat)

Tel: 0345 045 5202

Email: referralcentre-adults@cambridgeshire.gov.uk

Minicom: 01480 376743 Text: 07765 898732

Emergency Duty Team: For all other times including weekends and Bank Holidays

Tel: 01733 234724

Or refer electronically <http://www.safeguardingcambspeterborough.org.uk/concerned/>

If a child is in immediate danger, please call 999.

Children Social Care: 0345 045 1362: (Mon – Thurs) 8am – 5.30pm, (Friday) 8am – 4.30pm

Emergency Duty Team (Out of Hours): 01733 234724.

Peterborough - Report all concerns to:

Children's Social Care MASH - 01733 864180 / 01733 864170

Adult Early Helpline - 01733 747474 option 4

Email: adultsocialcare@peterborough.gov.uk

Or refer electronically <http://www.safeguardingcambspeterborough.org.uk/concerned/>

In an emergency, outside office hours, if someone is in danger and unable to protect themselves or cannot remain in the community without immediate intervention Tel: 01733 234 724 and / or dial 999.

If there are concerns that a child is at risk of significant harm then an immediate report must be made to the Children's Multi-Agency Safeguarding Hub

Peterborough: • 01733 864180 / 01733 864170 • PDCSC@peterborough.gov.uk

The secure fax number is 0870 2384083

If there are concerns about a child but they are not at significant risk of harm, the Early Help team should be contacted on 01733 863649 for advice on the next steps.

Reporting Crimes to the Police

In an emergency dial 999. If an immediate response is not required dial 101.

The following national website enables you to find details of your local neighbourhood policing team and crime and prevention information and advice: www.police.uk

Protect (formerly known as Public Concern at Work)

[Protect - Speak up stop harm \(protect-advice.org.uk\)](http://protect-advice.org.uk)

For independent advice and support on public interest whistleblowing.

Tel: 020 7404 6609 Contact/Enquiry Form available on the website.

Whistleblowing Helpline

A helpline for staff and organisations working within the NHS and Social Care Sector

Tel: 08000 724 725

Email: enquiries@wbhelpline.org.uk

For information and links to our Safeguarding Adults Guidance and Procedures go to:

www.safeguardingcambspeterborough.org.uk/adults-board/information-for-professionals/cpsabprocedures/

Safeguarding Adults Training: Tel: 01480 373534

Email: learning&development@cambridgeshire.gov.uk

Mental Capacity and Deprivation of Liberty: Tel: 01480 373534

Email: learning&development@cambridgeshire.gov.uk

Other Helpful Organisations

Care Quality Commission (CQC)	Tel: 03000 616161 Email: enquiries@cqc.org.uk
Mental Health	
Cambs Independent Advocacy Service	Tel: 01223 218500
Cambridge Rape Crisis	Tel: 01223 245888 www.cambridgerapecrisis.org.uk
Samaritans	Tel: 0330 0945717 www.samaritans.org/branches/cambridge
Support for Carers	
Caring Together	Email: hello@caringtogether.org www.caringtogether.org
Older People	
Hourglass (formally Action on Elder Abuse)	Tel: 0808 808 8141 https://www.wearehourglass.org
Age UK Cambridgeshire	Tel: 0300 666 9860 www.ageuk.org.uk
Disabilities	
Disability Cambridgeshire	Tel: 01223 755610 www.disability-cambridgeshire.org.uk
Disability Huntingdonshire	Tel: 0330 3553 256 www.dish.org.uk
Cam Sight	Tel: 01223 420033 www.camsight.org.uk
Sense East	Tel: 01954 267056 www.sense.org.uk
VoiceAbility (Total Voice)	Tel: 0300 2225704 https://www.voiceability.org/
Learning Disabilities	
Mencap	Tel: 0808 808 1111 www.mencap.org.uk
Domestic Abuse Information	
National Domestic Violence Free phone 24-hour helpline	Tel: 0808 2000 247 www.nationaldomesticviolencehelpline.org.uk
Men's Advice Line	Tel: 0808 8010 327 www.mensadviceline.org.uk
Mankind Initiative	Tel: 01823 334244 www.mankind.org.uk
Galop (LGBTQ+ support)	Tel: 0800 999 5428 www.galop.org.uk
Women's Aid	Tel: 01223 460947 www.womensaid.org.uk
Refuge	Tel: 07787255821 Email: outreachcambridgeshire@refuge.org.uk

Log of Concern – Adult at Risk - Education

Part 1 - To be completed by member of staff:

Name of School/College:	School/College address:	
Adult at Risk's full name:	Date of Birth:	Gender:
Ethnicity:	First language:	
Today's date:	Time:	
Name and role of person completing the log:		
Time and date of the incident/concern:		
Description of the incident/concern:		
<p>Is the Adult at Risk aware this log of concern has been made? Yes/No</p> <p>If 'No', please confirm why this log of concern has been completed without making the Adult at Risk aware (e.g. risk to others or the Adult at Risk lacks the capacity to make this decision):</p>		

Contact with Parents/Carers:

<p>Proportionate Response – was it appropriate for you to inform the parent/carer of the concern Yes/No</p> <p>Did you gain consent from the adult to do this? Yes/No</p> <p>Has this decision making been recorded? Yes/No</p> <p>If 'Yes' please state the name of parent/carer you made contact with:</p> <p>If 'No', please provide the reason why not:</p>
<p>Body Map completed? Yes/No (If 'Yes', please attach securely)</p>
<p>Signature of person completing log:</p>
<p>Please pass this form immediately to the Designated Safeguarding Lead / Deputy Designated Safeguarding Lead/ Designated Safeguarding Adults Lead (DSL/DDSL/DSAL) who will complete the section overleaf.</p>

Part 2 - To be completed by the Designated Safeguarding Lead / Deputy Designated Safeguarding Lead/Designated Safeguarding Adults Lead (DSL/DDSL/DSAL):

Received by (name of DSL/DDSL/DSAL):

Initial action taken by the DSL/DDSL/DSAL including contact parent/carer (if appropriate), conversations with Adult at Risk about what they want to happen, discussions with Adult Social Care/other professionals involved in the support and care of the Adult at Risk:

Consent:

Have you made a referral to Adult Social Care as a result of this concern? Yes/No

If 'Yes', was the Adult at Risk made aware of the referral beforehand? Yes/No

If 'Yes', did they give consent for the referral with 3rd parties? Yes/No

If 'No', please give the reason as to why the Adult at Risk was not made aware of the referral

Are there any doubts about the Adult at Risk's capacity to consent? Yes/No

Please provide your reasons or evidence for either Yes/No response:

Do you think the Adult at Risk requires support with the safeguarding concern? Yes/No

Please provide your reasons or evidence:

Details of any further action taken or relevant information (this may include actions taken to ensure immediate safety). Please include any further relevant information eg follow-up calls, feedback from other professionals, ensuring details are included):

**Signed by
DSL/DDSL/DSAL:**

Time:

Date:

Please ensure a record of this log is added to the safeguarding chronology the safeguarding file either hardcopy or online.

Body Map

Full name of Adult at Risk:	
Date of Birth:	
Date Body Map completed:	

Attach body map to log of concern about the Adult at Risk's welfare.

