



<b>Policy title:</b>	<b>Safeguarding Adults Policy</b>
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<b>Scope</b>	All staff, volunteers, stakeholders
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<b>Associated documentation:</b>	BWA Code of Conduct BWA Case Management Procedure BWA Supervision Procedure BWA Whistleblowing Policy BWA Confidentiality Policy BWA Disciplinary Procedure BWA Data Retention Policy
<b>Appendices:</b>	Appendix 1 What is Abuse Appendix 2 Making a referral
<b>Approved by:</b>	BWA Board of Trustees
<b>Date:</b>	January 2022

<b>Review and consultation process:</b>	Reviewed annually by CEO and verified by Board of Trustees
<b>Responsibility for Implementation &amp; Training:</b>	CEO



## **Principle**

Berkshire Women's Aid (BWA) is committed to safeguarding and promoting the welfare of vulnerable adults, children and young people, engaged in the breadth of its activities.

## **Purpose**

The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of BWA in relation to the protection of vulnerable adults from abuse.

## **Introduction**

For the purpose of this document 'adult' means a person aged 18 years or over. All adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.

### **The key objectives of this policy are:**

- To explain the responsibilities BWA and its staff, volunteers and trustees have in respect of vulnerable adult protection.
- To provide staff with an overview of vulnerable adult protection.
- To provide a clear procedure that will be implemented where vulnerable adult protection issues arise.

## **Context**

Adult safeguarding covers any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support. Adults with care and support needs are potentially less likely to be able to protect themselves from the risk of abuse or neglect. This can include such adults who have capacity to make their own decision. Statutory adult safeguarding duties apply equally to those adults with care and support needs, regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting.

The Care Act (2014) states the key principles underpin all adult safeguarding work are:

- Empowerment – Personalisation and the presumption of person-led decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Protection – Support and representation for those in greatest need
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability – Accountability and transparency in delivering safeguarding.



Professionals and others should look beyond single incidents to identify patterns of harm. In order to see these patterns it is important that information is recorded and appropriately shared. Early sharing of information is the key to providing effective help where there are emerging concerns. Fears of sharing information must not stand in the way of promoting and protecting the wellbeing of adults at risk of abuse and neglect.

## **Legal Framework**

This guidance reflects the principles contained within the Care Act 2014, the Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998.

### *The Care Act 2014*

The introduction of the Care Act (2014) embedded Safeguarding Adults as a statutory responsibility with specific requirements for Local Authorities but a clear focus on “safeguarding everyone’s business”: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

The Care Act 2014 (Section 42) outlines the local authority’s responsibility to make reasonable enquiries if they have reasonable cause to suspect that an adult in their area:

- (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.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (whether under this Part or otherwise) and, if so, what and by whom.

### *The Mental Capacity Act 2005*

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

The Mental Capacity Act is underpinned by five key principles:

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.



- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

BWA uphold the principles of the Mental Capacity Act in assuming all individuals have capacity and empower individuals to make informed choices. Due to the nature of the work we undertake, BWA staff must also recognise how complex trauma may affect an individual capacity within specific situations, such as in cases of domestic abuse.

The [Pan Berks Policy & Procedures](#) contains guidance in regard to Mental Capacity and decision making, noting:

*“If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety. Thus, an adult could be put under pressure, for example in domestic abuse situations, that they lack the mental capacity to make the decisions about their safety.”*

BWA team members cannot complete assessments in relation to mental capacity however, they must give due regard to the issue of situational capacity when considering whether an individual meets the criteria for an adult safeguarding referral. This will be explored in BWA's approach below.

#### *The Human Rights Act 1998*

The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

#### *The Public Interest Disclosure Act 1998*

The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

#### **BWA's approach:**

BWA are committed to upholding the principles of adult safeguarding and integrate these principles at each stage of our work:

1. BWA will undertake checks on all staff, volunteers, students and sessional workers



recruited to work within our service including: enhanced DBS checks every year, references will be taken up prior to employment, and staff will be subject to regular management supervision, training and support.

2. All team members involved in recruitment processes will undertake Safer Recruitment training and this will be refreshed every three years.
3. BWA staff, volunteers, trustees will be trained in adult safeguarding Level 1, refreshed every two years, with all those with line management responsibility receiving enhanced adult safeguarding training up to Level 2/3, also refreshed every two years. All team members will also receive internal training by the Designated Safeguarding Lead on how BWA respond to adult safeguarding concerns and the processes that must be followed.
4. BWA staff, volunteers, trustees and service users will maintain appropriate boundaries at all times and will not engage in any activity that could be construed as abusive.
5. BWA will operate confidential reporting systems: anyone who has concerns or suspicions that abuse is taking place will report any concerns in accordance with this policy. These disclosures will be accurately recorded and evidenced and followed up appropriately.
6. Where appropriate we will offer continued support and work with vulnerable adults and their families following the commencement of police or Adult Social Care action.
7. Action will be taken against staff, trustees, volunteers or service users who use their position or influence to abuse others.
8. Principles of good practice for staff are provided in our Code of Conduct. They have been developed to help protect children and adults from abuse and staff from false allegations being made against them by outlining good work practice.

### **The role of staff, volunteers and trustees**

All staff, volunteers and trustees working on behalf of BWA have a duty to promote the welfare and safety of vulnerable adults; this may include adults we are working with directly, or those linked to a service user whom we receive a disclosure about in the course of our work. Staff, volunteers and trustees may receive disclosures of abuse and/or observe vulnerable adults who are at risk, including those who may lack general or situational capacity. This policy will enable staff/volunteers to make informed and confident responses to specific adult protection issues.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. For a safeguarding response to be required under the Care Act 2014, the person has to meet three criteria: having care and support needs; experiencing (or being at risk of) abuse or neglect; and being unable to protect themselves because of those needs.

### **Responding to an allegation**

1. First tell your team's senior manager, who will provide you with initial advice and guidance about whether an allegation requires a formal safeguarding referral. The senior manager is able to seek further support from the Designated Safeguarding Lead or the Chief Executive.



2. Any suspicion, allegation or incident of abuse for any potential vulnerable adult must be reported to the team's senior manager, Designated Safeguarding Lead or on call manager on that working day.
3. The nominated member of staff shall report the matter to the appropriate local adult social care safeguarding team, either via telephone, safeguarding referral form or multiagency referral form (MARF).
4. A written record of the date and time of the report should be recorded on Oasis; the report must include the name and position of the person to whom the matter is reported. Any telephone report must be confirmed in writing to other relevant local authority adult social services department within 24 hours. Take care to record the actual words used by the service user when they report abuse. Where possible, service user consent should be sought prior to making a safeguarding referral unless you believe doing so would increase the risk to an individual. If a safeguarding referral needs to be made without the consent of the individual, complete the 'BWA Information Sharing without Consent form' (see BWA Confidentiality Policy) and upload to the service user's Oasis record as required.
5. Record the time and the date of the incident and the time and date on which you were notified on Oasis. Make accurate, factual records even if the service user has said that they do not want to take any further action. This record may be used in any further investigation.
6. Copies of any relevant correspondence should be sent to the appropriate manager, clearly marked Strictly Confidential and for the attention of only the person to whom it is addressed.

### **Responding appropriately to an allegation of abuse**

In the event of an incident or disclosure:

#### **DO**

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain area of confidentiality; immediately speak to your manager for support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support



## **DON'T**

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts, or try and assess capacity
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from BWA.

## **Confidentiality**

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services.

Clear boundaries of confidentiality will be communicated to all and all adults, at the point of entry into service, will be asked to consent to the BWA confidentiality and information sharing statement. Adults accessing the service will also sign a support agreement that lays out in more detail BWA's roles and responsibilities in relation to safeguarding adults and children and the boundaries of confidentiality.

All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept on Oasis for a specific time as identified in BWA Data Retention Policy. 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 they have a responsibility to refer the case of alleged abuse to the appropriate agencies.

Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.



Where possible, consent should 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 vulnerable adult is the priority.

Where a disclosure has been made, staff should let the adult know the position regarding their role and what action they will have to take as a result. Staff should 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 should be fully considered and their wishes and feelings taken into account.

## **The role of key individual agencies**

### **Adult Social Care**

Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. The Care Act (2014) requires that each local authority must:

- make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop prevent abuse or neglect, and if so, by whom;
- set up a Safeguarding Adults Board (SAB)
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them;
- cooperate with each of its relevant partners (as set out in section 6 of the Care Act) in order to protect adults experiencing or at risk of abuse or neglect. These duties apply in relation to any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care and support. Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team.

### **The Police**

The police play a vital role in safeguarding adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

### **Role of the Designated Safeguarding Lead**

The role of the Safeguarding Lead is to lead on operational safeguarding practice across the organisation and liaise with the CEO in relation to strategic and governance arrangements related to safeguarding. The Safeguarding Lead will receive specific safeguarding training, will be aware of





local statutory arrangements (particularly with regard to police and social care) and will ensure they remain up to date with legislation, regulations and good practice. The Safeguarding Lead is able to provide support and information to staff when a potential safeguarding concern has been identified and ensure the appropriate processes are followed; they provide this support in the absence of the staff member's senior manager, or advise the senior manager if further advice or guidance is required, liaising with the CEO as appropriate.

**The Safeguarding lead for BWA is Director of Operations who provides operational and strategic oversight for concerns and enquiries, with governance oversight from the CEO.**

### **Role of the senior managers**

All of the BWA Senior Management Team are trained to be able to provide support and guidance in relation to adult safeguarding concerns. The role of the senior manager is to support the member of staff, trustee or volunteer involved with the incident and to ensure the correct procedures are followed.

The senior manager could, if agreed with the staff member dealing with the incident, make contact with Adult Social Care in the first instance, however, the staff member would routinely take the lead supported by their senior manager or the Designated Safeguarding Lead.

The team senior manager should ensure that all staff within their team are familiar with BWA's vulnerable adult protection procedures and to ensure that all staff undertake training where appropriate.

### **Training**

Training will be provided, as appropriate, to ensure that staff are aware of these procedures through a dedicated training session with the Designated Safeguarding Lead during induction. All members of staff, volunteers and trustees will complete mandatory adult safeguarding training (Level 1) as part of their induction with BWA and within three months of their employment. This training is renewed once every two years.

Specialist training (Adult Safeguarding Level 2/3 and Safer Recruitment training) will be provided for the members of staff with vulnerable adult protection responsibilities, namely the BWA senior management team. This will also be refreshed every two years.

### **Complaints Procedure**

BWA has a complaints procedure available to all staff, volunteers, trustees and service users. This allows BWA to respond to any concerns regarding safeguarding issues, how they have been responded to, or any concerns regarding members of staff. BWA also have a whistleblowing policy available to all staff, volunteers and trustees.



## **Recruitment Procedure**

BWA operates procedures that take account of the need to safeguard and promote the welfare of vulnerable adults, including enhanced DBS checks (renewed on an annual basis) training and induction of new staff, volunteers and trustees where applicable. All staff undertaking recruitment activities receive safer recruitment training.



## APPENDIX 1

### What is abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when an adult, with care and support needs, is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

Anyone can carry out abuse or neglect, including, for example, partners, other family members, neighbours, friends, acquaintances, and local residents, organised gangs, paid staff or professionals, volunteers and strangers. The Care Act (2014) states abuse and neglect takes many forms including:

- Physical abuse – including hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;
- Sexual abuse – including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting; 194 Care and Support Statutory Guidance
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks;
- Exploitation – either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain;
- Financial or material abuse – including theft, fraud, exploitation, 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;
- Neglect and acts of omission – including ignoring medical 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;
- Discriminatory abuse – including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment; and
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting like a hospital or care home, for example. This may range from isolated incidents to continuing ill-treatment.
- Domestic abuse – including psychological, physical, sexual, financial, emotional and so called Honour Based violence and abuse.
- Modern Slavery – encompassing slavery, human trafficking, forced labour and domestic servitude and traffickers and slave masters using whatever means they have at their



disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

- Self Neglect – including a wide range of behaviours neglecting care of one’s personal hygiene, health or surroundings including hoarding.

### **What is mental capacity?**

Your mental capacity means your ability to understand information and make decisions about your life. It can also mean the ability to communicate decisions about your life. Capacity to make a decision can vary depending on the time that the decision needs to be made and the type of decision that someone needs to make. For example, someone might have capacity to make more straightforward decisions, such as what to eat, but they may not have capacity for more complicated decisions. For example, whether or not they should move into a care home.

### **What does 'lacking capacity' mean?**

If someone lacks capacity, this means that they’re unable to make decisions. This might be permanently, or in the short-term:

- Permanent lack of capacity. This is where your ability to make decisions is always affected. For example, this might be because you have a form of dementia, a learning disability or brain injury.
- Short-term lack of capacity. This means your ability to make decisions changes from day-to-day. For example, this might be because of some mental health problems, if you’re experiencing confusion as a side-effect of medication or if you’re unconscious.

### **What is situational capacity?**

The Mental Capacity Act 2005 has its own [test for mental capacity](#), which acts as a condition for the operation of that act. But an individual’s mental processes can be affected by factors not recognised by the 2005 act test.

In 2012, the Court of Appeal confirmed that legal mechanisms exist to protect those whose decision-making capacity is effected in ways not recognised by the 2005 act. The High Court was able to intervene, and make protective orders, in a case where a vulnerable adult’s “ability to make decisions for themselves has been compromised by matters other than those covered by the MCA 2005”.

Those other matters are that:

- the adult is under constraint; or
- the adult is subject to coercion or undue influence; or



- for some other reason, the adult is “deprived of the capacity to make the relevant decision or disabled from making a free choice, or incapacitated or disabled from giving or expressing a real and genuine consent”.

The conditions giving rise to the High Court’s powers under the inherent jurisdiction have been dubbed situational incapacity. For further details, the [Court of Appeal's decision](#) is recommended reading.

### **BWA’s response to situational capacity**

Fundamentally, the presumptions in the MCA restricts the ability to intervene in situations where the individual may have capacity generally, but lack situational capacity due to coercive control, or other forms of cumulative complex trauma.

BWA embed a trauma informed approach into all of our work. Team members are trained through a variety of internal and external routes to understand the impact of trauma on those we work with. This varies from how individuals may be physically or emotionally impacted by trauma, as well as how this affects their interaction with our service, other organisations and socially, including in the context of an abusive relationship. Trauma informed practice is not just limited to training but is embedded at every level of the organisation. Trauma informed perspectives guide our case management, supervision and day to day interactions with our clients and our colleagues.

Working from a trauma informed perspective allows us to empathise with the individual’s perspective, working in a non-judgemental and non-directive way to achieve their priorities. The team work on five principles of trauma informed practice: safety, choice, collaboration, trustworthiness and empowerment.

In instances where BWA team members believe that there are situational factors affecting an individual’s ability to safeguard themselves or may effective decisions, BWA will respond in line with the adult safeguarding principles laid out in this policy and complete an adult safeguarding referral to ensure capacity can be fully explored and the appropriate interventions put in place.

### **Further resources**

Action on Elder Abuse (AEA) is a charity working to protect, and prevent the abuse of, vulnerable older adults. <http://www.elderabuse.org.uk>

The Centre for Policy on Ageing was established in 1947 by the Nuffield Foundation with a remit to focus on the wide-ranging needs of older people. <http://www.cpa.org.uk/index.html>



## APPENDIX 2 - Making a referral

<b>Bracknell Forest Council</b>	01344 352000
Bracknell Children's Social Care	01344 351582
Social Services – Disabilities	01344 352052
Bracknell Community Mental Health Team	01344 351850
Bracknell Community Team Learning Disabilities	01344 352000
<b>Wokingham Borough Council</b>	0118 974 6000
Wokingham Social Services, Children and Families	0118 9445300
Wokingham Social Services, Adult and Disability	0118 9746800
Wokingham Community Mental Health Team	0118 989 0707
Wokingham Community Team Learning Disabilities	0118 974 6832
<b>West Berkshire Council</b>	01635 42400
West Berks Social Services, Children and Families	01635 46545
West Berks, Social Services West Berks Adult & Disability	01635 46545
West Berks, Community Mental Health Team	01635 40558
West Berks, Community Team Learning Disabilities	01635 520120
<b>Reading Borough Council</b>	0118 937 3747
Reading, Social Services Children and Families	0118 937 3641
Reading Social Services Adult and Disability	0118 9390581
Reading Community Mental Health Team	0118 9605612
Reading Community Team Learning Disabilities	0118 9553742

<b>Emergency Numbers</b>	
Emergency Duty Team	01344 786543 Fax 01344 786535
Thames Valley Police 24 hr switchboard	101 999 in emergency
Adult Protection Coordinator - Reading	0118 9390478
Safeguarding Adults Coordinator – West Berkshire	01635 519056
Safeguarding Adults Coordinator – Wokingham	0118 9476903
Safeguarding Adults Coordinator – Bracknell	01344 351500