

		<h1>Safeguarding Adults at Risk Policy</h1>
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## Introduction

The purpose of this policy and procedure is to:

- help protect the adults at risk that CLEAR comes into contact with
- ensure that all employed and sessional staff are aware of issues that can cause adults harm
- ensure that all employed and sessional staff know how to respond to concerns relating to the possibility of a vulnerable adult suffering harm.

## SECTION 1: ADULTS AT RISK SAFEGUARDING POLICY STATEMENT

### 1.0 Scope

This Adult at Risk Safeguarding Policy is intended to cover all functions and services of CLEAR where there is the potential for direct or indirect contact with adults at risk. Adults may be abused regardless of their age, gender, religious belief, racial origin, culture or disability. They are usually (but not always) abused by people they know and trust. Safeguarding at CLEAR follows the ‘Making Safeguarding Personal’ approach, ensuring adults are involved in decisions, their views and desired outcomes are central and interventions are proportionate and empowering. It is also underpinned by the six principles of adult safeguarding set out in the Care Act 2014 – empowerment, prevention, proportionality, protection, partnership and accountability.

### 1.1 Who is an adult at risk or vulnerable adult?

Prior to the introduction of the Care Act in 2014, the No Secrets statutory Guidance which covered adult safeguarding, used a broad definition of a ‘vulnerable adult’ as a person: “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

The Care Act 2014 has superseded this, and s42 now identifies ‘an adult at risk.’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.

All staff should be using this definition when raising a concern about abuse/neglect of an adult. (The Care Act, 2014) and this policy uses the updated term throughout.

## 1.2 Staff roles and responsibilities

CLEAR staff (employed and sessional) and volunteers have a duty to adhere to the Adults at Risk Safeguarding Policy and Procedures and to notify their Safeguarding Officer on any matters regarding safeguarding adults at risk. Staff and volunteers are also responsible for ensuring that they undertake the relevant training identified for their post.

## 1.3 Training and Support

CLEAR will provide suitable training in adult safeguarding to staff working or coming into contact with adults at risk. CLEAR delivers a FAA Level 3 Qualification in Safeguarding Children, Young People or Adults at Risk that all staff and volunteers are encouraged to access. Working with clients is not permitted until relevant and up to date training has been undertaken.

CLEAR personnel will be supported by a team of Safeguarding Officers. A named Safeguarding Officer will be available each operational day from 9am to 5:30pm. In the event that the Safeguarding Officer cannot be reached, and an issue requires immediate attention, the office number (01872 261147) should be called or the relevant Clinical Lead, or, outside of hours, the Council's On-Call Safeguarding number (01208 251300) If a person is at immediate risk of harm, call 999

CLEAR will co-operate with the **Local Safeguarding Adults Board** to improve the safeguarding of adults across Cornwall, including engaging in system-wide enquiries and reviews where relevant and incorporating local best practice into our own policies and procedures around Safeguarding where appropriate.

CLEAR operates a 'Safer Recruitment' approach which means any staff or volunteers undertaking work on our behalf will have had right-to-work and reference checks as well as a DBS check appropriate to the role undertaken BEFORE they can take up that role.

## SECTION 2: WHAT IS ABUSE OF ADULTS AT RISK?

### 2.0 What constitutes abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons. Many incidents of abuse are criminal acts.

Adult abuse is defined as a single or repeated act or lack of appropriate actions, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an adult at risk.

Safeguarding adults is defined by the Care Act (2014) as:

**'... protecting an adult's rights to live in safety, free from abuse and neglect'<sup>[1]</sup>.**

The lack of appropriate action can also be a form of abuse.

Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person or persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff, family members or others. It can also occur outside such a relationship.

Abuse can be either deliberate or the result of ignorance, or caused by a lack of training, knowledge or understanding. Unintentional abuse or neglect arises, for example, because pressures have built up and/or because of difficult or challenging behaviour which is not being properly addressed.

There are ten types of abuse listed in the Care Act (2014)

### **Physical abuse**

Hitting, slapping, pushing, burning, shaking, poisoning, drowning, restraint

*Possible signs* - fractures, bruising, burns, pain, marks, not wanting to be touched.

### **Sexual abuse**

Forcing or enticing an adult at risk to take part in sexual activities, not necessarily involving a high level of violence, whether or not the individual is aware of what is happening. This includes physical contact and non-contact activities.

*Possible signs* – fear of medical examinations, changes in mood or sudden withdrawal from activities, loss of appetite, compulsive eating, fear of being alone.

### **Domestic Abuse**

Physical, sexual, psychological or emotional abuse between people aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality.

Exposure to domestic abuse can include seeing or hearing the ill-treatment of others.

*Possible signs* – as for physical, sexual, psychological abuse. Absence from work, fear of being late, not joining in social activities.

### **Psychological abuse**

The persistent emotional maltreatment of an adult at risk, such as to cause severe and persistent effects on mental health and self-esteem.

*Possible signs* - being withdrawn, too eager to do everything they are asked, showing compulsive behaviour, not being able to do things they used to, not being able to concentrate or focus.

### **Financial or material abuse**

This may involve theft, fraud, exploitation, pressure in connection with wills, property or inheritance, financial transactions or the misuse or misappropriation of property, possessions or benefits.

*Possible signs* - having unusual difficulty with finances, not having enough money, being too protective of money and things they own, not paying bills, not having normal home comforts.

### **Modern Slavery**

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment  
*Possible signs* – unwillingness to provide basic details about self, lack of awareness of local environment, poor dishevelled appearance.

### **Discriminatory Abuse**

This may involve types of harassment or insults because of a person's race, gender, gender identity, age, disability, sexual orientation or religion.  
*Possible signs* – sub-standard service offered to an individual, lack of respect to an individual, repeated exclusion from rights afforded to citizens (e.g. health, education, employment, civic status, criminal justice)

### **Organisational or Institutional Abuse**

This may include neglect and poor care in an institution or care setting, or if an organisation provides care in someone's home.  
*Possible signs* – repeated failures by an organisation despite warnings and agreement to improve, routine acceptance of poor practice.

### **Neglect and Acts of Omission**

This may include ignoring medical or physical needs, failure to provide access to appropriate health, social care or education services, withholding of medication, nutrition and heating.  
*Possible signs* – failure to thrive, constant hunger/tiredness, malnutrition, poor hygiene, low self-esteem.

### **Self-Neglect**

This covers a wide range of behaviour or care for one's personal hygiene, health and surroundings. This includes where a mentally competent older person makes a conscious, voluntary decision to engage in acts that threaten their health or safety  
*Possible signs* – very poor personal hygiene, malnutrition, dehydration, hoarding, non-compliance with health or care services, unwillingness to treat injury.

## **2.1 Where might abuse occur?**

Abuse can happen anywhere and be perpetrated by anyone who has contact with the adult at risk. It could be a partner, spouse, child, relative, friend, informal carer, a healthcare, social care or other worker, a peer or, less commonly, a stranger.

- In the person's own home.
- At a carer's home.
- Within day care, residential care, nursing care or other institutional settings.
- At work or in educational settings.
- In rented accommodation or commercial premises.
- In public places.

## 2.2 Risk factors for abuse

- Lack of mental capacity.
- Increasing age.
- Being physically dependent on others.
- Low self-esteem.
- Previous history of abuse.
- Negative experiences of disclosing abuse.
- Social isolation.
- Lack of access to health and social services or high-quality information.

## 2.3 Adult Safeguarding and The Mental Capacity Act (2005)

The consideration of mental capacity is crucial at all stages of safeguarding adults procedures as it provides a framework for decision making to balance independence and protection. For example, this could mean determining the ability of an adult at risk to make lifestyle choices, such as choosing to remain in a situation where they risk abuse; determining whether a particular act or transaction is abusive, or consensual; or determining how much an adult at risk can be involved in making decisions in a given situation.

Legislation underpinning practice in this area is guided by the application of the Mental Capacity Act 2005, which provides a statutory framework to empower and protect adults at risk who may not be able to make their own decisions.

An increasingly key area in adult safeguarding involves working with those adults who do have mental capacity to make relevant decisions. It is important to ensure that they are not excluded from adult safeguarding. Capacity should not be viewed as a barrier to safeguarding. However, caution must be exercised not to contravene an individual's wishes, feelings and rights.

In law, a person is said to lack capacity if they cannot do one or more of the following things:

- Understand the information given to them
- Retain that information long enough to be able to make a decision
- Weigh up the information available to make a decision
- Communicate their decision.

## SECTION 3: CONCERNS AND DISCLOSURES

### 3.0 How to deal with a concern

When there are concerns or where a disclosure or allegation is made people often feel anxious about passing on the information to anyone else. Concerned individuals may ask themselves, 'What if I'm wrong?' and this may hold them back from taking action. It is important for CLEAR staff and volunteers to know that they are neither responsible for deciding whether abuse has occurred or not; nor for conducting any investigations (this is the role of the appropriate authorities).

However, they do need to pass on any concerns they have through the Adult Safeguarding reporting procedures. **It is crucial that staff members do not attempt to deal with the situation alone.**

### **3.1 How can you be alerted to signs of abuse or neglect?**

There are a variety of ways that you could be alerted that an adult at risk is suffering harm:

- An adult at risk may tell you.
  - Someone else may tell you of their concerns or something that causes you concern.
  - An adult may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation.
  - A person's demeanour/behaviour may lead you to suspect abuse or neglect.
  - The behaviour of a person close to the adult at risk makes you feel uncomfortable (this may include another staff member, peer or family member).
  - Through general good neighbourliness and social guardianship.
- Being alert to potential abuse plays a major role in ensuring that adults at risk are safeguarded, and it is important that all concerns about possible abuse are reported.

### **3.2 What if an adult at risk discloses abuse?**

In cases where an adult discloses abuse to a staff member they should react appropriately, according to the following guidelines:

#### **Do**

- Remain calm.
- Listen and hear.
- Express concern and sympathy about what has happened.
- Reassure the person – tell the person that s/he did the right thing in telling you.
- Let the person know that the information will be taken seriously and give information about what will happen next.
- Ensure the safety of the person
- If urgent medical/police help is required, call the emergency services.
- Record in writing using the Adults At Risk Safeguarding Report form, date and sign your report, and give it to your Safeguarding Officer at the earliest possible time.
- Act without delay.

#### **Do not**

- Stop someone disclosing to you.
- Promise to keep secrets.
- Press the person for more details or make them repeat the story.
- Gossip about the disclosure or pass on the information to anyone who does not have a legitimate need to know.
- Contact the alleged abuser.
- Attempt to investigate yourself.
- Leave details of your concerns on a voicemail or by email.
- Delay.

### **3.3 Checking out**

There may need to be some initial 'checking out' with the adult who has disclosed information to you in order to ensure his/her safety, for example, if a staff member notices a bruise on a adult at risk's arm, it would be appropriate to ask, 'I see you have a bruise on your arm. How did that happen?' However, be careful not to start investigating.

It is important that staff understand the clear distinction between 'checking out' and investigating. Staff should not begin to investigate alleged or suspected abuse by asking questions that relate to the detail, or circumstances of the alleged abuse, beyond initial listening, expressing concern and checking out.

## **SECTION 4: PROCEDURES FOR REPORTING AND RECORDING SAFEGUARDING**

### **4.0 Reporting and recording safeguarding**

#### **Safeguarding response procedure/action**

- If there is a safeguarding concern then the sessional/employed worker needs to call the safeguarding officer (as per safeguarding rota), the clinical lead for adult service can also be contacted if needed.
- A safeguarding flag on the database needs to be raised under the client's name.
- Any immediate action regarding safeguarding must take priority.
- All concerns, disclosures, allegations and suspicions should be recorded on the CLEAR Safeguarding Notification Form (Appendix 2) and uploaded in pdf form onto the CLEAR secure client database.
- We operate an approach of 'if in doubt, report it' or at least talk it through with a safeguarding officer.
- There may be emergency situations where it is appropriate to contact social services, Crisis Mental Health Team and seek medical attention immediately.
- Whatever the circumstances of the concern, disclosure, allegation or suspicion, it is vital that the sessional/employed or volunteer records the details and reports to the Safeguarding officer without delay.
- Not every safeguarding reported to external safeguarding results in a full investigation. Individual reports are accumulated to build a picture about a particular situation. It may be that a report by a CLEAR employee/volunteer may provide the necessary or decisive final piece of information.
- Sessional/employed/volunteer therapist to seek additional support or supervision and to discuss with the clinical lead for adult service if needed.

#### **4.2 Response to an adult at risk making an allegation of abuse.**

The following points are a guide to help you respond appropriately:

- Listen carefully to what the person is telling you.
- Find an appropriate early opportunity to explain that it is very likely that what they are telling you will need to be shared with others.
- Ask questions for clarification only - never ask leading questions that suggest a particular answer.
- Reassure the person that they have done the right thing in telling you.
- Tell them what you will do next and with whom the information they have given you will be shared.

- Complete a Safeguarding Notification Form ([Appendix 2](#)) as soon as possible, giving all the details that you are aware of and what was said using the adult at risk's own words.

Forward the report to the Safeguarding Officer and clinical lead as soon as possible, through the CLEAR database. This will alert the safeguarding team that a notification has been received. If for any reason access to the database is not possible, send the notification through the CLEAR secure email system with a 'read receipt' option.

After discussion with the Safeguarding Officer further actions will be agreed upon and recorded on the CLEAR database. A new risk assessment should also be completed (or the current risk assessment amended).

The CLEAR safeguarding team will review notifications, practice and resolution across all safeguarding concerns on a periodic basis, feeding lessons learned, trends and any generic concerns into our safeguarding updates and across our networks including the Local Safeguarding Adults Board.

### **First Disclosures**

'If a person discloses events for the first time to a therapist, the therapist would potentially be a 'First Disclosure Witness' and could be asked to make a witness statement if the victim chooses to report an offence to the police (and could ultimately be required to give evidence in court). It is important to be aware that the notes recorded by the therapist in this scenario have the potential to be a valuable source of evidence for the prosecution case.' **CPS Pre-Trial Therapy Accompanying Note for Therapists 2022'**

If we are the first professional person that the client has disclosed to, then we need to record and write it down what is said in a factual way, verbatim (in exactly the same words as were used originally by the client). This should be recorded on the First Disclosure Form ([Appendix 3](#)) **This disclosure needs to be recorded whether or not the client wants to report an incident to the police.**

### **4.3 Accusations Against CLEAR Staff or Volunteers**

In the event an accusation is made against a member of staff (employed or sessional) or a volunteer, this must be reported immediately to the Chief Executive (or Deputy if Chief Executive not available) and the relevant clinical lead.

The person accused must immediately be removed from working with the individual concerned and a report made to the Local Authority's PiPoT or Safeguarding Team within 24 hours.

It is important to support both the person making the allegation AND the person against whom allegations have been made and consideration should be given to whether the individual can continue their work with other clients or should be temporarily suspended from active duties pending the results of any investigation. This will depend on the nature of the accusations and needs to be sensitively handled. This may need to involve the Clinical Lead, Chief Executive, Chair of Trustees and the Local Authority Safeguarding Team working together.

An accusation is just that and does not mean, at this stage, that the person is guilty. The investigation is likely to be led or guided by the PiPoT or Safeguarding Team but CLEAR will need to appoint a senior manager to act as the co-ordinating point of contact and to conduct any internal investigation or enquiry under LA direction.

A person under investigation should be kept informed of progress, as should the person making the accusation.

If the investigation results in a finding that the accused has acted inappropriately, the LA Safeguarding Team will advise on appropriate next steps and sanctions.

If the investigation results in a finding that the accused has not done anything wrong, they should be fully reinstated at the earliest possible opportunity.

Further guidance on handling accusations against CLEAR staff, sessional staff and volunteers can be found on the Safeguarding Adults page of Cornwall Council's website.

## **APPENDIX 1: DESIGNATED SAFEGUARDING OFFICERS**

**CLEAR Adult Safeguarding Lead: Jenny Trevethan**

**Safeguarding Officers** – Please refer to monthly safeguarding rota for daily cover

**Jenny Trevethan**

[j.trevethan@clearsupport.net](mailto:j.trevethan@clearsupport.net)

07483 956519

**Rachel Jones**

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**Nicola Henderson**

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07483 956515

**Jade Houghton**

[j.houghton@clearsupport.net](mailto:j.houghton@clearsupport.net)

07715 672238

**Jo Philp**

[J.philp@clearsupport.net](mailto:J.philp@clearsupport.net)

07483 427551

**Safeguarding Trustee**

**Sue Brown**

[suecbrown@hotmail.co.uk](mailto:suecbrown@hotmail.co.uk)

01872 260442

**APPENDIX 2: CLEAR SAFEGUARDING NOTIFICATION FORM**

<b>Counsellor:</b>		<b>Date:</b>	
<b>Client Code:</b>			
<b>Referrer/Referral Pathway:</b>			

<b>Name of Safeguarding Officer informed:</b>	
<b>Details of Safeguarding Concern</b>	
<b>Recommendation(s) from Safeguarding Officer</b>	
<b>Actions Taken</b>	
<b>Any Outstanding Actions</b>	

*Please email completed form to Safeguarding Lead (Child or Adult Clinical Lead) and upload to the CLEAR database.*

### Appendix 3: CLEAR Client First Disclosure Form

<b>Date:</b>		<b>Time:</b>	
<b>Client Code:</b>			
<b>Counsellor:</b>			
<b>All the names of people present at time of disclosure</b>			
<b>Details of Disclosure (Only include facts and direct quotes from client if possible)</b>			
<b>Is there any current risk? (To report to safeguarding officer and follow up if yes)</b>			
<b>Any Actions Taken as a result of this disclosure</b>			
<b>Any Outstanding Actions</b>			
Tick box to the right to confirm you are the first person this client has disclosed to			
Tick box to the right to confirm that the client has a copy of the note keeping fact sheet and is fully aware that this disclosure form may be shared in relation to a corresponding court case in the future if requested			

Please email completed form to Safeguarding Lead (Child or Adult Clinical Lead) and upload to the CLEAR database.