



Safeguarding Adults

Policy And Procedure

V12 2025

Policy

1. Safeguarding Adults Policy Statement

- 1.1 The statutory framework for adult safeguarding in England is set out in the Care Act 2014 (hereafter referred to as the act) and related statutory guidance and regulations. This policy is informed by the act and the [London Multi Agency policy](#).
- 1.2 Merton CIL believes everyone has the right to be safe and is committed to preventing abuse and neglect. We will work with safeguarding partners, in line with multi-agency policy and procedure, to support The Care Act (the act) principle of working in partnership. Merton CIL is committed to safeguarding adults in line with the six core principles outlined in the act:
 - 1.2.1 Empowerment – Personalisation and the presumption of person-led decisions and informed consent enabling the person to maintain choice and control.
 - 1.2.2 Prevention – It is better to act wherever possible before harm occurs.
 - 1.2.3 Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
 - 1.2.4 Protection – Support and representation for those in greatest need.
 - 1.2.5 Partnership – Seeking to work closely wherever possible with Merton's Safeguarding Adults Team, the police and other statutory & local agencies.
 - 1.2.6 Accountability – Accountability and transparency in delivering safeguarding.
- 1.3 This policy and its guidelines must be used by all staff, trustees, volunteers, and regular visitors at Merton CIL.
- 1.4 The aim of these guidelines is to make sure that:
 - 1.4.1 Staff, trustees, volunteers, and visitors know how to recognise if someone might be harmed or abused.

- 1.4.2 Staff, trustees, volunteers and visitors know how to report and record safeguarding concerns.
- 1.4.3 Staff, trustees, volunteers, and visitors know what to do if they have concerns, and they take action quickly.
- 1.4.4 Staff, trustees, and volunteers are recruited carefully and have the right training and support.
- 1.5 Everyone at Merton CIL is responsible for preventing harm or abuse occurring and empowering the person at risk to act when concerns arise.
- 1.6 Merton CIL has one member of staff who will be allocated the responsibility of being Safeguarding Lead. This member of staff will have a higher level of training and experience around safeguarding. Anyone can talk to the Safeguarding Lead if they are not sure how to keep people safe or have a concern.
- 1.7 Merton CIL's Safeguarding Lead is:

Safeguarding Lead – Pippa Maslin, Policy and Campaigns Manager

07884 232391 - pippa@mertoncil.org.uk

Working hours: Tuesday – Friday, 09:30am to 5:30pm

- 1.8 Deputy Safeguarding Lead, Stuart Butler, Advice Quality Manager, stuart@mertoncil.org.uk, 07827 816970, working hours: Tuesday to Thursday 10am to 4pm.
- 1.9 Merton CIL works closely with other local organisations to stop people being abused and harmed. The Safeguarding Lead will decide when we need to ask for help or advice to keep someone safe. The Safeguarding Lead will also decide if we need to tell anyone else that someone has been harmed.
- 1.10 This policy will be reviewed annually and when the law changes.

2. The Legislation

- 2.1 There are two main pieces of legislation that support the protection of adults at risk from harm or abuse: The Care Act 2014 (the act) and London Multi Agency Adult Safeguarding Policy and Procedures.
- 2.2 Merton CIL is fully committed to working within the guidelines set out in these documents. This policy is informed by the Act, by Making Safeguarding Personal and by the [London Multi-Agency Adult Safeguarding Policy and Procedures](#).

3. Definitions

3.1 **Adult with care and support needs** - The term 'adult with care and support needs' has been used to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the adult abuse. The adult experiencing or at risk of abuse or neglect will hereafter be referred to as 'the adult'.

3.1.1 Different legislation applies in England to children and young people up to 18 years old. There are key differences in the rights for adults and those for children and young people.

3.1.2 Safeguarding duties apply to adults who:

- Has needs for care and support, whether the local authority is meeting any of those needs.
- Is experiencing, or is at risk of, abuse or neglect.
- Are unable to protect themselves because of those care and support needs

3.1.3 An adult who may need safeguarding could include someone who:

- is elderly and frail due to ill health, physical disability or cognitive impairment.
- has a learning disability.
- has a physical disability and/or a sensory impairment.
- has mental health needs including dementia or personality disorder.
- has a long-term illness/condition.
- misuses substances or alcohol.
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse.
- is unable to demonstrate the mental capacity to decide and needs care and support.
- (This list is not exhaustive.)

3.2 **Mental Capacity** - There is a presumption that adults have mental capacity to make informed decisions about their lives.

3.2.1 Mental capacity is time and decision specific. An adult may be able to make some decisions but not others and their ability to make a specific decision might fluctuate over time.

- 3.2.2 The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack mental capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters.
- 3.2.3 All decisions taken in the Safeguarding Adults process must comply with the Act. The Act says that "...a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain".
- 3.2.4 This means a person is not able to decide at the relevant time if they are unable to take one or more of the following steps:
- understand the information relevant to the decision or
 - retain that information long enough for them to make the decision or
 - use or weigh that information as part of the process of making the decision or
 - communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand) and this inability is directly linked to an impairment or disturbance in the functioning of their mind or brain.
- 3.2.5 Despite having mental capacity to make a decision, an adult may also be unable to make a decision because they are under duress, coercion or undue influence.

4. What is safeguarding?

- 4.1 "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 must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances." (Care Act Statutory Guidance 14.7)
- 4.2 The aims of Adult Safeguarding are to:

- 4.2.1 Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- 4.2.2 Stop abuse or neglect wherever possible.
- 4.2.3 Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- 4.2.4 Promote an approach that concentrates on improving life for the adults concerned.
- 4.2.5 Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- 4.2.6 Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- 4.2.7 Address what has caused the abuse or neglect (Care Act Statutory Guidance 14.11).
- 4.3 Making Safeguarding Personal
 - 4.3.1 Making Safeguarding Personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety (see Care Act Statutory Guidance 14.15).

5. Abuse

- 5.1 Abuse is about the misuse of power and control that one person has over another.
- 5.2 Intent is not relevant at the point of deciding whether an act or a failure to act is abuse. It is the impact of the act on the person and the harm or risk of harm to that individual.
- 5.3 "Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered" (see Care Act Statutory Guidance 14.17).
- 5.4 Abuse may be:
 - 5.4.1 A single act or repeated acts.
 - 5.4.2 An act of neglect or a failure to act.
 - 5.4.3 Multiple acts, for example, an adult at risk may be neglected and being financially abused.

- 5.5 Abuse can take place in settings such as the adult's own home, day or residential centres, supported housing, educational establishments, or in nursing homes, clinics or hospitals.
- 5.6 Several abusive acts are crimes and informing the police must be a key consideration.
- 5.7 You can see Merton's types of abuse [here](#) and SCIE's types of abuse guidance [here](#).
- 5.8 There are ten categories listed in the act:
 - Physical abuse (including restraint).
 - Domestic Violence / Domestic Abuse (including honour-based violence, Female Genital Mutilation, Forced Marriage).
 - Sexual abuse or exploitation.
 - Psychological/Emotional abuse.
 - Financial or material abuse.
 - Modern Slavery (including human trafficking).
 - Discriminatory abuse including disability hate crime.
 - Organisational abuse, neglect and poor practice.
 - Neglect and acts of omission.
 - Self-neglect (including hoarding).
- 5.9 In addition, the following types of abuse may be identified: Cuckooing, 'Mate Crime' and Radicalisation.
- 5.10 People who abuse are often well known to their victims but can more rarely be a stranger. They may also be a:
 - a partner, son or daughter, friend or neighbour, a paid or voluntary worker, or a health or social care worker.
 - another adult at risk or service user.
 - may not realise they are abusing and may have acted out of character because of the stress of caring.

6. Merton CIL's commitments as the employer

- 6.1 We recognise that in some instances Merton CIL staff could be the abuser or be accused of abuse. Merton CIL will take such situations very seriously. To reduce the risk of this we will operate safe recruitment practices and provide training and support to trustees, staff, and volunteers. Actions will include the following:
 - 6.1.1 Job adverts and recruitment packs will adequately describe and reflect the challenging nature of the work to ensure candidates are fully aware of the responsibilities of the role.

- 6.1.2 Questions may be asked during the interview process to assess a person's understanding of their role in safeguarding.
- 6.1.3 Suitable written references will be obtained from people who can comment on the candidates' suitability to work with adults with care and support needs.
- 6.1.4 Full DBS disclosures including barred list/s check will be obtained prior to a person commencing employment or "prior to a person working alone with service users".
- 6.1.5 Volunteers will have DBS checks and those working in a 1-2-1 capacity with adults at risk must also have a barred list/s check.
- 6.1.6 As part of the induction, staff & volunteers will be asked to read and sign that they have read the Safeguarding Policy and Procedure. Managers will check their understanding of this by asking questions.
- 6.1.7 The Safeguarding Lead will provide advice and guidance on the implementation of the Safeguarding Policy and Procedure during the induction process.
- 6.1.8 Organisational training on Safeguarding Adults will be provided annually by the Safeguarding lead and bi-annually by a suitable external agency.
- 6.1.9 Safeguarding will be a standing agenda item within casework supervisions and raised as part of the CEO report at board meetings. This will be done to encourage an open discussion where safeguarding is part of all the work we do.
- 6.1.10 We will ensure that any staff or volunteer who may have caused harm is not in contact with service users and others who may be at risk.
- 6.1.11 Staff who abuse will be dealt with through the disciplinary procedure. Referrals to appropriate bodies will be undertaken as necessary, e.g. to Disclosure and Barring Service.
- 6.1.12 Where a criminal offence has been committed the police will always be informed.
- 6.1.13 Merton CIL will also monitor whether concerns are being reported and actioned.
- 6.1.14 Merton CIL's board of trustees will assign a board champion for safeguarding to ensure board are informed and knowledgeable.

6.1.15 We will ensure that all policies associated with safeguarding are up to date and relevant.

6.1.16 We will review and update the reporting procedure in line with the local authority's rules.

6.1.17 The Safeguarding Lead will aim to attend Merton Safeguarding Adults meetings and associated meetings.

7. Implementation

- 7.1 Staff and volunteers have a responsibility to, and must, report in a timely way to the Safeguarding Lead, any concerns, or suspicions that an adult is being or is at risk of being abused.
- 7.2 All decision-making starts with the assumption that adults can make decisions about their own lives. It follows that adults must be given information, advice, and support in a form that they can understand and have their views included in all forums that are making decisions about their lives. Where someone has a substantial difficulty in expressing their views and there is no appropriate person to aid them in doing this, they must be offered an independent or Care Act Advocate to ensure their views are heard in any section 42 safeguarding investigation.
- 7.3 The role and responsibility of the Safeguarding Lead is to decide whether to raise a safeguarding alert or to decide on further action.

8. Confidentiality

- 8.1 Merton CIL will keep all service user information confidential. When people first start using our services, they will be made aware, and supported to understand, that this may not be possible if there are concerns of abuse or risk. Merton CIL will support trustees, staff and volunteers to be aware of this too.
- 8.2 All service users have the right to expect that all Merton CIL staff will deal sensitively and sympathetically with their situation. It is important that information remains confidential and that only those with a 'need to know' should be privy to it.
- 8.3 See our Confidentiality and Data Protection Policy for more information.
- 8.4 The Safeguarding Lead will review and authorise the sharing of information when there are concerns of abuse and risk.
- 8.5 Written records of Safeguarding alerts and concerns will be kept confidential on our secure database.

9. Conflict Resolution and Complaints

- 9.1 If a person wishes to complain to Merton CIL because of the actions, we took in respect of a Safeguarding Alert they may do so by following our complaints policy and procedure.

Date approved by Governing Body: Sept 2011 & 26 July 2016	
Date this policy came into effect: September 2011	
Last Review Date	4 th January 2025
Next Review Date	January 2026
Name or position of person responsible for this policy	Policy and Campaigns Manager (Safeguarding Lead)
Amendments: See past version of policies for amendments (2014 – 21) Jan 2022 - Reviewed by SCIE Safeguarding trainer 31 Aug 2022 - Reviewed by Advice Service Manager - Document amended according to SCIE advice: terminology harmonised, references to Statutory Guidance added, one substantive change to procedure – that all staff and volunteers must sign that they have read the Policy & Procedure. 19 Jan 24 - Reviewed by Advice Quality Manager - changes to wording, but not meaning, in the Policy section. Changes to Safeguarding Lead and Deputies, Merton Safeguarding contact details and following up on an alert in the Procedure section. External review of policy will now take place every three years rather than annually. The requirement to discuss safeguarding at every Team Meeting has been removed. Review carried out with reference to SCIE online materials. 04 Jan 25 – Reviewed by CEO – changes to wording but not meaning, reformatted, moved commitments as employer to policy, added detail re implementation, confidentiality and complaints to policy. Added that Safeguarding is mentioned at each board meeting as part of CEO report and that we now have an allocated board lead around safeguarding. Details of safeguarding lead and responsibilities moved into policy from procedure.	

Procedures

1. Raising a safeguarding alert - initial action

- 1.1 If the adult is at immediate risk of harm or in need of urgent medical treatment, call the emergency services on 999.
- 1.2 If there is no immediate risk review the safeguarding flow chart and use it to assess the situation and then contact the Safeguarding Lead.
- 1.3 In the absence of the Safeguarding Lead, or if the Safeguarding Lead (Policy and Campaigns Manager) is implicated in the abuse, contact the Safeguarding Deputy Lead (Advice Quality Manager).
- 1.4 In the absence of both the Safeguarding Lead and Deputy Lead, contact the CEO or DCEO.
- 1.5 If none of the above are available, contact Merton Safeguarding on safeguarding.adults@merton.gov.uk or on one of the following numbers to discuss the situation.

First Response Team

Phone: 020 8545 4388 (9am to 1.30 pm, excluding bank holidays)

Crisis Line

Phone: 07903 235 382 (1.30pm to 5pm Monday to Friday)

Emergency Duty Team (Out of Hours – after 5pm and bank holidays)

Phone: 020 8770 5000 or 0345 6189762

- 1.6 Where you do not have consent to raise a safeguarding alert, you should initially present the case anonymously and then follow the advice of the Merton Safeguarding adviser.
- 1.7 You should contact the first manager to become available and pass on the details of what has happened.

2. Advice on responding to an adult with care and support needs who is making a disclosure

- 2.1 Begin by thanking the adult for speaking with you and assure them that they have done the right thing in telling you. Assure them that you are taking them seriously.
- 2.2 Listen carefully to what they are telling you, stay calm, get as clear a picture as you can and only ask questions to establish initial picture for purposes of referral.
- 2.3 Ask what the adult would like to happen.

- 2.4 If the adult becomes distressed, avoid hugging and making promises that you may not be able to keep such as "I'll make sure this never happens again."
- 2.5 Explain that you cannot promise absolute confidentiality and that their concerns may be shared with others who could have a part to play in protecting them.
- 2.6 Reassure them that local authority guidelines are that they will be involved in decisions about what will happen, and that they will try to take steps to protect them from further abuse or neglect.
- 2.7 If they have specific communication needs, provide support and information in a way that is most appropriate to them.
- 2.8 Do not be judgmental or jump to conclusions. Be prepared to believe this could be true even where a person has made false allegations in the past.
- 2.9 Be careful not to destroy or contaminate evidence.

3. Recording information on Charitylog under the Safeguarding project

- 3.1 Staff must make a clear factual record of the safeguarding concern and the action taken at the earliest opportunity. They must make an accurate record at the time, including:
 - 3.1.1 Date and time of incident (both of the disclosure and the incident being discussed).
 - 3.1.2 Exactly what the adult said, using his or her own words.
 - 3.1.3 The appearance and behaviour of the adult.
 - 3.1.4 Any injuries observed.
 - 3.1.5 The names of any other people or organisations supporting the adult and who may be aware of the alleged abuse.
 - 3.1.6 If Merton CIL staff witnessed the incident, they should write down exactly what they saw.
 - 3.1.7 The record should be factual. However, if the record does contain the Merton CIL staff member's opinion, this should be clearly stated as such and be backed up by factual evidence. Information from third parties should be clearly attributed to them.
 - 3.1.8 If Merton CIL staff make rough notes at the time and later type these up, they should keep the original notes as these may be required as an exhibit in any subsequent court case.

3.1.9 It is not the role of Merton CIL workers to investigate disclosures any further.

4. Next Steps – making an alert

- 4.1 Using the ADASS screening tool (Appendix 2) the Safeguarding Lead or Deputy will decide whether a safeguarding alert is required, considering the unique circumstances of the adult.
- 4.2 If the Safeguarding Lead decides that a safeguarding alert is required, they will ask the worker to complete a Safeguarding Adults Enquiry Referral form (Appendix 3). The worker will email or otherwise provide the Safeguarding Lead or Deputy with a draft of the Referral form for approval. Once approved, the worker will then raise the safeguarding alert as follows:
 - 4.2.1 Send the completed Safeguarding Adults Enquiry Referral form to the Merton Council safeguarding email address. Ensure the form provides evidence as to why the person qualifies for an enquiry in respect of (1) having "care and support needs" (especially where they are not known to services), (2) are experiencing or are at risk of experiencing abuse or neglect and (3) why their care and support needs mean they are unable to deal with the concern themselves. Also ensure the form confirms they have given consent for you to raise the concern or provides clear evidence for the reason for making a referral without consent (see section 10 below).
 - 4.2.2 Where the adult wants ongoing support from Merton CIL with the safeguarding enquiry, include a note indicating this on the Referral form and ask for the safeguarding screening call to take place while a Merton CIL caseworker is present.
 - 4.2.3 Phone the safeguarding duty line to let them know that a completed Referral form has been sent and any access requirements. Ask for their name and that of any person who will initially assess the concern being raised.
 - 4.2.4 Record all actions undertaken on our database.
- 4.3 Except in specific circumstances described below (section 10), the consent of the individual must be obtained prior to raising a safeguarding alert.
- 4.4 Where a serious criminal offence has been committed the police will always be informed by Merton CIL (even where the client does not

give consent). Minor crimes will also be reported to the police in line with the wishes of the adult.

5. Making a decision not to raise a safeguarding alert

- 5.1 If the adult has mental capacity to make decisions and does not consent to a safeguarding alert being raised, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. The Safeguarding Lead or Deputy must assure themselves that the decision not to consent has not been made under undue influence, coercion or intimidation.
- 5.2 A record must be made of the concern, the adult at risk's decision and of the decision not to raise a safeguarding alert, with reasons. A record must also be made of what information they were given. This is the responsibility of the worker with the support, guidance and advice of the Safeguarding Lead or Deputy.

6. Making a decision to raise a safeguarding alert without consent

- 6.1 An alert must be made in the following circumstances where consent is not given by the adult:
 - 6.1.1 if other adults with care and support needs or children could be at risk from the person causing harm.
 - 6.1.2 if it is necessary to report a serious crime or to prevent a crime from taking place.
 - 6.1.3 where there is an immediate risk to the health and safety of the adult at risk.
 - 6.1.4 the person lacks mental capacity to consent and Merton CIL are making a best interests decision to raise a safeguarding alert on their behalf as set out in the Mental Capacity Act 2005.
 - 6.1.5 Staff or volunteers are implicated (this could be staff of any organisation).
 - 6.1.6 There is a court order or other legal authority for taking action without consent.
 - 6.1.7 The person is refusing help because of undue influence, coercion or duress.
 - 6.1.8 The alleged abuser has care and support needs and may also be at risk.
 - 6.1.9 If the Safeguarding Lead or Deputy is unsure whether to raise a safeguarding alert, they should contact the relevant

Safeguarding Adults referral point for advice. This can take the form of a "What if?" conversation if there is sensitivity around disclosing a service user's name at this stage.

7. Following up on an alert

- 7.1 At all times, our ongoing support is with the agreement of the adult except in the situations described in section 10. We should follow up our initial alert within 1 week and more quickly where the case is serious. Our focus should be on confirming the following:
 - The action to be taken.
 - The person responsible for taking that action.
 - Where appropriate, the rationale for the decision and the alternatives considered, including where the decision is not to be proceed with a section 42 investigation.
- 7.2 Where the adult believes that the proposed action is not sufficient, we should discuss and consider the following with the adult:
 - 7.2.1.1 making a complaint on behalf of the adult.
 - 7.2.1.2 progressing to local government ombudsman if complaint unresolved.
 - 7.2.1.3 requesting a review of the decision not to progress to s.42.
 - 7.2.1.4 escalating to a more senior manager at the Council.
 - 7.2.1.5 making a referral to a legal aid solicitor (any claim must be brought within 3 months of the decision not to progress to s.42).

8. Self-harm

- 8.1 Background - Merton CIL has seen an increase in service users reporting suicidal feelings because of the stress they experience from the situations they are in and / or mental distress. Merton CIL also recognises that sometimes people neglect their wellbeing because of the stress they experience and / or because of mental distress.
- 8.2 Action to take on self-harm
 - 8.2.1 If a service user, member, staff or volunteer report feeling suicidal then the priority for the person they are reporting to is to establish the degree of risk:
 - 8.2.2 Explain to the person at risk that Merton CIL understands sometimes people do feel suicidal and we take those feelings very seriously.

- 8.2.3 Ask whether they have had those feelings before and whether they have spoken to anyone else about them.
- 8.2.4 Establish whether they intend to act on their feelings.
- 8.2.5 We are not medical professionals and cannot be expected and should not be expected to make a professional diagnosis. Our view of the risk posed must be informed by what the person tells us about how they feel and their intentions.
- 8.2.6 **Take action** - If you feel the person is in immediate danger of seriously harming themselves then contact emergency services, after telling the person that you are doing so.
- 8.2.7 Offer to provide a list of services available where the person can get additional support e.g. counselling.
- 8.2.8 Suggest that the service user books an appointment with their GP for advice and support.
- 8.2.9 **Report to manager** - Where possible, all actions should be discussed with the Safeguarding Lead or Deputy in advance. However, where this is not possible or where immediate action is necessary e.g., calling 999, inform the Safeguarding Lead or Deputy of the action taken and the reasons for this in writing within 24 hours.
- 8.2.10 **Update case files** - Case files must be kept updated in real time or as soon as you return to the office following a home visit.

9. Safeguarding Adult Review(s) (SARs)

- 9.1 In addition to carrying out safeguarding investigations, the local authority must arrange SARs under the following circumstances:
 - 9.1.1 When an adult in its area with care and support needs dies as a result of abuse or neglect (including suicide), whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult (Care Act Statutory Guidance 14.162).
 - 9.1.2 If an adult with care and support needs in its area has not died, but the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect (Care Act Statutory Guidance 14.163).
 - 9.1.3 In other circumstances where it feels it would be useful, including learning from 'near misses' and situations where the arrangements worked especially well.

- 9.1.4 Serious or apparently systematic abuse that takes place in an institution or when multiple abusers are involved.
- 9.1.5 Where circumstances give rise to serious public concern or adverse media interest in relation to an adult with care and support needs.
- 9.2 The Safeguarding Adults Board decides when a SAR is necessary, arranges for its conduct and, if it so decides, implements the findings.
- 9.3 The Local Authority must arrange, where necessary, for an independent advocate to support and represent an adult who is the subject of a SAR. Where the adult is deceased, it is good practice to provide advocacy to family/friends.
- 9.4 Any individual, agency or professional can request a SAR. This should be made in writing to the Safeguarding Adults Board Chair, or as agreed by the local Safeguarding Adults Board.
- 9.5 The findings and outcomes of any SAR should be captured within the Annual Report of the local Safeguarding Adults Board and issued as a report to the organisations involved in supporting the individual.

10. Relevant and useful external Contacts

Organisation	Contact Details	Other Information
LBM Safeguarding Adults - First Response Team	020 8545 4388	(9am to 1.30 pm, excluding bank holidays)
LBM Safeguarding Adults - Crisis Line	07903 235 382	(1.30pm to 5pm Monday to Friday)
LBM Safeguarding Adults - Emergency Duty Team	020 8770 5000 or 0345 6189762	(Out of Hours – after 5pm and bank holidays)
Care Quality Commission	03000 616161	
Office of Public	customerservices@publicguardian.gov.uk	(raising

Guardian	0300 456 0300	concerns about attorneys or deputies)
Citizens Advice consumer helpline	0808 223 1133	
Deprivation of Liberty Safeguards	020 8545 3681 dols@merton.gov.uk	Supervisory Body

Other useful contacts

- [Merton Council's webpage on domestic violence and abuse](#)
- [VoiceAbility Care Act Advocacy Service](#)
- [VoiceAbility Independent Mental Capacity Advocacy Service](#)

Appendixes

1. Appendix 1 – [Safeguarding Flow Chart](#)

2. Appendix 2 - Types of abuse: Safeguarding adults - The Care and Support Statutory Guidance identifies ten types of abuse. See [Types of abuse: Safeguarding adults | SCIE](#). These are:

2.1 Discriminatory abuse

Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment, including denial of access to communication or mobility aids. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

2.2 Domestic abuse / violence

The Home Office (March 2013) defines domestic abuse as: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial;

Emotional. It includes controlling and coercive behaviour and can include honour-based violence, FGM, forced marriage.

2.3 Financial or material abuse

Theft, fraud, 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. It can also include denial of assistance to manage financial affairs or arranging less care than needed to save money to maximise inheritance.

2.4 Modern slavery

Slavery, servitude and forced or compulsory labour through mental or physical threat and has restrictions placed on his/her freedom of movement.

2.5 Neglect and acts of omission

Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves. Can include not taking account of cultural or religious needs or failure to ensure privacy or dignity.

2.6 Organisational abuse

Is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. Examples include inflexible regimes, discouraging involvement of friends/family, not supporting independence/offering choice.

2.7 Physical abuse

Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Can include purposefully making someone uncomfortable e.g., removing blankets or withholding or forcing food.

2.8 Psychological abuse

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, or threat of. Prevention of expression of choice.

2.9 Self-neglect

There is no single operational definition of self-neglect however, the Care Act makes clear it comes within the statutory definition of abuse or neglect, if the individual concerned has care and support needs and is unable to protect him or herself. The Department of Health (2014) defines it as, '... a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding'.

2.10 Sexual abuse

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.

2.11 The [Pan London Guidelines](#) list the following as harmful practices

Cuckooing

Cuckooing is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for drug dealing. It may also involve other types of crime. The crime is named for the cuckoo's practice of taking over other birds' nests for its young.

Disability Hate Crime

The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability. This can be a type of Discriminatory Abuse.

Female genital mutilation (FGM)

Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The Female Genital Mutilation Act (2003) makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM

whether or not it is lawful in another country.

Forced marriage Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. The police must always be contacted in such cases as urgent action may need to be taken.

Hate Crime The police define Hate Crime as 'any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability'. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence.

Honour-based violence Will usually be a criminal offence and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community.

Human trafficking Traffickers exploit the social, cultural or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the victim's life, with little regard for the victim's welfare and health.

Mate Crime

A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

Restraint

Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something or does not do something they want to do.

Sexual exploitation Involves exploitative situations, contexts and relationships where a person receives 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or another or others performing on them, sexual activities.

3. Appendix 3 - ADASS Screening Tool

Adult Safeguarding Risk Threshold Tool

Factors			Guidance and considerations	
1. Vulnerability of adult at risk	Less vulnerable	More vulnerable	- Does the adult have needs for care and support? - Can the adult protect themselves? - Does the adult have the communication skills to raise an alert? - Does the person lack mental capacity? - Is the person dependent on the alleged perpetrator? - Has the alleged victim been threatened or coerced into making decisions?	
				
The abusive act	Less serious	More serious	Questions 2-9 relate to the abusive act and/or the alleged perpetrator. Less serious concerns are likely to be dealt with at initial inquiry stage only, whilst the more serious concerns will progress to further stages in the safeguarding adults process.	
				
2. Seriousness of abuse	Low	Significant	Critical	Refer to the table overleaf. Look at the relevant categories of abuse and use your knowledge of the case and your own professional judgement to gauge the seriousness of the concern.
3. Patterns of abuse	Isolated incident	Recent abuse in an ongoing relationship	Repeated abuse	Most local areas have an escalation policy in place, e.g. where safeguarding adults procedures will continue if there have been a repeated number of concerns in a specific time period. Please refer to local guidance.
4. Impact of abuse on victims	No impact	Some impact but not long-lasting	Serious long-lasting impact	Impact of abuse does not necessarily correspond to the extent of the abuse – different people will be affected in different ways. Views of the adult at risk will be important in determining the impact of the abuse.
5. Impact on others	No one else affected	Others indirectly affected	Others directly affected	Other people may be affected by the abuse of another adult. - Are children, relatives or other residents/service users affected or distressed by the abuse? - Are other people intimidated and/or their environment affected?
6. Intent of alleged perpetrator	Unintended / ill-informed	Opportunistic	Deliberate/ Targeted	- Is the act/omission a violent/serious unprofessional response to difficulties in caring? - Is the act/omission planned and deliberately malicious? - Is the act a breach of a professional code of conduct? <i>the act/omission doesn't have to be intentional to meet safeguarding criteria</i>
7. Illegality of actions	Bad practice – not illegal	Criminal act	Serious criminal act	Seek advice from the Police if you are unsure if a crime has been committed. Is the act/omission poor practice (but not illegal) or is it clearly a crime?
8. Risk of repeated abuse on victim	Unlikely to recur	Possible to recur	Likely to recur	Is the abuse less likely to recur with significant changes (e.g. training, supervision, respite, support) or very likely even if changes are made / more support is provided?
9. Risk of repeated abuse on others	Others not at risk	Possibly at risk	Others at risk	- Are other adults and/or children at risk of being abused? - Very unlikely? - Less likely if significant changes are made? - This perpetrator/setting represents a threat to other vulnerable adults or children.

Types of abuse and seriousness	Concerns may be notified to the Local Authority but are likely to be managed at Initial Enquiry stage only. You should always seek advice from agency Safeguarding Leads. Professional judgement or concerns of repeated low level harm will progress to further stages in the safeguarding adults process.		Concerns of a significant nature will receive additional scrutiny, and progress further under safeguarding adult procedures. Some examples of significant harm include criminal offences which will need to be referred to the Police.		Concerns of a critical nature will receive additional scrutiny, and progress further, under safeguarding adults procedures. The Police will need to be contacted.	
	LOW	SIGNIFICANT	CRITICAL			
Physical	- Staff error causing no / little harm e.g. friction mark on skin due to ill-fitting hoist sling - Minor events that still meet the criteria for 'incident reporting' - accidents - Isolated incident involving service on service user - Inexplicable marking found on one occasion - Minor event where users lack capacity	- Medication prescribed medication (missed / wrong dose) on one occasion – no harm occurs - Recurring missed medication or administration errors that cause no harm	- Inexplicable marking or lesions, cuts or grip marks on a number of occasions. - Accumulations of minor incidents - Inappropriate restraint - Withholding of food, drinks or aids to independence - Inexplicable fractures/ injuries - Assault	- Medication - Recurring missed medication or errors that affect more than one adult and/or result in harm - Potential serious consequences or harm occurs - Deliberate maladministration of medications - Covert administration without proper medical authorisation	Grievous bodily harm / assault with a weapon leading to irreversible damage or death	- Medication - Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Sexual (including sexual exploitation)	Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists	Minimal verbal sexualised teasing or banter	- Recurring sexualised touching or isolated or recurring masturbation without consent - Voyeurism without consent - Being subject to indecent exposure - Grooming, including via the internet and social media	- Attempted penetration by any means (whether or not it occurs within a relationship) without consent - Being made to look at pornographic material against will/where consent cannot be given	Sex in a relationship characterised by authority inequality or exploitation e.g. receiving something in return for carrying out a sexual act	Sex without consent (rape)
Psychological / Emotional	Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no/little distress caused	- Occasional taunts or verbal outburst - Withholding of information to disempower	- Treatment that undermines dignity and esteem - Denying or failing to recognise adult's choice or opinion	- Humiliation - Emotional blackmail e.g. threats or abandonment / harm - Frequent or frightening verbal outbursts or harassment	Denial of basic human rights / civil liberties, overriding advance directive	- Prolonged intimidation - Vicious / personalised verbal attacks

Types of abuse and seriousness	Concerns may be notified to the Local Authority but are likely to be managed at initial Enquiry stage only. Seek advice from agency Safeguarding Leads if unsure. Professional judgement or concerns of repeated low level harm will progress to further stages in the safeguarding adults process.		Concerns of a significant nature will receive additional scrutiny, and progress further under safeguarding adult procedures. Some examples of significant harm include criminal offences which will need to be referred to the Police.		Concerns of a critical nature will receive additional scrutiny, and progress further, under safeguarding adults procedures. The Police will need to be contacted.	
	LOW	SIGNIFICANT	CRITICAL			
Financial	- Staff personally benefit from user funds e.g. accrue 'reward' points on their own store loyalty cards when shopping - Money not recorded safely and properly	- Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered - Non-payment of care fees not impacting on care	- Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest - Adult denied access to own funds or possessions - Ongoing non-payment of care fees putting a person's care at risk	- Misuse/ Misappropriation of property or possessions of benefits by a person in a position of trust or control - Personal finance removed from adult's control	- Fraud / exploitation relating to benefits, income, property or will - Theft	
Neglect	- Isolated missed home care visit where no harm occurs - Adult is not assisted with a meal/drink on one occasion and no harm occurs - Adult not bathed as often as would like – possible complaint	- Inadequacies in care provision that lead to discomfort or inconvenience – no harm occurs e.g. being left wet occasionally - Not having access to aids to independence	- Recent missed home care visits where risk of harm escalates, or one miss where harm occurs - Hospital discharge without adequate planning and harm occurs	Ongoing lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence / confidence	- Failure to arrange access to lifesaving services or medical care - Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk	
Self-Neglect	Self-neglect may not prompt a section 42 enquiry. Assessments will be made on a case-by-case basis	- Incontinence leading to health concerns - Isolated / occasional reports about unkempt personal appearance or property which is out of character or unusual for the person	- Reports of concerns from multiple agencies - Behaviour which poses a fire risk to self and others - Poor management of finances leading to health, wellbeing or property risks	Ongoing lack of care or behaviour to extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition	- Failure to seek lifesaving services or medical care where required - Life in danger if intervention is not made in order to protect the individual	
Discriminatory	- Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences - Occasional taunts	Isolated incident of care planning that fails to address adults specific diversity associated needs for a short period	- Inequitable access to service provision as a result of a diversity issue - Recurring failure to meet specific care/support needs linked to diversity	- Refused access to essential services - Denial of civil liberties e.g. voting, making a complaint - Humiliation or threats on a regular basis	- Hate crime resulting in injury / emergency medical treatment /fear for life - Hate crime resulting in serious injury or attempted murder / honour-based violence	

Types of abuse and seriousness	Concerns may be notified to the Local Authority but are likely to be managed at Initial Enquiry stage only. Seek advice from agency Safeguarding Leads if unsure. Professional judgement or concerns of repeated low level harm will progress to further stages in the safeguarding adults process.		
	LOW	SIGNIFICANT	CRITICAL
Organisational (any one or combination of the other forms of abuse)	- Lack of stimulation / opportunities for people to engage in social and leisure activities - Service users not given sufficient voice or involved in the running of the service - Denial of individuality and opportunities for service user to make informed choice and take responsible risks - Care planning documentation not person centred	- Rigid/inflexible routines - Service user's dignity is undermined e.g. lack of privacy during support with intimate care needs, sharing under-clothing - Bad/poor practice not being reported and going unchecked - Unsafe and unhygienic living environments	- Staff misusing their position of power over service users - Over-medication and/or inappropriate restraint used to manage behaviour - Widespread consistent ill-treatment
Modern Slavery	All concerns about modern slavery are deemed to be of a significant / critical level	- Limited freedom of movement - Being forced to work for little or no payment - Limited or no access to medical and dental care - No access to appropriate benefits - Limited access to food or shelter - Be regularly moved (trafficked) to avoid detection - Removal of passport or ID documents	- Sexual exploitation - Starvation - Organ harvesting - No control over movement / imprisonment - Forced marriage
Domestic Abuse	- Isolated incident of abusive nature - Occasional taunts or verbal outbursts	- Inexplicable marking or lesions, cuts or grip marks on a number of occasions - Alleged perpetrator exhibits controlling behaviour - Limited access to medical and dental care - Accumulations of minor incidents - Frequent verbal / physical outbursts - No access / control over finances - Stalking - Relationship characterised by imbalance of power	- Threats to kill, attempts to strangle, choke or suffocate - Sex without consent (rape) - Forced marriage - Female Genital Mutilation (FGM) - Honour based violence
The CAADA DASH Risk Assessment Checklist should be used to determine the level of risk in domestic abuse cases and a referral made into MARAC where appropriate			

4. **Appendix 4 - Merton Safeguarding Adults Referral Form**

Download the form [here on Sharepoint](#)

Or Access [here](#) on LBM website.