

Policy Name:	Safeguarding Policy, Procedure and Guidance Adults, young people and children
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1.0 - POLICY STATEMENT

This document outlines Age UK Salford and Trafford's legal requirements under all legislation relating to adult safeguarding and the processes for how Age UK Salford and Trafford deals with them.

This Policy and all of Age UK Salford and Trafford's Policies are underpinned by the organisation's Equal Opportunities, Diversity and Anti Bullying Policy and should be read in conjunction with Salford City Council's Interagency Adult Safeguarding Policy, Trafford Council Multi-Agency Adult Safeguarding Policy and Procedures, Procedure and Guidance and the National Framework of Standards for good practice and outcomes in adult protection work; legislation and government expectations in relation to child protection.

Safeguarding is everyone's business. Age UK Salford and Trafford believes that it is unacceptable for adults, young people and children to experience abuse of any kind; everyone has the right to be protected from all types of abuse and neglect, regardless of age, disability, gender, language, religion, sexual orientation or identity or any other factor or circumstance; and recognises its responsibilities to safeguard the welfare of all adults, young people and children in accordance with the Care Act (2014) and Children's Act (1989/2004).

1.1 This policy serves as a guide to all Age UK Salford and Trafford's staff, volunteers and visitors including students on placement whose work brings them into contact with adults, young people and children that may be at risk of abuse or neglect. We aim to achieve this by extensively covering safeguarding in our mandatory training as well as ensuring that Age UK Salford and Trafford complies with statutory and local guidance for safeguarding and promotes the welfare of children, young people and adults at risk by creating a safe environment achieved by;

- Prevention of abuse and neglect wherever possible
- Support of adults, young people and children in a way that supports them in making choices and having control about how they want to live

- Taking all safeguarding enquiries seriously and acting upon them
- Raising awareness about what abuse is, how to stay safe and how to raise a concern about the safety or wellbeing of an adult, young person or child

2.0- Definitions

2.1 `Safeguarding Adults`

The term “**adults at risk**” has been used to replace vulnerable adults. This is because the term “adult at risk” focuses on the situation causing the risk rather than the characteristics of the adult concerned.

Safeguarding duties apply to an adult who has needs for care and support (whether or not the local authority is meeting any of those needs) is experiencing, or at risk of abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect” (Care Act 2014)

An adult at risk can also present with the following;

- *Learning or physical disability*
- *Physical or mental illness, chronic or otherwise, including addiction to alcohol or drugs; or*
- *A reduction in physical or mental capacity*
- *Being substantially dependent upon others in performing basic physical functions, or if ability to communicate with those providing services, or to communicate with others, is severely impaired, and as a result, would be incapable of protecting themselves from assault or other physical abuse, or there is a potential that his/her will or his/her moral wellbeing may be subverted or overpowered.*

Safeguarding Adults means all work which enables an adult who is or may be in need of community and healthcare services to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect **and** who is or may be unable to take care of him or herself, or able to protect him or herself. In this guidance adult means a person aged 18 years and over.

This definition specifically includes those people who are assessed as being able to purchase all or part of their community care services, as well as those who are in need of community and health care services but whose need – in relation to safeguarding – is for access to mainstream services such as the police.

Such work is the responsibility of all agencies and cannot exist in isolation. It must be effectively linked to other initiatives, as part of a network of measures aimed at enabling all citizens to live lives that are free from violence, harassment, humiliation and degradation.

(See Care Act 2014, local democracy think tank – policy briefing ‘Safeguarding Adults’ 31-05-2015)

2.2- Child Protection

The Children Act (1989/2004) in England and Wales define a child as someone under the age of 18 which is used throughout this policy. Child Protection refers to the activity which is undertaken to protect specific children who are at risk of suffering ‘significant harm’. The following two terms elaborate on this:-

Safeguarding:

- Protecting children from maltreatment.
- Preventing impairment of a child’s health and development.

Promoting Welfare:

- Ensuring children are growing up in environments consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best life chances.

3. Legal Framework

3.1 Adults

The Care Act (2014) and corresponding guidance (Department of Health, 2014) outlines key principles for supporting adults who have been or are at risk of abuse or neglect and; provides a framework for local authorities’ and partner organisations for making safeguarding enquiries.

3.2 Children

The standards in this policy build on and incorporate legislation and Government expectations in respect of children. This includes the Children Acts 1989 and 2004 and the Government’s Every Child Matters agenda. In 2010 (updated 2013 and 2015) HM government issued ‘Working Together to Safeguard Children’. The guidance is for statutory and voluntary organisations and covers all the expectations of the Government in relation to safeguarding children in England. For information relating to child protection see ‘Working Together’ 2015. And Salford City Council children’s safeguarding website: [Safeguarding](#)

children•Salford City Council as well as Trafford Council's safeguarding children: Safeguarding children and young people as well as Age UK Salford and Trafford's Child Protection Policy, AUKST Child Protection policy April 2025.docx

Where abuse occurs the guiding principles must be the safety, well-being and independence of the person being abused. All persons have the right to live their lives free from violence and abuse.

This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. These rights include Article 2: 'the Right to life'; Article 3: 'Freedom from torture' (including humiliating and degrading treatment); and Article 8: 'Right to family life' (one that sustains the individual).

Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.

It follows that all citizens should have access to relevant services for addressing issues of abuse and neglect, including the civil and criminal justice system and victim support services. Remedies available should also include measures that achieve behaviour change by those who have perpetrated abuse or neglect.

In accordance with the Care Act 2014 and The Children's Act (1989/2004) all staff, volunteers and visitors including students on placement are obliged to share information or concerns they may have in relation to harm or neglect being caused to an adult, young person or child at risk.

In practice this means that all partner organisations must:-

- (i) **Actively work together** within the interagency framework;
- (ii) **Actively promote** the empowerment and wellbeing of adults through the services they provide;
- (iii) **Act in a way which supports the rights of the individual** to lead an independent life based on self determination and personal choice;
- (iv) **Recognise people who are unable to make their own decisions** and/or to protect themselves, their assets and keep safe;
- (v) **Ensure the safety of adults, young people and children** by integrating strategies, policies and services relevant to abuse within the current legal framework;
- (vi) **Ensure that when the right to an independent lifestyle, choice and control is at risk the individual concerned receives appropriate help, and ensure that such risk is recognised and understood by all concerned, and minimised whenever possible (there should be an open discussion**

between the individual and the agencies about the risks involved to him or her);

- (vii) **Ensure that the law and statutory requirements are known and used appropriately so that adults, young people and children at risk receive the protection of the law and access to the judicial process.**

4.0 Reporting Abuse or suspicion of abuse

The following procedure and guidelines refers to abuse or suspicion of abuse of an adult, young person or child that staff, volunteers and visitors including students become aware of during their work at Age UK Salford and Trafford:

Any member of staff, volunteer or visitor including students, who become aware that a person **is**, or **is at risk of**, being abused, should raise the matter immediately with their supervisor or line manager.

If appropriate, explain what you have to do and whom you have to tell to the person involved or the person informing of the abuse. Ensure that they are kept informed about what will happen next, so they can be reassured about what to expect.

If a disclosure is to be made, you will need to decide if it is to be made by you or your supervisor/manager. Your line manager/lead for safeguarding will decide whether it is appropriate to inform an outside agency.

Ensure that the person subject to alleged abuse is safe and supported before proceeding with any other action. In most situations there will not be an immediate threat and the decision about protecting the person will be taken in consultation with social services. In certain circumstances it will be necessary to take immediate action to protect the person at risk by calling the police. This is more probable in a home visit situation.

Direct calls to the police should be reserved for incidents of assault and violence where an element of urgency applies. If you require immediate response and assistance from the police, that is if you cannot stop the incident that is currently happening, or you think that it will re-occur shortly, you should make an emergency 999 call.

A direct call to the police via the local station on the non-urgent number 101 is appropriate if the person at risk wishes to talk to the police at that time, and/or there is evidence to preserve and/or the alleged perpetrator of the offence may come back before you can act to protect the person.

Abuse can be reported by contacting the relevant council, Salford council, Trafford Council (both via the online portal as referenced in 4.0), the police or if the abuse is in a regulated service, like a care home or concerns a home care service, the Commission for Social Care Inspection (CQC).

Record the discussion accurately, as soon as possible after the event on Salesforce.

Important contact numbers regarding adult safeguarding. Please note that all suspected safeguarding incidents should be reported via the portal referenced in point 4.0 of this policy.

Integrated Care Organisation

Adult Social Care - Tel: 0161 607 1415

Adult Social Care Contact Team - Tel: 0161 631 477

The Bridge (concerns regarding the welfare or safety of a child)

Tel: 0161 603 4500 – (8.30am – 4.30pm)

Tel: 0161 794 8888 (out of hours)

Clinical Commissioning Group (CCG)

Designated Nurse for Adult Safeguarding:

Nicola Dugdale

Designated Nurse for Safeguarding Adults

NHS GM (Salford locality)

n.dugdale@nhs.net

Tel: 0161 212 4413

Designated Nurse Safeguarding Adults/Prevent Lead:

Georgina Cartridge

NHS GM ICB Trafford

Tel: 07792 742 826

Georgina.cartridge1@nhs.net

The Care Quality Commission (CQC)

For allegations of abuse in care homes or registered home care agencies, or nursing agencies:

Telephone: 03000 616161 or Fax: 03000 616171

enquiries@cqc.org.uk, or [online form](#)

CQC National Customer Service Centre

Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.cqc.org.uk

5.0 - Safeguarding procedures

Action for staff/volunteers/visitors including students if there are **signs** or there is a **suspicion** of abuse

In all cases, where a member of staff or volunteer/visitor including a student on placement observes, is notified of, or suspects that an older person (where relevant a young person or child) has been abused, they must gather as much information as possible of the incident and notify their concerns to their line manager or the safeguarding lead as soon as possible.

In gathering information about the suspected abuse, staff or volunteer/visitor including a student on placement, should pay particular attention to:

- what the person says about the impact of the alleged abuse on their physical,

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- emotional and psychological wellbeing;
- duration and frequency of the alleged abuse;
- level of personal support needed by the adult, and whether that support is normally provided by the alleged perpetrator;
- extent of premeditation, threat or coercion;
- context in which the alleged abuse takes place;
- length of time it has been occurring;
- nature, degree and extent of the abuse;
- Risk of repeated or increasingly serious acts involving this person or other adults.
- the capacity of the older person

Under no circumstances should staff undertake any investigation. (See the guidance notes for Do's and Don'ts on receiving or suspecting an allegation of abuse on page 29 of this policy).

Where a person does not speak English or is profoundly deaf it is not appropriate to ask a family member to interpret, where necessary, an interpreter must be provided.

Staff should explain to the person:

- that what is happening to them is not acceptable;
- What action staff will be taking, including the duty of care to report to social services
- where further help and support is available (e.g. Action on Elder Abuse, Victim Support, Advocacy Partners such as Advocacy Hub).

Staff should write up detailed notes of the suspected abuse, outlining what they were told and the conversation they had with the individual as soon as possible after the event. Staff should record the person's own words and the language used but do not take a statement. The reporting should be done on Salesforce.

5.1 Assessing whether to report

Staff have a duty of care to report any suspected abuse of an adult (or an adult who could be deemed vulnerable as a result of the abuse) or (where relevant a young person or child) regardless of whether consent has been given, so that appropriate action can be taken.

Where the older person **is not** deemed vulnerable, individual staff still have a duty to report in the following circumstances:

- where there is an immediate risk of significant harm
- Where there is evidence that there is a risk of serious harm to other people
- Where there is evidence that there is a serious health risk to an individual
- When a crime is suspected

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- For the prevention or detection of a crime
- Where allegations involve a member of staff, paid carer or volunteer/student

Where possible, this duty to report will always be discussed with the person at risk prior to the information being shared.

In all other circumstances, consent should be sought from the person before reporting suspected abuse.

Reporting in Trafford
Trafford Safeguarding Hub
Tel: 0161 912 5135

[Are you worried about an adult?](#)

In Salford: [Report a Safeguarding Concern \(salford.gov.uk\)](https://salford.gov.uk).

5.2 Mental Capacity

Staff need to assess the capacity of the older person and should use their best judgment in making this decision. If it is thought that the person lacks capacity then consent is not an influencing decision and staff should make a decision on reporting to social services without reference to whether or not consent is given.

They also need to detail why they think that the person does not have capacity and these reasons need to be detailed on the person's case notes.

Where the person is able to make an informed decision about their personal circumstances, their wishes should be respected (irrespective of how unwise we consider that decision to be), except in the circumstances outlined above.

5.3 Reporting

Staff should consult with their line manager or the safeguarding lead to decide whether or not to alert adult social services. Any allegation of abuse of an adult has to be referred to social services (see the definition of adult at risk on page 2 of this policy).

On being notified of actual or suspected abuse, service coordinators and managers must respond quickly and sensitively. Details of abuse against older people can be very disturbing and may require delicate handling.

When the circumstances and details of the incident are obtained, staff must add these details on Salesforce by making a new safeguarding referral. The referrals on Salesforce are reviewed by the organisation's designated Safeguarding Lead. In

making the decision whether to alert, staff can discuss further with their Line Manager or senior staff (i.e. coordinator) or the safeguarding lead. To create a new safeguarding referral on Salesforce, click on cases, then select from quick links cases again, click on the case number and from the top right corner, click on new safeguarding case. You, your line manager or the safeguarding lead will need to then log this on the locality's safeguarding adults portal. In Salford, report here: [Report a Safeguarding Concern \(salford.gov.uk\)](https://salford.gov.uk) and in Trafford, report here: [Portal Home](#)

5.3.1 Consent

Consent of the adult should always be sought before raising the concern, unless:

- a. Seeking consent will increase the level of risk posed to them (or a child or other vulnerable adult); or
- b. Consent cannot practically be sought (for example, the referrer is being denied access to the adult or the adult cannot be located in a timely way); or
- c. The adult lacks capacity to consent, and a decision has been made that raising a concern is in their best interests.

Note: A mental capacity assessment conducted by a medical professional, must be completed before reaching the conclusion that the adult lacks capacity to consent. For guidance about assessing capacity, see: [The Mental Capacity Act 2005 Resource and Practice Toolkit](#).

Where consent has not been sought the reasons should be clearly recorded in line with recording requirements of the relevant agency.

5.3.2 If consent is not given

If consent to report incident is not given, staff still have a duty of care. The staff member should explain the matter will be dealt with sensitively under the instructions of the older person. It is important to raise a concern, even if consent is not given, if;

- a. "Vital interests" * are at stake
- b. The older person is being subjected to inhumane or degrading treatment which is having a serious impact on their wellbeing
- c. Other adults or children are at risk of being abused
- d. There are concerns that decisions are not being made freely but being unduly influenced or subjected to coercive control

*Note: "Vital Interests" generally refer to life or death situations and serious, immediate concerns for safety.

Where a decision has been made to raise concern without the older adult's consent, this should be clearly stated to the line manager, safeguarding lead and on Salesforce.

5.4 Recording

The member of staff who received the initial allegation or suspicion of abuse should make detailed notes as follows:

- records of what the person actually said, using their own words and phrases
- record any questions which are actually asked
- description of the circumstances that brought about the disclosure
- make notes of the setting and any others present at time of disclosure
- inclusion of observations of their behaviour and physical condition
- recording of facts not opinions
- dates and times, including signature and who record was sent to
- add type of abuse
- add whether there is any risk to other adults or children in the vicinity

All records of actual or suspected abuse should be added to Salesforce by the member of staff raising concerns once raised with line manager or designated lead for safeguarding.

If the decision is taken not to alert then that is still considered as taking a decision and the reasons for taking this course of action should be recorded as a matter of good practice.

5.5 Action required if there are allegations of abuse against a worker, volunteer/visitor or student on placement.

If an allegation of abuse is made against members of staff or volunteer please refer to the whistle blowing and disciplinary policy. Line Managers will also need to alert adult social services to the alleged abuse.

5.6 Who to contact if abuse is suspected:

Adult Safeguarding Extra Care & Review Team Tel: 0161 631 4777
 Adult Health & Social Care Team Tel: 0161 607 1415
 Adult Health & Social Care Team (out of hours) Tel: 0161 794 8888
 Police Tel:101

CQC Tel: 03000 616161
 Trafford Safeguarding Hub Tel: 0161 912 5135 or
<https://www.traffordsafeguardingpartnership.org.uk/.../Are-you-worried-about-an->

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6.0 - Safeguarding guidelines

6.1 Roles and Responsibilities

Age UK Salford and Trafford commits to the following organisational quality standards which influence everything we do:

- We are respectful
- We treat others as they would want to be treated
- We are inclusive
- We work together, we involve and we consult
- We are solutions-focused
- We ensure that what we do makes a real difference
- We are expert
- We strive to be the best at what we do
- We are empowering
- We support others to achieve their goals

In the safeguarding of all adults Age UK Salford and Trafford are guided by the principles set out in the Care Act 2014 and aim to work within the following principles when developing and implementing services - Empowerment, Protection, Prevention, Proportionality, Partnership, Accountability. See skills for care and social care institute for excellence for further guidance on good practice: [What are the six principles of safeguarding? - SCIE](#)

The following people have responsibility for ensuring that individuals who use services within Age UK Salford and Trafford are protected from any possible form of abuse.

Job Role	Accountable to	Responsibilities
Chief Executive	Board of Trustees	To ensure that up-to-date adult safeguarding policy & procedures exist and that its content complies with current legislation. That business planning ensures that finances are available to fund the requirements of the policy in terms of

		training, physical resources etc.
Senior Manager for Wellbeing and Engagement	Chief Executive	To oversee the application of the policy. To co-ordinate the response to the policy
Senior Manager for Wellbeing and Engagement	Chief Executive	To ensure that the standards of care are applied at an operational level and that line managers are supported in the implementation of the policy. To arrange service audits. To investigate non-compliance with the standard of care. To contribute to the evaluation of the standards of care.
Senior Manager for Wellbeing and Engagement	Chief Executive	To provide education and assessment for staff & volunteers including students as defined in this document. To continually monitor practice and act upon the outcomes of action research. Contribute to the evaluation of the standard of care. To ensure that any concerns raised are passed to the appropriate manager.

Line Managers	Senior Manager for Wellbeing and Engagement	To be responsible operationally for the implementation of the standard of care. To be a first line contact between the 'person at risk' and health care workers/social workers. To monitor and supervise practice on a day to day basis, identifying training needs. To record concerns in line with safeguarding policy.
Day care staff/community outreach workers/office based staff	Line Manager	To observe practice on a day to day basis ensuring that activities that take place are in compliance with the policy. To report any concerns to their line manager.
Day care staff/community outreach workers/ office based staff	Line Manager	To act with personal accountability, ensuring that actions are consistent with the policy to report any concerns to their line managers.
All workers and volunteers (including students on placement).	Line Manager	Individual staff and volunteers (including students) have a personal accountability for his or her actions and omissions. Each person must therefore ensure they pass any concerns to the appropriate manager.

6.2 Safeguarding and Mental Capacity Lead Manager

The lead for safeguarding and Mental Capacity within Age UK Salford and Trafford is Carmel Berke. The deputy leads are Lee Turnbull and Vanda Groves. In the case of the safeguarding lead being unavailable, deputies should be contacted:

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Carmel Berke: carmelberke@ageuksalfordandtrafford.org.uk (lead)
Lee Turnbull: leeturnbull@ageuksalfordandtrafford.org.uk (deputy)
Vanda Groves: vandagroves@ageuksalfordandtrafford.org.uk (deputy)

6.3 Role of the leads for safeguarding and Mental Capacity

The safeguarding and Mental Capacity lead has day to day responsibility for safeguarding across Age UK Salford and Trafford including:

- To act as champion ambassador for Age UK Salford and Trafford in the capacity of adults at risk
- To provide leadership on all aspects of adults at risk within Age UK Salford and Trafford
- To champion safeguarding within Age UK Salford and Trafford ensuring that it has a high profile within the Charity
- To advise staff and volunteers within Age UK Salford and Trafford on safeguarding and mental capacity issues (including implementation of policy, working with recipients of its services, development of services, policy developments – both national, regional and local developments, service audits, training etc).
- To keep Age UK Salford and Trafford's staff/volunteers updated on relevant safeguarding and mental capacity issues/policy updates via email/intranet or other means of information dissemination.
- To act as an information source on safeguarding and mental capacity and to assist Age UK Salford and Trafford staff/volunteers with identification of key contacts/ networks within the field of safeguarding adults at risk
- To keep up to date on any changes to policy and new policies which could affect the different service areas provided within the Charity
- To commit to attending any relevant multi agency safeguarding forums as required

6.4 Safeguarding Information

All services are to ensure they display any relevant posters, flow charts and leaflets for public viewing within their individual services.

6.5 Induction, training and supervision

All Age UK Salford and Trafford staff, volunteers and students on placement receive an induction (as per organisational requirements). This includes safeguarding training which covers:

- types of abuse
- recognising signs of abuse
- duty of reporting
- their role in responding to suspected abuse
- risk assessment and management

Age UK Salford and Trafford is committed to ensuring that all staff who have contact with adults (young people and children as relevant) at risk receive an appropriate level of supervision and support (see Age UK Salford and Trafford's supervision policy).

6.6 Support to Staff and Volunteers

The service/line manager/coordinator should make time available to the member of staff or volunteer/student reporting the incident to talk it through and offer additional support. If social services or the police need further information or involvement, you will need to decide with your line manager whether you will talk with them or whether you would prefer your supervisor/ manager to talk to them and how this will happen.

Staff may also be subject to allegations of abuse. While support will be offered, Age UK Salford and Trafford will ensure that social services or the police are given all assistance in pursuing any investigation. Suspension and/or disciplinary procedures may be implemented.

6.7 Risk Taking

All members of society wherever/however they live have the right to make decisions about risks that they may take. Where in place and appropriate, care support services must then be able to justify limiting a person's movements or freedom in any way.

The organisation must be able to show that staff have thought carefully about any actions and considered all aspects of potentially risky behaviour.

Staff must assess the seriousness of risk the person is running or the risk to other people and the likelihood of anyone coming to harm.

Along with the person, carers and/or relatives, social services, doctors and the care providers, staff must decide when a risk becomes unacceptable.

If there is a high risk of a person being harmed, strategies may be put in place to prevent the individual taking the risk. If there is a low risk of a person being harmed, it may be decided that the risk is acceptable, but all steps must be taken to minimise the possible effects of any risk. This must be fully documented in the person's care plan.

Age UK Salford and Trafford policies encompass areas of risk assessment and management, which must be adhered to at all times.

Allowing a person to take a risk without appropriate intervention, assessment and monitoring would demonstrate failure to provide duty of care and would thereby constitute a serious form of abuse.

6.8 Forms of Abuse

There are many ways that people can be abused. The main categories are:

- (i) Physical Abuse
- (ii) Psychological/ emotional abuse
- (iii) Neglect and Acts of Omission
- (iv) Self Neglect
- (v) Sexual Abuse
- (vi) Financial or Material Abuse
- (vii) Organisational or Institutional Abuse
- (viii) Discriminatory Abuse
- (ix) Abuse of Civil Rights
- (x) Domestic abuse, including FGM (Female Genital Mutilation)
- (xi) Modern Slavery
- (xii) Radicalisation to terrorism and hate crime

(i) Physical Abuse

Is when a person is physically caused to suffer some level of pain. Inappropriate administration of medication may also be defined as physical abuse. This includes hitting, slapping, pushing, kicking, squeezing, shaking, pinching, undue restraint, or force feeding.

Signs and indicators

Over or under use of medication, burns in unusual places - hands, soles of feet; sudden incontinence, bruising at various healing stages; bite marks, disclosure, bruising in the shape of objects, unexplained injuries or those that go untreated, reluctance to uncover parts of the body.

(ii) Psychological/Emotional Abuse

Is abuse that involves threats of harm to someone without causing physical harm, also failing to present all options which would assist in decision-making e.g. treating an adult as a child. Hurting someone by verbal or non-verbal means also constitutes emotional abuse e.g. name calling or “dirty” looks. This also includes abandonment or withdrawal of social contact, humiliation, shouting, bullying, intimidation, harassment, or the denial or withdrawal from required services, contacts and social or family networks.

Signs and indicators

Stress and/or anxiety in response to certain people, disclosure, and compulsive behavior, reduction in skills and concentration, lack of trust, lack of self - esteem, someone may be frightened of other individuals, and there may be changes in sleep patterns.

(iii) Neglect and Acts of Omission

This includes the failure to access appropriate services for recognised needs, avoidance of required health care, ignoring physical care needs, withholding of adequate nutrition, clothing or warmth, exposing the person to unacceptable risk, omitting to provide or ensure adequate supervision. Denial of medication, medical treatment or appropriate care without reason or the lack of an adequate care plan to ensure a person’s needs are met could constitute neglect.

Signs and indicators

There may be disclosure. Someone being abused may have low self–esteem, deterioration, depression, isolation, continence problems, sleep disturbances, pressure ulcers. There may be a seemingly uncertain attitude and cold detachment from a carer - denying and/or lack of consideration an individual’s request, denying others access to the individual health/social care professionals.

(iv) Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health and/or surroundings and includes behaviour such as hoarding.

Signs and Indicators

In addition to hoarding, this may be poor hygiene, inappropriate clothing, poor hair/nail care, unmet medical and health needs, alcohol/drug misuse or dependency or eating disorders.

(v) Sexual Abuse

This not only includes forcing a person to take part in sexual activities, without their consent, but also the coercion into recording or viewing pornographic material including photographs, videos and magazines. This also includes sexual assault, rape or other sexual acts, the inappropriate touching of the individual's sexual areas.

Signs and indicators

This may include recoiling from physical contact; genital discharge; fear of males or females; inappropriate sexual behaviour in the presence of others; bruising to the thighs, disclosure and pregnancy. Abusers may take longer supporting a person with their personal care tasks, use offensive language, work alone with individuals or show favoritism towards that person.

(vi) Financial or Material Abuse

This involves the illegal or unauthorised use of a person's money, pension book, valuables or property. Denying a person access to their finances or possessions could constitute financial abuse. This also includes intentional mismanagement of the person's finances or property, theft, fraud, embezzlement, misappropriation of finances or exploitation.

Signs and indicators

This may include not allowing a person access to their money, not spending an allocated allowance on the person, denying the person access to their money, theft from the person, theft of property and/or misuse of benefits. There may be an overprotection of money, money not available, forged signatures, disclosure, inability to pay bills, lack of money after payments of benefits or other, unexplained withdrawals. An abuser may be evasive when discussing finances; goods purchased

may be in the possession of the abuser, there may be an over keenness in participating in activities involving a person's money.

(vii) Organisational or Institutional Abuse

This can be caused by staff imposing rules, lack of privacy or social intervention. An organisation's policies and procedures can fail to provide appropriate services to people because of race, culture, gender, sexual orientation, disability, ethnic origin, this may constitute institutional abuse. This also includes the use of systems, routines, practice or care that neglect individual needs and create an imbalance and control within a managed setting such as residential/nursing care or day services.

Signs and indicators

This may include a system that condones poor practice, deprived environment, lack of procedures for staff, one commode used for a number of people, no or little evidence of training, lack of staff support/supervision, lack of privacy or personal care, repeated unaddressed incidents of poor practice, lack of homely environment, manager implicated in poor practice. There may be a lack of personal clothing, no support plan, lack of stimulation, repeated falls, repeated infections, unexplained bruises/burns, pressure ulcers, unauthorised deprivation of liberty. Abusers may have a lack of understanding of a person's disability, misuses medication, use illegal controls and restraints, display undue/inappropriate physical intervention, and inappropriately use power/control.

(viii) Discriminatory Abuse

Negative discrimination is when a person is treated less favourably than others because of their race, culture, religion, sexuality, gender, disability or class (or for any other reason). This also includes any acts that use hurtful language, cause harassment or similar treatment of the individual because of their race, sex, age, disability, faith, culture or sexual orientation. Age UK Salford and Trafford will not accept negative discrimination of any kind and as with all forms of abuse incidents would be treated with the utmost of severity.

Signs and indicators

There may be a withdrawal or rejection of culturally appropriate services e.g. food, mixed gender groups or activities. The person may simply agree with the abuser for an easier life, there may be disclosure, or someone may display low self-esteem. An abuser may react by saying "I treat everyone the same", have inappropriate nick names, be uncooperative, use derogatory language, or deny someone social and cultural contact.

(ix) Abuse of Civil Rights

This includes the denial of, or coercive influence on, a person's right to be registered and to vote, the right to be treated as an equal with dignity and respect, the right of freedom of speech or movement.

(x) Domestic Abuse

Domestic Abuse is defined by the Home Office (2013) as:

“Any incident or pattern of incidents of controlling, coercive or threatening behavior violence or abuse between those aged 16 years 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 abuse.

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

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

There can be an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality and may include female genital mutilation (FGM); forced marriage and so-called honor-based violence. Domestic abuse is not confined to one gender or ethnic group.

Furthermore, The Domestic Abuse Bill gained Royal Assent on 29th April 2021, strengthening the response to domestic abuse and violence:

- Creates a statutory definition of domestic abuse.
- Establishes the office of Domestic Abuse Commissioner.
- Prohibits offenders from cross-examining their victims in person in the family courts.
- Creates a domestic abuse protection notice, (DAPN), and domestic abuse protection order (DAPO).

- Provides a statutory basis for the Domestic Violence Disclosure Scheme, (Clare's law).
- Creates a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal courts.
- Enables domestic abuse offenders to be subject to polygraph testing as a licence condition following release from custody.
- Places a duty on local authorities to give support to victims of domestic abuse and their children in refuges and safe accommodation.
- Requires local authorities to grant new secure tenancies to social tenants leaving existing secure tenancies for reasons connected with domestic abuse.
- Extends the extra-territorial jurisdiction of the criminal courts of England and Wales, Scotland, and Northern Ireland to further violent and sexual offences

Also see a separate Domestic Abuse Policy: [AUKST DA policy May 2025.docx](#)

Signs and indicators

Domestic Abuse signs and indicators may include many of those indicators listed under previous categories in this document, including unexplained bruising, withdrawal from activities - work or volunteering; not being in control of finances, or own decision making.

(i) Modern slavery

Encompasses slavery, human trafficking - forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. The Modern Slavery legislation is linked here: [Modern Slavery Act 2015](#)

Signs and indicators

There may be signs of physical or psychological abuse, victims may look malnourished or unkempt, or appear withdrawn. The person may rarely be allowed to travel on their own, seem under control, influence or others, rarely interact or appear unfamiliar with their neighbourhood or where they work. They may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address; may have no identification documents, have few personal possessions and seen to be wearing the same clothes daily. What clothes they do wear may not be suitable for their work. People may have little opportunity to move freely and may have had their travel documents retained, e.g. passports. They may be dropped off/collected for work on a regular basis either very early or late at night; may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.

(ii) Radicalisation to terrorism and hate crime

The Government through its 'Prevent' programme has highlighted how some adults may be vulnerable to radicalisation and involvement in terrorism. This can include the exploitation of vulnerable people and involve them in extremist activity. Radicalisation can be described as a process by which a person to an increasing extent accepts the use of undemocratic or violent means, including terrorism, in an attempt to reach a specific political/ideological objective. Vulnerable individuals being targeted for radicalisation/recruitment into violent extremism is viewed as a safeguarding issue.

Signs and indicators

May include being in contact with extremist recruiters; Articulating support for violent extremist causes or leaders; Accessing violent extremist websites, especially those with a social networking element; Possessing violent extremist literature; Using extremist narratives to explain personal disadvantage; Justifying the use of violence to solve societal issues; Joining extremist organisations; Significant changes to appearance and/or behaviour.

6.9 Assessment and Reviews

Assessment of an individual's needs plays a vital part in minimising the risk of abuse. It is important that care is delivered in accordance with the person's needs. For e.g. people who are referred through the local authority a full needs assessment should have been undertaken prior to the person starting either day services or any other care service within the organisation. For individuals who self-refer or are referred through other professional's/person's an initial assessment should be undertaken by the relevant service to determine if there are any potential safeguarding issues. This is then used as a benchmark to ensure that appropriate care and support is delivered to each individual.

Where relevant, the statutory needs assessment should be regularly reviewed to meet the person's changing needs. Individuals must be encouraged and empowered to take part in their own assessments and reviews, and strategies must be developed to enable their involvement. The review must be conducted in line with the Care Act (2014) and National Service Framework for Older People as well as Salford's Adult Care's Policies & Procedures and Trafford Council Adult Social Care Policies, Procedures and Practice contents.

Appropriate professionals such as district nurses, general practitioners, occupational therapists and social workers etc. will have an important role to play in the assessment and review process for all relevant people.

All managers are responsible for overseeing the relevant person's care plan, ensuring it is current and reflects their needs.

7.0 Confidentiality

Age UK Salford and Trafford respects everyone's right to confidentiality, however we believe that the welfare of vulnerable people has to take priority and we have a duty to disclose abuse to the appropriate agency if deemed necessary. Age UK Salford and Trafford's confidentiality policy may be overridden in these circumstances and reference should be made to the policy.

Everyone has the legal and moral right to confidentiality. Breaching a person's right to confidentiality could constitute abuse of their human rights.

The following Acts legislate for the confidentiality of individuals:

Data Protection Act 1998

Access to Files Act 1987

Access to Medical Files Act 1990

Public Disclosure Act 1998

For those people in receipt of direct support from Age UK Salford and Trafford - Individual's generally entrust a great deal of information to care providers. In return staff must make every effort to ensure that this trust is not abused in any way, in order to ensure that confidentiality of information is maintained at all times.

Only people to whom the relevant person has given permission have the right to see records which are held on them. Proof of consent, either written or verbal, must be sought before providing information.

Maintaining the confidentiality of information is a required duty for all those that work in social care.

The person's choice regarding the disclosure and possession of confidential information has to be balanced between the need to involve other professionals for the wellbeing of themselves and statutory requirement.

Members of staff must never promise a person that they will keep information 'secret'. There may be times when information must be shared with a line manager to ensure the health and safety of the individual and/or other people.

7.1 Recruitment of Staff and Volunteers/Appointment of Trustees, etc.

Age UK Salford and Trafford uses the First Advantage site to make disclosure applications to the Disclosure and Barring Service (DBS).

As an organisation using the DBS to assess an applicants' suitability for positions of trust, Age UK Salford and Trafford complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.

We make every subject of a DBS Disclosure aware of the existence of the DBS Code of Practice and make a copy available on request. The code of Practice can be downloaded from <https://www.gov.uk/disclosure-barring-service-check/overview>

Due to the nature of the position and the client group that staff may be working with (vulnerable adults) Age UK Salford and Trafford is required by the Rehabilitation of Offenders Act 1974, to ask questions about criminal records, including those which are spent. DBS disclosure forms will be requested for those positions where this is deemed necessary. Applicants called for interview will be requested to provide details of their DBS certificate at interview. A criminal record declaration clause forms part of the DBS application form and is issued accordingly.

We undertake to discuss any matter revealed in a disclosure with the person seeking the position before withdrawing a conditional offer of employment.

For further information please see the policy statement on the recruitment of ex-offenders.

In accordance with the DBS code of practice, disclosure documents and associated paperwork will be stored securely for a maximum period of 6 months and then shredded.

7.2 Person in a Position of Trust (PiPoT)

Where concerns are raised about someone who works with adults with care and support needs, it will be necessary for the employer (or student body or voluntary organisation) to assess any potential risk to adults with care and support needs who use their services and, if necessary, to take action to safeguarding those adults. This policy applies whether the allegation or incident is current or historical.

Examples of such concerns could include allegations that relate to a person who works with adults with care and support needs who has:

- behaved in a way that has harmed, or may have harmed an adult or child
- possibly committed a criminal offence against, or related to, an adult or child
- behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs

If, following an investigation a Person in a Position of Trust (PiPoT) is removed, by either dismissal or permanent redeployment, to a non-regulated activity, because they pose a risk of harm to adults with care and support needs, (or would have, had the person not left first), then the employer (or student body or voluntary organisation), has a legal duty to refer the person to the Disclosure and Barring Service (DBS).

It is an offence to fail to make a referral without good reason. In addition, where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the Health and Care Professions Council, General Medical Council and the Nursing and Midwifery Council.

If a person subject to a PiPoT investigation, attempts to leave employment by resigning in an effort to avoid the investigation or disciplinary process, the employer (or student body or voluntary organisation), is entitled **not** to accept that resignation and conclude whatever process has been utilised with the evidence before them. If the investigation outcome warrants it, the employer can dismiss the employee or volunteer instead and make a referral to the DBS. This would also be the case where the person intends to take up legitimate employment or a course of study.

Children

When a person's conduct towards an adult may impact on their suitability to work with, or continue to work with children, this must be referred to the Local Authority Designated Officer (LADO). In the Salford locality, you can report it here:

LADO@salford.gov.uk and in Trafford, here: anita.hopkins@trafford.gov.uk

Where concerns have been identified about their practice and they are a parent/carer for children, then consideration by the Data Controller should be given to whether a referral to Children's Services is required.

Data Controller

If an organisation is in receipt of information, that gives cause for concern about a person in a position of trust, then that organisation should give careful consideration as to whether they should share the information with the person's employers, (or student body or voluntary organisation), to enable them to conduct an effective risk assessment. The receiving organisation becomes the **Data Controller** as defined by the Data Protection Act 1998 and GDPR; Article 4 (please refer to Section 4.0 Legal Framework). The Data controller for Age UK Salford and Trafford is the Chief Executive Officer.

7.3 Consent and Capacity

It is of the utmost importance that it is recognised that all individuals with capacity have the legal right to accept or refuse care and support. Forcing treatment of any kind upon an individual against their will would constitute abuse.

Where an individual lacks the capacity to consent to make decisions about their support a referral must be made to a medical professional for assessment, advice and guidance.

At all times staff must:

- Listen to people carefully, and respect their views – not being judgmental
- Promote the rights of individuals to be fully aware of and play an active role in their support
- Be aware of, and respect the individual's right to refuse treatment, involving other appropriate services when necessary.

Consent must be sought from individuals to whom you are offering care or support.

For a person to give informed valid consent they must have:

- The capacity to make decisions.
- They must be able to understand reasonable foreseeable consequences in making or not making a decision i.e. be able to make an informed choice
- The decision must be made without undue influence and purely from the individual's own choice
- An individual must be presumed competent until the contrary has been proven with the appropriate medical/social intervention

A competent person is described as someone who is able to:

- Understand information
- Process information
- Understand the consequences of any decisions they are making

There are very few individuals that lack total capacity to make decisions. It takes a low level of capacity to make a decision on what one may like to wear. Comparatively it would take a higher level of capacity to make a financial decision. Where a person lacks the capacity to make decision(s) an independent advocate should always be involved. It may be necessary that a Court of Protection order be implemented to protect the rights of the individual.

7.4 Restraint

The term restraint refers to preventing the free movement or expression of a person.

Safeguarding Adults Policy, Procedure, guidelines, April 2025
Carmel Berke- Designated Safeguarding Lead

It should be noted that, unless an individual is subject to a section of the Mental Health Act, another individual has no right to restrain them. Restraint is a moral, ethical, legal and human rights issue.

Inappropriate methods of restraint sometimes used are:

- Inappropriate use of nightclothes
- Chairs constructed to immobilise people
- Isolation
- Bedrails
- Furniture arranged to impede movement
- Controlling verbal and/or body language by staff

The use of restraint is always a last resort and even then, must only be used when all other alternatives have been exhausted e.g. engaging someone in an activity whereby they choose not to wander. A full review involving all appropriate agencies must take place before restraint is considered.

Restraint must only ever be used for the personal safety and well-being of the individual and/or others. The person must have representation for an appropriate person to advocate on their behalf.

Situations where restraint may be considered may include:

- Physical harm
- Self Harm or a risk of physical injury
- Destructive behaviour
- Extreme and prolonged over activity which may lead to exhaustion

A medical practitioner must make the decision on any form of restraint, which must be justified and not prolonged. This must be recorded, monitored and reviewed regularly. Should the reason for restraint no longer exist, its use must be ceased immediately in consultation with medical advisors.

Before any form of restraint is considered the cause of the individual's dangerous and challenging behavior must be sought. The cause may be:

- Dementia
- Depression
- Loneliness
- Pain
- Invasion of personal space by others
- Unfamiliar environment

Attempts should be made to alleviate possible causes before restraint is even considered.

7.5 Disclosure

Disclosure is a term that is used to describe speaking out about poor practice and telling someone about it in order to get it stopped.

The Public Disclosure Act 1998 offers legal protection to people in the workplace that report abuse within an organisation.

Disclosure should be done whenever staff see a practice that they believe to be dangerous, unsafe, abusive, illegal or against organisational policy.

The safety of the person who has allegedly been abused must be ensured by the managers and staff of each individual service. Investigation into the alleged abuse **will not** be commenced by Age UK Salford and Trafford until the situation has been discussed firstly with the relevant safeguarding of adults at risk Assessment/Investigation Team. This is to avoid contamination of any possible evidence of abuse.

In some circumstances an individual worker, volunteer or student in any role may feel that they have witnessed a practice that is dangerous, unsafe or abusive. If this is the case, then they have a legal and moral duty to tell someone about it so that an appropriate person can intervene.

In most cases this will be a relatively simple process. Staff will need to tell their line manager and they will take action to stop this practice. In some cases, it may be more difficult. For example, a manager may be involved in poor practice and they may not listen to another point of view. You can also refer to our whistle blowing policy: [AUKS04 Whistleblowing Policy.docx](#)

If this is the case, then staff have a duty to tell the next most senior manager or the Safeguarding Lead. So, if staff felt that their line manager was acting in an abusive manner then they must tell the care services manager or another senior manager who could deal with the situation immediately.

People who speak up will be protected. Disclosing information on poor practice can be very difficult. Staff may feel that if they speak up, they will be ridiculed by their colleagues or that they may even lose their job. Age UK Salford and Trafford, however, has a moral and legal responsibility to protect its service users. The identity of staff-raising concerns will not be revealed unless it is absolutely necessary to the investigation or the police or a court of law requires it.

It is the responsibility of every member of staff, volunteer including students to report any concerns about possible abuse.

They will be listened to and taken seriously. They will be fully supported and protected by managers in Age UK Salford and Trafford. Should a member of staff, volunteer or student feel unable to speak openly about suspected abuse they can approach a senior manager or the chief executive directly and seek a confidential meeting. Or if their concerns relate to a senior manager/chief executive they can approach the chair person of the board of trustees.

It is better that staff/volunteer including students say who they are or at least at which base they work so that their concerns can effectively be addressed. However, if individual staff/volunteer including students feel they are unable to raise their concerns personally they are encouraged to do so anonymously rather than fail to act at all.

All concerns will be responded to in an understanding, sensitive and confidential manner. It must be remembered that all individual members of staff/volunteer including students have a legal, moral and humane responsibility to do whatever they can to ensure that vulnerable adults are protected from any form of abuse.

Please refer to Age UK Salford and Trafford's whistle blowing policy, which re-iterates that staff/volunteers including students will be supported and protected after disclosing information on the possible abuse of others and themselves.

If after disclosing the staff member/volunteer including students feel the concerns raised are not being taken seriously and require further advice they can contact

Principal Manager Adult Safeguarding Review and Extra Care
Salford Health and Social Care
Salford Royal NHS Foundation Trust
Sutherland House
303 Chorley Road
Swinton
Salford M27 6AY
Direct line tel 0161 603 4391
Mobile: 07590804955

Jane Bowmer
Salford Safeguarding Adults Board Manager
Sutherland House
303 Chorley Road
Swinton
Salford City Council M27 6AY
Tel: 0161 603 4287
Email jane.bowmer@salford.gov.uk

Safeguarding Adults Policy, Procedure, guidelines, April 2025
Carmel Berke- Designated Safeguarding Lead

Or if the incident has taken place in Trafford, follow this link to their portal: [Portal Home](#)

The following flowchart (Appendix 1) illustrates the process for reporting suspicions of abuse.

In accordance with the Care Act (2014); the Public Disclosure Act; and Department of Health Guidelines; the Director of Care and Support Services discuss all allegations of abuse with the Care Quality Commission and the relevant Adult Health and Social Care Safeguarding Team.

All staff/volunteers including students have a duty to report concerns or allegations of abuse. Reporting these details, even when a colleague or the staff of another organisation may be involved, is **essential**. Managers have a duty to respond and provide effective support to staff at such times.

7.6 Who can abuse

Both older men and women can be at risk of being abused. The abuser is usually well known to the person being abused. They may be:

- a partner, child or relative
- a friend or neighbour
- a paid or volunteer care worker
- a health or social worker, or other professional
- older people may also be abused by a person they care for

Often, the people who abuse older people are exploiting a special relationship. They are in a position of trust, whether through family bonds, friendship or through a paid caring role, and they exploit that trust.

Sometimes, however, abuse is not intentional. It can be because someone lacks the skills or external support necessary to adequately care for another person. We call this passive abuse because it is unintentional. That does not mean that the impact on the older person is any less, but it can help us to understand how best to address the abuse.

7.7 Where does abuse occur?

Abuse can occur anywhere:

- in someone's own home
- in a carer's home

- in a day centre
- in a residential home, or a nursing home
- in a hospital

7.8 What to do if abuse is suspected – do's and don'ts

Do

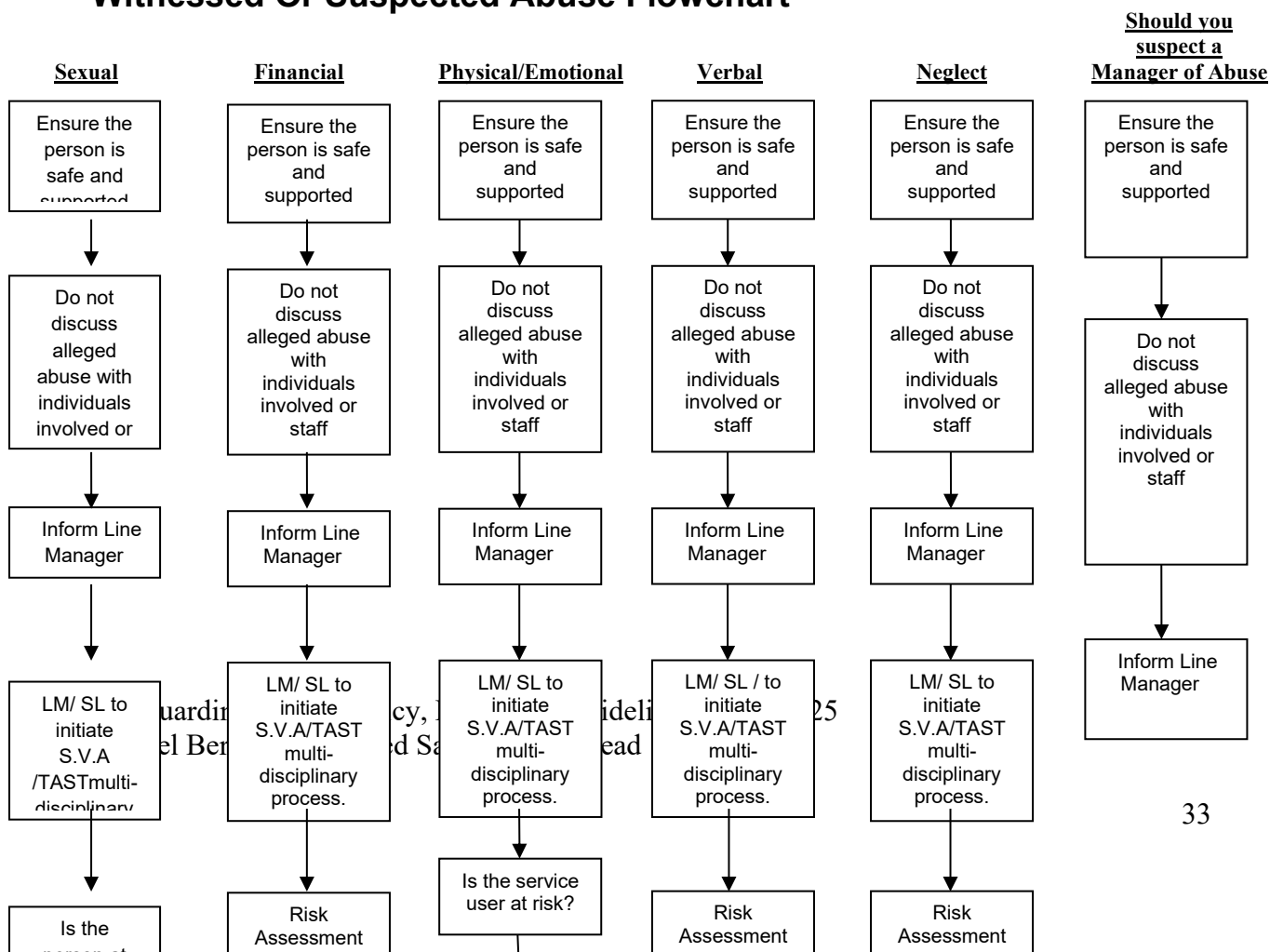
- stay calm
- ensure the safety of the individual and yourself
- assess the need for emergency services
- listen attentively to what the person says and pay attention to body language
- take it seriously – even if it is not making much sense to you at present
- reassure the person they are right to tell you
- explain to the person what action you will be taking
- inform manager as soon as possible
- follow closely the safeguarding procedures in place
- write down exact details of the conversation you have had with the individual
- take all precautions to preserve evidence
- report to your line manager (or another senior manager if the line manager is implicated in the abuse)

Don't

- panic
- show that you are shocked or that you do not believe them
- be judgmental or make assumptions
- stop someone who is freely recalling significant events
- launch into an investigation of your own
- press for more details or question excessively
- make a promise to keep it secret or other promises you cannot keep
- try and sort this out - stick to the procedure
- contact or confront alleged abuser
- tell people who do not need to know - confidentiality is important
- disturb or destroy possible evidence e.g., clean the person up, wash their clothes

Appendix 1

Witnessed Or Suspected Abuse Flowchart



LM / SL

Key:
LM = Line Manager
SL= Safeguarding Lead
SVA = Salford Vulnerable Adults
TAST=Trafford Adult Safeguarding
Team
CQC = Care Quality Commission