

Safeguarding Policy (Adults at risk)

1. Policy aims:

- The purpose of this policy is to outline the duty and responsibility of staff, volunteers, the safeguarding team, and directors working on behalf of the organisation in relation to Safeguarding Adults at risk.
- All adults have the right to be safe from harm and must be able to live free from fear of abuse, neglect and exploitation.
- *"Abuse is a violation of an individual's human and civil rights by any other person or person's"* Kent and Medway Safeguarding Adults at risk (2010)
- To explain the responsibilities the organisation and its staff, volunteers, the safeguarding team, and directors have in respect of safeguarding protection.
- To provide staff with an overview of safeguarding protection
- To provide a clear procedure that will be implemented where safeguarding protection issues arise.

2. Context:

For the purpose of this policy 'adult' means a person aged 18 years or over.

6 principles of safeguarding adults

We ensure to undertake all of our safeguarding procedures follow the 6 principles of safeguarding adults detailed within the Care Act 2014

1. **Empowerment** - People being supported and encouraged to make their own decisions and have informed consent.
2. **Prevention** - It is better to take action before harm occurs.
3. **Proportionality** - The least intrusive response appropriate to the risk presented.
4. **Protection** - Support and representation for those in greatest need.
5. **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. **Accountability** - Accountability and transparency in safeguarding practice.

What do we mean by abuse?

Abuse of an adult at risk may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where an adult at risk is persuaded to enter into a financial or sexual transaction to which they have not, or cannot,

consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.

Concerns about abuse may be raised and reported to the social services agency as a result of a single incident or repeated incidents of abuse. However for some clients the issues of abuse relate to neglect and poor standards of care. They are ongoing and if ignored may result in a severe deterioration in both physical and mental health and even death.

Anyone who has concerns about poor care standards and neglect in a care setting may raise these within the service, with the regulatory body and/or with the social services agency.

Where these concerns relate to an adult at risk living in their own home, with family or with informal carers they must be reported to the social services agency. These reports must be addressed through the adult protection process outlined below and a risk assessment must be undertaken to determine an appropriate response to reduce or remove the risk.

Who is included under the heading 'adult at risk?'

Under The Care Act, an adult at risk is someone over 18 years old who: has care and support needs. is experiencing, or is at risk of, abuse or neglect. as a result of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it'. (*Definition from The Care Act, 2014*)

This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It is important to include people whose condition and subsequent vulnerability fluctuates. It may include an individual who may be at risk as a consequence of their role as a carer in relation to any of the above.

It may also include victims of domestic abuse, hate crime and anti-social abuse behaviour. The person's need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

Many adults at risk may not realise that they are being abused. For instance an elderly person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse.

It is important to consider the meaning of 'Significant Harm'. The Law Commission, in its consultation document 'Who Decides,' issued in Dec 1997 suggested that; 'harm' must be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also 'the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'.

3. Legislation:

Gloucestershire Multi-Agency Adult Protection Policy, Protocols and Guidance (May 2005): www.gloucestershire.gov.uk and follow links to Adult Protection

Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998

Data Protection Act 1998, Freedom on Information Act 2000, Safeguarding Vulnerable Groups Act 2006, Deprivation of Liberty Safeguards, Code of Practice 2008

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can make decisions, in which situations, and how they must go about this. The Mental Capacity (Amendment) Act 2019 is a UK law that changed the Mental Capacity Act 2005 by introducing the Liberty Protection Safeguards (LPS). The LPS replaced the Deprivation of Liberty Safeguards (DoLS) and provides rules to protect the rights of people who lack capacity and need to be deprived of their liberty

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

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

The Care Act 2014 sets out statutory responsibility for the integration of care and support between health and local authorities. NHS England and Clinical Commissioning Groups are working in partnership with local and neighbouring social care services. Local Authorities have statutory responsibility for safeguarding. In partnership with health they have a duty to promote wellbeing within local communities.

Safeguarding Accountability and Assurance Framework (2024) This framework sets out the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations.

Other legislation

- Care Act and Statutory Guidance Section 14 Safeguarding
- Domestic abuse Act 2021
- The Crime and Disorder Act 1998
- Female Genital Mutilation Act 2003
- Sexual Offences Act 2003
- Convention on the Rights of Persons with Disabilities 2006
- Mental Health Act 2007
- Children and Families Act 2014
- Modern Slavery Act 2015
- Serious Crime Act 2015
- Prevent Duty 2015

4. Policy Guidance:

The role of staff, volunteers, and directors

All staff, volunteers and directors working on behalf of the organisation have a duty to promote the welfare and safety of adults at risk.

Staff, volunteers and directors may receive disclosures of abuse and observe adults who are at risk. This policy will enable staff/volunteers to make informed and confident responses to specific adult protection issues.

Types of abuse

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which they have not consented, or cannot consent.

Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it. Organisations and individuals should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case

Safeguarding Adults in Gloucestershire Board recognises that the most recent government guidance identifies the following types of abuse and neglect:

Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding,

inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks. Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation. It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Financial or Material abuse includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse.

Sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them. Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power

over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

Neglect and Acts of Omission include 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. Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Organisational abuse including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. 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. Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs

Self-neglect entails neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It is also defined as the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the individual and sometimes to their community.

Note: Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.

Domestic abuse: The Domestic Abuse Act 2021 defines domestic abuse as behaviour of a person ("A") towards another person ("B") is "domestic abuse" if A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive. Behaviour is "abusive" if it consists of any of the following— physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse. It does not matter whether the behaviour consists of a single incident or a course of conduct. "Economic abuse" means any behaviour that

has a substantial adverse effect on B's ability to acquire, use or maintain money or other property, or obtain goods or services.

Modern slavery encompasses slavery, human trafficking, forced and compulsory 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. A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:

- forced to work - through mental or physical threat;
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- dehumanised, treated as a commodity or bought and sold as 'property';
- physically constrained or has restrictions placed on his/her freedom of movement.

Modern slavery takes various forms and affects people of all ages, gender and races. **Human trafficking** involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.

Discriminatory abuse includes 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. Hate crime can be viewed as a form of discriminatory abuse, although it will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

When to Raise a Safeguarding Concern

Adult Safeguarding is for people who, because of issues such as dementia, learning disability, mental ill-health or substance abuse, have care and support needs that may make them unable to protect themselves from abuse or neglect.

Under the Care Act 2014 the local authority (Gloucestershire County Council) has a duty to make enquiries, or request others to make them, when they think an adult

with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed to safeguard the person.

The adult safeguarding duties under the Care Act 2014 apply to any adult, aged 18 or over, who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Care and support needs are defined in the Care and Support (Eligibility Criteria) Regulations 2015 in terms of specified outcomes. The person may be regarded as having care and support needs if they are unable to achieve the outcome without assistance; doing so causes the adult significant pain, distress or anxiety; doing so would place them at significant risk; or, achieving the outcome without assistance would take significantly longer than would normally be expected.

The person does not need to be in receipt of a service, it is sufficient that there is a reasonable belief that the person is unable to achieve one or more of the specified outcomes and that as a result they are unable to protect themselves from either the risk of, or experience of abuse or neglect.

The specified outcomes are:

- managing and maintaining nutrition;
- maintaining personal hygiene;
- managing toilet needs;
- being appropriately clothed;
- being able to make use of the adult's home safely
- maintaining a habitable home environment;
- developing and maintaining family or other personal relationships;
- accessing and engaging in work, training, education or volunteering;
- making use of necessary facilities or services in the local community including public transport, and recreational facilities or services.
- carrying out any caring responsibilities the adult has for a child
- Your responsibilities as referrer

Before making an adult safeguarding referral:

- Where possible discuss your concerns with the person, their advocate or representative, and try to find out what their views and wishes are. While the person's consent, where they are able to give it, is preferable it is not essential.

- Take any actions you can within the boundaries of your role, to prevent harm/further harm occurring. It is not sufficient just to make a safeguarding referral.
- Consider whether a safeguarding referral is a proportionate response to the concern. What other options may be available? What is the nature and level of harm, e.g. would an assessment of their needs be more proportionate at this stage?
- Ensure that the organisations/agencies with immediate responsibility for ensuring the safety of the person have been notified.
- Ensure you have clearly documented what you have observed/heard as it may be required at a later date.

When making an adult safeguarding referral please use plain English to describe:

- What has happened, when and to whom.
- The nature of harm, or risk of harm, that the person has experienced or is at risk of experiencing.
- How this has affected the person.
- Why you believe the person has care & support needs (see above).
- Why you believe that the person is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- What the person has said and what they want to happen; their views and wishes.

Procedure in the event of disclosure

It is important that adults at risk are protected from abuse. All complaints, allegations or suspicions must be taken seriously.

This procedure must be followed whenever an allegation of abuse is made, when an adult's welfare has been compromised, or when there is a suspicion that an adult at risk has been abused.

Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.

This must include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation. You must also include whether or

not consent has been gained to share this information and if not, why has it not been given?

Reporting a disclosure

Any suspicion, allegation or incident of abuse must be reported to the Designated Safeguarding Lead, Craig Tucker (01452 307201 extension 011 or 07522 261381) on that working day where possible. Where Craig Tucker is unavailable, the Deputy Safeguarding Lead (Adults), Gill Parkinson should be contacted (01452 307201 extension 027 or 07801 443437). Allegations against staff should be reported following the Whistle blowing policy.

The nominated member of staff shall telephone and report the matter to the appropriate local adult social services duty social worker. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

Responding appropriately to an allegation of abuse

In the event of an incident or disclosure:

DO

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

DON'T

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern

- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises of confidentiality
- Ignore the allegation
- Elaborate in your notes
- Panic

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

Consider any actions that may need to be taken immediately, such as calling emergency services or putting in a plan to protect the adult with care and support needs from further harm.

Reporting

Kingfisher Treasure Seekers reporting process for staff is done through the “Safeguarding Report Form” found on the All Staff Drive or on Zoho Creator. This form is sent to the Safeguarding team. This form should be filled in as completely as possible. The more information you can provide about the people involved the better. Including but not limited to:

- Name, address, date of birth, and contact details
- Details of carers
- Details of other people in the household
- Information about the care needs of the adult
- Ethnicity, gender and religion
- Communication needs
- Whether consent has been and sought and if not, on what grounds was the decision to report made?
- What they would like to see happen (if known)

When writing about the abuse or neglect, please be detailed and consider including the following in your report:

- How and when did the concern come to light
- When and where did the potential abuse occur?
- What happened?
- What impact is it having on the individual?
- Are there details of any witnesses?
- Is anyone else at risk, including any children?

Consider also including any information about action that has already been taken such as calling emergency services. Include any reference numbers that you have been given and details of any plans in place. You should submit these even when you do not have evidence of abuse. Any and all suspicious or out of the ordinary circumstances will help the Treasure Seekers Safeguarding Team to build a picture of what is going on.

Escalation

We are committed to fostering an open and transparent culture where employees feel confident reporting safeguarding concerns without barriers. If an employee raises a concern internally and feels that it has not been addressed or they disagree with the response, they should escalate the issue by bringing it to the attention of the Deputy Safeguarding Lead.

Should the employee continue to feel that their concern is not being taken seriously, they are encouraged to report directly to external authorities, such as Adult Social Care, without hesitation. It is vital that all staff feel empowered to take action in the best interest of the individual at risk, free from any judgement or obstruction. If they wish to make a complaint about a member of staff and their actions or inaction, they can speak directly to the General Manager, Andy Davis. Otherwise staff should follow the Complaints Procedure and/or Whistleblowing Policy.

Where Safeguarding Leads are unhappy with the response from Adult Social Care, the Gloucestershire Safeguarding Adults Board (GSAB) has an escalation policy for professional disagreements in safeguarding adults. The policy is as follows:

Stage one

If a disagreement arises, the concerned worker should contact their supervisor within their agency. The supervisor should then raise the concerns with the equivalent supervisor in the other agency.

Stage two

If the disagreement is not resolved at stage one, the supervisor should report it to their manager or named safeguarding representative. The two managers should then try to resolve the disagreement through discussion.

Stage three

If the disagreement is still not resolved, the GSAB Business Manager should be notified by the person escalating the matter.

Stage four

If the disagreement is still not resolved, the Chair of the Safeguarding Adults Board will convene a Safeguarding Adults Board Resolution Panel. The panel will include representatives from the agencies involved in the disagreement. The panel will make a decision on the next course of action, and their decision is binding on all agencies.

The Making Safeguarding Personal (MSP) Toolkit can also be used to help with safeguarding. The toolkit provides tools and case examples to help with safeguarding, and is divided into three sections: providing information and support, upholding rights, and achieving resolution.

Confidentiality

Adult at risk protection raises issues of confidentiality which must be clearly understood by all.

Staff, volunteers, the safeguarding team, and directors have a professional responsibility to share relevant information about the protection of adults at risk with other professionals, particularly investigative agencies and adult social services. If staff, volunteers or directors have an enquiry about a safeguarding concern they should direct the person/professional to the safeguarding team.

Clear boundaries of confidentiality will be communicated to all.

All personal information regarding an adult at risk will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that they have a responsibility to refer cases of alleged abuse to the appropriate agencies. Within that context the adult must be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the adult at risk is the priority.

It is important to remember that in most serious case reviews, lack of information sharing can be a significant contributor when things go wrong. Information should be shared with consent wherever possible. A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g. in the interests of public safety, police investigation, implications for regulated service.

When a disclosure has been made, staff must let the adult know the position regarding their role and what action they will have to take as a result. Staff must assure the adult that they will keep them informed of any action to be taken and

why. The adult's involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

This policy needs to be read in conjunction with other policies for the organisation including:

- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment, Induction, Training & Development
- Safeguarding children and young people

5. Role of Key Agencies and People:

Adult Social Services

The Department of Health's Care Act 2014 guidance document requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of 'adults at risk' at risk of abuse.

All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding adults at risk. It is normal practice for the board to comprise people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

The Police

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

Designated Safeguarding Lead

The role of the designated lead is to deal with all instances involving adult protection that arise within the organisation. They will respond to all Safeguarding protection concerns and enquiries.

The designated Safeguarding Lead for the organisation is Craig Tucker Should you have any suspicions or concerns relating to Adult Protection, call Craig on 07522 261381 or Gill Parkinson on 07801 443437 as the deputy. The designated lead must contact the local Adult Help Desk about a concern on 01452 426868. Outside of office hours, the Emergency Duty Team can be contacted on 01452 614194.

Role of Line Manager

The role of the line manager is to support the member of staff or volunteer involved with the incident and to ensure the correct procedures are followed.

The line manager could, if agreed with the staff member dealing with the incident, make contact with the designated Safeguarding Lead in the first instance.

The line manager must ensure that all staff within their team are familiar with the organisation's adult at risk protection procedures and ensure that all staff undertake training, where appropriate. Staff are encouraged to sign up for updates from Gloucestershire Safeguarding Adults Board - Adult Social Care from [their website](#).

6. Training:

Training will be provided, as appropriate, to ensure that staff are aware of these procedures. Specialist training will be provided for the member of staff with adult at risk protection responsibilities. All staff are required to complete mandatory training on the company HR platform, Atlas, including:

- Safeguarding of Vulnerable Adults - Part One (renewed every 2 years)
- Safeguarding of Vulnerable Adults - Part Two (renewed every 2 years)
- Safeguarding of Vulnerable Adults Level Two (renewed every 3 years)

7. Complaints procedure:

The organisation has a complaints procedure available to the public, as well as all staff, volunteers and directors.

8. Recruitment procedure:

The organisation operates procedures that take account of the need to safeguard and promote the welfare of adults at risk, including arrangements for appropriate checks on new staff, volunteers and directors where applicable. Staff responsible for recruitment are trained in Safer Recruitment processes.

9. References and further sources of information:

Action on Elder Abuse (AEA) is a charity working to protect, and prevent the abuse of, older adults at risk.

<http://www.elderabuse.org.uk>

The Centre for Policy on Ageing was established in 1947 by the Nuffield Foundation with a remit to focus on the wide-ranging needs of older people

<http://www.cpa.org.uk/index.html>

Gloucestershire Safeguarding Adult Board publishes a range of guidance and updates.

<http://www.gloucestershire.gov.uk/gsab/article/110178/Publicity-documents--Information-leaflets>

Gloucestershire Domestic Abuse Support Service is a county-wide service designed to reduce the level of domestic abuse and improve the safety of victims and their families.

<https://www.gdass.org.uk/>

Safeguarding accountability and assurance framework (2024)

<https://www.england.nhs.uk/long-read/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs/>

Safeguarding Adults Reviews

<https://www.gloucestershire.gov.uk/gsab/safeguarding-adults-board/safeguarding-adults-reviews/>