



# **Adult Safeguarding Policy**

Author: Russell Cade

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## ***1 – Introduction***

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Given the nature of emergency care, ambulance staff are often the first on scene to provide treatment at any emergency situation. Optimum practice in recognising and protecting adults at risk from significant harm and abuse is most effective by using a multi-agency approach, and ambulance staff can play an immediate role in progressing matters by alerting the relevant authorities. The safeguarding structure is designed to support and embed practice in collaborating with professional colleagues and ensure staff are familiar with national guidance.

This policy offers a mechanism and practice guidance to enable ambulance staff to raise any concerns which are then reported to the appropriate agency, most usually the local authority Social Care department, for consideration of further action. It should be emphasized that the role of ambulance staff is not to investigate concerns but to ensure that they are passed to the relevant agency to action accordingly.

This policy sets out the commitment of EMATS to safeguard adults and outline how we will deliver our responsibilities in adherence to DH guidance (March 2011), Safeguarding Adults (ADASS 2005), and the Care Act 2014, which replaces the “No Secrets” guidance.

It should be recognised that many situations where it is beneficial to bring a patient’s circumstances to the attention of the local authority social care department, may not constitute a safeguarding issue in terms of the definitions used in this policy. That should not detract from a concern being made providing consent has been obtained, when an adult is unable to contact the local authority directly themselves as this will enable social services to take a view on what action, if any, needs to be taken.

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## ***2 – Scope***

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This policy applies to all staff, contractors, voluntary agencies and volunteers who work for, in conjunction with or on behalf of EMATS, including those staff, observers and visitors who may not come into direct contact with patients.

To ensure that all employees, contractors and volunteers are aware of their responsibilities to uphold the rights of adults at risk, and to take action to prevent them from experiencing neglect, harm or abuse.

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## ***3 – Objectives***

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To ensure that all EMATS employees, contractors and volunteers can recognise the signs of suspected abuse and treat patients with sensitivity irrespective of their personal circumstances or protected characteristics as defined in the Equality Act 2010.

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## *4 – Responsibilities*

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**Safeguarding Lead:** To scrutinise and ensure safeguarding obligations are met. EMATS Management also ensures that safeguarding remains integral to the EMATS and is not compromised by operational or financial pressures.

**Managing Director:** To provide executive leadership for safeguarding across the organisation, ensuring safeguarding is a priority and a regular agenda item at a senior level and are accountable for the governance of safeguarding to the regulators and partners. Make referrals to the Independent Safeguarding Authority or its successors.

**Clinical Director:** To act as EMATS Caldecott Guardian and provide expert clinical advice.

**Operations Director:** Ensure operational implementation and adherence to this policy. To authorise the release of operational staff to contribute to external safeguarding investigations and monitor compliance of all contractors who come into contact with patients and that all staff receive the appropriate level of training. The records are kept on the required training statistics and ensures that the EMATS recruitment process follows that of a safer recruitment guidelines.

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## *5 – Criteria for Safeguarding adults in need*

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Safeguarding adults is a process of measures taken to ensure that adults in need of care and support (as defined below) are supported so as to protect them from neglect and abuse.

The Adult experiencing or at risk of abuse or neglect will thereafter be referred to as the adult in need throughout this policy.

From April 2015 safeguarding duties apply to an adult in need who

- Has need 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.

An adult in need of care and support is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors.

Naturally, a patient's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult in need experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors.

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## *6 – Key Principles*

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The Department of Health has agreed safeguarding principles, set out below, to ensure consistent standards in delivering safeguarding. The principles are seen as the foundation for achieving good outcomes for patients and should be used by health care providers to build robust safeguarding processes. The principles are:

1. Empowerment Presumption of person led decisions and consent
2. Protection Support and representation for those in greatest need
3. Prevention of neglect, harm and abuse is a primary objective
4. Proportionality and least intrusive response appropriate to the risk presented
5. Partnerships Local solutions through service working with their communities
6. Accountability and transparency in delivering safeguarding

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## *7 – The aims of adult safeguarding*

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The aims of safeguarding under the Care Act are both reactive and proactive as follows;

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse and neglect wherever possible
- To safeguard adults in a way that supports them in making choices and having control about how they want to live.
- To promote an approach that concentrates on improving life for the adults concerned.
- To raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- To provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult and address what has caused the abuse or neglect.

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## *8 – What is abuse and neglect?*

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There are different types and patterns of abuse and neglect and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviors which could give rise to a safeguarding concern.

The criteria for safeguarding adults in need will need to be met before the issue is considered as a safeguarding concern.

- Physical abuse- including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence- including psychological, physical, sexual, financial, emotional abuse; so called “honour” based violence.
- 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.

- Psychological or Emotional abuse- including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Financial or material abuse- including theft, fraud, internet scamming, coercion in relating 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.
- Modern slavery- encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- Discriminatory abuse- including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse- including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one of incidents to on-going ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission- including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Self-neglect & Hoarding- this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- Radicalisation and Prevent - Incidents of abuse maybe one off or multiple and affect one person or more.

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## *9 – Domestic abuse*

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From 2013 “any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality”

- Includes psychological, physical, sexual, financial, emotional abuse or so-called honour based violence, female genital mutilation, forced marriage.
- Age range for domestic abuse extended down to include 16-year-olds.

Children who reside in a household where domestic abuse occurs are affected either directly or indirectly. It is imperative that all staff make a safeguarding children referral via phone in all circumstances where a child(ren) is present when the abuse took place; or where the child(ren) may reside at the property but is/are absent at the time of the incident.

Domestic abuse where there are no children in the family are assessed on an individual basis regarding raising a safeguarding concern and / or police referral if the abuse suspected is a crime.

### **Domestic Violence Definition:**

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse; Psychological, physical, sexual, financial and emotional. Ref: Home Office (2012a).

'Controlling behaviour 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.

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## ***10 – Mental Capacity and Consent***

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EMATS is committed to ensuring patients are at the centre of the decisions made about their care and steps are taken to protect and empower patients under the Mental Capacity Act (2005).

The presumption is that adults have the mental capacity to make informed decisions about how they live their lives. The presumption that an adult has made an unwise decision, which may put them at risk, does not mean that the person lacks capacity. In the context of safeguarding adults, it is essential to consider whether the patient has capacity to give informed consent.

There will be situations when the adult at risk has the mental capacity to make informed decisions about their safety and decides that they do not want any intervention to take place. This must be respected unless:

- There is a public interest, i.e. not acting will put other adults or children at risk, or
- There is a duty of care to intervene, e.g. a crime has been committed.

If an adult at risk does not have the capacity to make informed decisions about their safety and they do not want any action to be taken, staff have a responsibility to act in the patient's best interest as described in the Mental Capacity Act Code of Practice. If necessary immediate action should be taken to manage the risk and a referral should be made accordingly using EMATS cause for concern form.

Mental Health in the context of safeguarding adults: crews should be mindful that patients who have mental health needs including dementia or a personality disorder as they are considered to be vulnerable adults. Issues should be considered under safeguarding practice and a referral made where appropriate.

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## ***11 – Carers***

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People receiving care and carers have the same rights to an assessment on the appearance of needs, regardless of what the Local Authority think is the level of their need and regardless of their financial resources. Section 20 of the Care Act provides a new legal entitlement to support for carers. If a Carer is ordinarily resident or present in the local authority's area and their needs meet the eligibility criteria, the Local Authority has a duty to meet the carers need for support. If a Carer is deemed to have eligible needs, the Local Authority should prepare a "support plan". The support plan must help the carer decide how their needs should be met and which (if any) would be met by direct payment i.e. direct payments can be provided to carers.

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## *12 – Child Protection*

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Operational staff should be mindful of this when attending calls of this nature; they may be the first agency to become aware of the risk to the patient and can initiate the work with other agencies to safeguard the Child at risk. Cases of domestic abuse perpetrated against a child at risk may warrant immediate request for the police to attend.

Reference should be made to the Safeguarding Children Policy.

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## *13 – Information Sharing*

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Robust information sharing is at the heart of safe and effective safeguarding practice. Information sharing is covered by legislation, principally the General Data Protection Act 2018 (GDPR) and the Data Protection Act 2018. The GDPR and Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998.

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information. The GDPR and Data Protection Act 2018 place greater significance on health care providers being transparent and accountable in relation to their use of data. All health care providers handling personal data need to have comprehensive and proportionate arrangements for collecting, storing and sharing information. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purpose of keeping children, young people and adults safe.

The Data Protection Act 2018 and Care Act 2014 enable information to be shared to safeguard adults in need. Failing to do so may result in abuse going undetected or prolonging the suffering of patients.

Early sharing of information is the key to providing an effective response where there are emerging concerns. EMATS staff should raise a safeguarding concern with the Event Lead or Operations Director during the job cycle of the call or immediately after spotting the concern during treatment to ensure prompt action can be taken by social

services when required. Information sharing between statutory organisations is fundamental to safeguarding adults at risk. Confidentiality should not be confused with secrecy that is the need to protect the organisation over the need to protect the patient.

EMATS should obtain the adult's consent to share information and should explain what the information will be used for, wherever possible.

The following principles should be followed:

The information should be necessary for the purpose for which it is being shared

- Shared only with those who need it
- Be accurate and up to date
- Be timely
- Shared securely

Sharing information without consent: If the risk presented by the perpetrator is high, consideration can be given to sharing information without the consent of the adult in need. This is supported by Data Protection Act 1998 (schedules 2 and 3), the Crime and Disorder Act 1998 and the Human Rights Act 1998 and the Care Act 2014.

EMATS has governance arrangements in place which sets out the principles for sharing information between each other, with other professionals and the Safeguarding Adults Boards.

No one in EMATS should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If you have concerns about the adult and believe they are suffering or likely to suffer abuse or neglect then you should share the information with the Local Authority and/or the Police if you believe or suspect that a crime has been committed.

If your concern is that an adult has welfare needs and there is no abuse or neglect consent must be obtained from the adult or carer to raise your concern. If this is not provided, then you should respect their wishes and advise them to contact social services or other agency directly for support.

#### **Other agencies:**

If an adult or child has been neglected or abused, you need to consider whether a crime has potentially been committed. If so, Police should be called immediately to protect evidence and undertake the necessary investigations. The police should not just be requested for obvious crimes but also the more subtle neglect cases, for example when there has been severe neglect to provide care.

If you attend a patient's property and they are hoarding, you need to consider whether they are a vulnerable adult and if there is risk to anyone else. If they are vulnerable and give consent, then they can be referred via EMATS to the Local Fire Brigade where they will do Fire Safety checks and provide additional support. This should only be undertaken following discussion with the adult in need and having obtained their consent.

If a person is a victim of Domestic Abuse, they can be given details of Women's Aid to contact when is safe to do so. If the victim wants us to contact them on their behalf, we must ensure we gain consent, a contact number and a safe time to be called back.

Prevent is about safeguarding people and communities from the threat of terrorism. It aims to stop people becoming terrorists or supporting terrorism.

Prevent covers all forms of terrorism and extremism and some aspects of non-violent extremism. The Home Office works with local authorities, a wide range of government departments, and community organisations to deliver the Prevent strategy. The police also play a significant role in Prevent, in much the same way as they do when taking a preventative approach to other crimes.

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#### ***14 – Freedom to speak up, raising concerns (Whistle-blowing) policy***

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Employees who have concerns about a colleague's conduct in their personal life or their professional practice, in the context of safeguarding, should report this under the Freedom to speak up Policy.



Employees are entitled to protection under the Freedom to speak up Policy and the Public Interest Disclosure Act 1998.

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### *15 – Commissioned Services*

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EMATS requires that all commissioned service providers produce their own guidelines that reflect EMATS position on safeguarding adults. The guidelines should set out staff responsibilities, reporting concerns and recruitment processes with regard to the requirements set out in the Vulnerable Groups Act 2006. In addition, EMATS require the providers of commissioned services to report any safeguarding concerns through EMATS reporting processes. EMATS will also request evidence to ensure safer recruitment processes are in place and adhered to. EMATS will also undertake periodic audits of recruitment, policies and training records in commissioned services. This will include DBS checks.

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### *16 – Allegations made against employees*

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EMATS will take all necessary measures to ensure that it recruits staff who uphold the principles of the Children Act 2004 and Care Act 2014. However, it is acknowledged that some staff may conduct themselves in a manner that is at odds with EMATS and legislation, in this instance EMATS will treat all allegations against staff seriously.

When an allegation is made about a member of staff EMATS should follow the Allegations Against Staff policy and investigate it under the Disciplinary Procedure in conjunction with the Safeguarding Adults Policy.

The manager who has been alerted to the allegation against a member of staff has responsibility to ensure that the appropriate course of action is taken without delay, giving consideration to the following:

- Notify the Safeguarding lead,
- Where appropriate Safeguarding lead will advise on referring the case to the police if the suspected abuse is a crime.
- In line with EMATS disciplinary procedures, suspend staff suspected of abusing an adult or adults in need.
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with patients and others who may be at risk, for example, whistle-blowers.
- Inform the member of staff as they have a right to know in broad terms what allegations or concerns have been made about them
- Consider raising the allegation as a Serious Incident.
- Maintain a high level of confidentiality

#### **Support for staff involved in the safeguarding adult's process:**

EMATS recognises that an allegation of this nature can have a profound effect on the member of staff. As such, EMATS will provide support to staff whom allegations have been made against, in accordance with advice from the relevant social services department and the Local Police Service so as not to jeopardise the investigation. The

member of staff will be treated with respect, honesty in all matters and confidentiality will be maintained on a need-to-know basis.

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## ***17 – Training & Supervision***

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Current guidance means EMATS specify safeguarding children and adults in need training as mandatory. Training should take place at all levels of EMATS and be updated regularly to reflect best practice. EMATS will ensure that all staff receive training that is appropriate to their level of responsibility.

Level 1 – introduction or induction to safeguarding, covering how to recognize the signs of abuse, respond to a disclosure, report your concerns and record information.

Level 2 – covers Level 1 and goes into more detail about safeguarding procedures, scenario's and what happens to a referral. Designed for those who have day to day or frequent contact with children or vulnerable people.

Level 3 – staff who regularly investigate and or contribute to supporting adults at risk of abuse /or their families/carers. This includes through multi-agency safeguarding procedures and assessing, planning, intervening and evaluating the needs of an adult where there are safeguarding concerns.

Level 4 & 5 – Designated leads & specialists who have responsibility to co-ordinate the response of safeguarding concerns within their organization and support others doing so.

EMATS will ensure that clinical staff receive appropriate support which allows them to reflect on a challenging or traumatic call as well as reflect on their practice. Regular face to face safeguarding supervision from skilled managers and reflective practice is essential to enable staff to work confidently and consistently with difficult and sensitive situations.

Training is a continuing responsibility and EMATS will provide a rolling programme of safeguarding training in line with best practice and guidance.

All safeguarding materials should be approved by the Safeguarding Lead. If as a result of an internal management review or serious incident etc, it is noted that further actions could or should have been undertaken by staff i.e. missed referral, staff will be provided with a Staff Safeguarding Action Plan to address the issues. The plan will outline the reasons for the action plan and what learning, or development needs to take place.

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## ***18 – Monitoring and Governance***

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Strong governance is fundamental to enable EMATS to comply with requirements set out by the Department of Health and CQC so as to challenge existing arrangements and ensure robust safeguarding procedures, which should reflect current best practice and encompass learning from any incidents EMATS may have been involved in.

All safeguarding reports will be reviewed by the Managing Director and the Clinical Director as part of the quarterly company performance review.

## Appendix 1 - Reporting Guide

