



POLICY NAME

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Purpose and policy statement

Leeds Wellbeing Project CIC (LWP) works to improve mental health and wellbeing through lived experience, education, early intervention and community partnerships. LWP is committed to preventing abuse and neglect, identifying risk early and responding in a way that protects rights, dignity, wellbeing and lawful choice. Safeguarding takes priority over reputation, convenience, programme delivery or loyalty to any person or partner.

This policy sets the minimum standard for prevention, recognition, reporting, referral, information sharing, support and organisational learning. It reflects the Care Act 2014, the Care and Support Statutory Guidance and Leeds Safeguarding Adults Board (LSAB) multi-agency arrangements. It does not replace the duties of the local authority, police, NHS, Care Quality Commission or other regulators.

Scope and status

This policy applies whenever LWP has contact with, responsibility for, information about or influence over an adult who may be at risk. It applies to Directors, employees, sessional workers, volunteers, students, contractors, consultants, speakers, trustees or advisers (if appointed), partner personnel acting for LWP, and members of the public using LWP premises, events, services or communication channels.

An adult is a person aged 18 or over. A person under 18 is protected under LWP's Safeguarding Children and Young People Policy. Where risks affect both adults and children, or a young person is approaching 18, both procedures may run at the same time and information must be handed over safely. The adult safeguarding duty does not depend on a diagnosis, disability label, receipt of services or living in a care setting.

This is an England policy using Leeds local arrangements. Law, terminology and referral routes differ in Scotland, Wales and Northern Ireland. Work outside England requires a written jurisdiction addendum and confirmed local contacts before delivery begins.

Language: adult at risk and vulnerable person

LWP uses the Care Act term adult at risk. Under section 42 of the Care Act 2014, the local authority enquiry duty is engaged where an adult has needs for care and support (whether or not those needs are being met), is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves from the abuse or neglect or its risk.

The phrase vulnerable person appears in public and organisational language, but vulnerability should not be treated as a fixed identity. Risk may arise from the interaction between a person's circumstances, another person's conduct, barriers to support and the environment. This policy can be used whenever there is a reasonable safeguarding concern, even if it is not yet clear whether the section 42 test is met. Adult Social Care decides the statutory response.

Safeguarding principles

Care Act principle	How LWP applies it
Empowerment	Support informed decisions, consent and the outcomes the adult wants; presume capacity unless established otherwise.
Prevention	Act before harm escalates through safe design, clear boundaries, early conversations and timely support.
Proportionality	Use the least intrusive response consistent with the assessed risk, rights of others and legal duties.
Protection	Offer support and representation to people who face the greatest need and risk; act immediately in an emergency.
Partnership	Work with the adult, families where appropriate, communities and statutory partners; share relevant information in time.
Accountability	Make responsibilities, decisions and records clear; challenge poor practice and learn from concerns.

LWP follows Making Safeguarding Personal: practice is person-led and outcome-focused.

Workers ask what the adult wants to happen, explain realistic options, agree how the adult will be involved and record both desired and achieved outcomes. This does not mean the adult controls every action where others are at risk or a legal duty requires information sharing.

Equality, human rights and inclusion

- Respect dignity, privacy, family life, liberty, expression, religion or belief and freedom from degrading treatment, while recognising that some rights may lawfully be limited to protect life or the rights of others.
- Make reasonable adjustments and provide accessible information, communication support, interpreters or advocacy. Do not rely on a person implicated in the concern to interpret.
- Challenge racism, sexism, homophobia, transphobia, disablism, ageism, class bias, faith-based prejudice and assumptions about mental health, substance use, homelessness or criminalisation.
- Do not interpret distress, communication difference, memory difficulty or an apparently unwise decision as proof of incapacity or unreliability.
- Recognise that men and boys may face particular barriers to speaking about harm and must receive the same curious, respectful response.

Governance, roles and accountability

Role	Minimum responsibility
Board/Directors	Own organisational safeguarding; approve policy; appoint and support an ASL/deputy; provide resources; review risks, audit data and serious incidents; manage conflicts.
Nominated safeguarding Director	Provides independent escalation for concerns about the ASL/senior leaders; oversees PiPoT, whistleblowing, referrals and required regulator notifications.
Adult Safeguarding Lead (ASL)	Advises, triages, records and coordinates referrals; liaises with Adult Social Care, police, PiPoT and partners; maintains secure records; leads training and review.
Deputy ASL	Acts with the ASL's authority when needed and provides reliable cover for off-site, evening and online delivery.
Managers/activity leads	Risk assess delivery; brief teams; provide safe staffing and access; act on concerns; ensure agreed measures and referrals are completed.
All workers and volunteers	Read and follow this policy/code of conduct; attend training; prevent, recognise, record and report; maintain boundaries; challenge unsafe practice.
Public/participants	Treat people respectfully, follow safety instructions and report concerns. Anyone may contact statutory services directly.

The ASL advises but does not investigate abuse and cannot veto a direct referral. Absence, disagreement or a conflict of interest must never delay protection. The same person should not control the adult's safeguarding response, an employment investigation and final governance assurance where this would compromise independence.

Safeguarding: quick guide for adults and the public

Immediate danger Call 999 if anyone is in immediate danger, a crime is in progress, or urgent police or medical help is needed. Do not wait for an LWP contact to respond.

1. Listen and take the concern seriously. Do not investigate, confront a person alleged to have caused harm or promise secrecy.
2. Write down what you saw, heard or were told, including the adult's own words, date, time, place and who was present. Separate facts from opinion.

3. Report to LWP's Adult Safeguarding Lead as soon as possible and on the same day. If the concern is about that person, use the nominated Director or contact statutory services directly.
4. You do not need proof. In Leeds, contact Adult Social Care on 0113 222 4401. Outside normal hours call 0113 378 0644. Call 999 in an emergency.
5. Where safe, tell the adult what you are doing, ask what outcome they want and consider communication or advocacy needs. Never let uncertainty about consent delay emergency action.

LWP safeguarding contacts	Complete before adoption
Adult Safeguarding Lead	Kai Leighton kai@leedswellbeingproject.org.uk +44 7510600722
Nominated safeguarding Director	Elijah Skervin directors@thementalshift.org
Whistleblowing / complaints	Contact Adult Safeguarding Lead

Recognising abuse, neglect and exploitation

A concern may arise from an adult's disclosure, observation, change in presentation, digital communication, third-party report, repeated low-level events, an unsafe service or a worker's professional unease. Abuse may be deliberate or result from poor practice; it may be a single act or a pattern, occur in any relationship or setting, and involve one or several forms of harm. No single sign proves abuse, but uncertainty must not be used to dismiss a reasonable concern.

Category	What workers should understand
Physical abuse	Assault, inappropriate restraint, misuse of medication or other deliberate physical harm. Indicators may include unexplained injuries, fear, flinching or inconsistent explanations.
Sexual abuse	Any sexual act or contact without free and informed agreement, including coercion, exploitation and image-based or online conduct. Capacity and freedom from pressure are central.
Psychological or emotional abuse	Threats, humiliation, intimidation, isolation, coercion, harassment, controlling behaviour, blaming, silencing or persistent withdrawal of support.

Financial or material abuse	Theft, fraud, scams, pressure about money or property, misuse of benefits, accounts or powers, coercive sales, or a worker taking gifts or controlling purchases.
Domestic abuse	Abusive, threatening, controlling or coercive behaviour between people aged 16 or over who are personally connected. It may be physical, sexual, economic, psychological or technological.
Discriminatory abuse	Unequal, hostile or degrading treatment linked to protected characteristics or perceived identity, including harassment and hate incidents.
Organisational abuse	Poor or abusive practice within a service or institution, including rigid routines, unsafe staffing, closed cultures, neglect of choice, punitive responses or repeated care failures.
Neglect and acts of omission	Failure to provide necessary care, access to health or social support, medication, nutrition, heating, hygiene or protection; ignoring assessed needs or risk.
Self-neglect	A serious inability or unwillingness to care for personal needs or surroundings that places health, wellbeing or safety at risk. Responses require persistence, relationship-building and multi-agency assessment, not blame.
Modern slavery	Trafficking, forced labour, domestic servitude or exploitation where a person is controlled for another's benefit. Follow safeguarding and police/National Referral Mechanism advice.

Additional and emerging concerns

Cuckooing: taking over or using an adult's home for criminal purposes, often through coercion, debt, threats or exploitation.

Mate crime: a person presents as a friend or partner but exploits, harms or takes advantage of the adult.

Hate crime or incidents, forced marriage, so-called honour-based abuse, stalking, harassment and coercive control.

Online abuse, impersonation, location or account monitoring, scams, grooming, sexual or financial exploitation and misuse of images or personal information.

Abuse by another participant, family member, carer, professional, volunteer, stranger or group; risk may continue outside LWP premises.

Risks created by homelessness, isolation, poverty, immigration insecurity, substance dependence, bereavement, transition between services or several agencies losing contact. These circumstances never make the adult responsible for abuse.

Professional curiosity Ask: What has changed? Who benefits or controls access, money, housing or communication? Is the adult able to speak privately? Are other adults or children at risk? What does the adult want, and what barriers prevent help?

Responding to a disclosure or concern

Receive - reassure - establish safety - record - report

1. Receive calmly. Give the adult time, listen without judgement or disbelief and use communication support where required.
2. Reassure. Say they have done the right thing by speaking and that the concern will be taken seriously. Do not make promises about the result.
3. Explain confidentiality. Do not promise secrecy. Explain that information may be shared with people who need it to protect them or someone else.
4. Ask only what is needed to establish immediate safety and the adult's desired outcome. Use open prompts; do not ask leading, repeated or investigative questions.
5. Act on immediate risk. Call 999 for immediate danger, urgent medical need or a crime in progress. Do not confront the person alleged to have caused harm.
6. Record promptly. Use the adult's exact words where possible; record facts, date/time/place, who was present, questions asked, wishes, capacity considerations and actions. Sign and date the record.
7. Report as soon as possible and on the same day to the ASL/deputy. If unavailable, implicated or delay may increase risk, contact Adult Social Care or police directly and inform the nominated Director when safe.
8. Continue proportionate support. Ask what the adult needs now, avoid repeated retelling, maintain privacy and agree how they will be updated.

Preserve information and evidence

1. Do not examine injuries, search property or devices, access accounts, retrieve deleted material or conduct an interview unless specifically authorised within a professional role.
2. Keep original notes and relevant messages or records secure. Do not rewrite, alter or destroy them after transferring information to a form or system.
3. For digital concerns, record the platform, account, URL, date/time and what was reported without forwarding or unnecessarily viewing harmful material.
4. Where a financial concern exists, preserve available statements, receipts or transaction information lawfully; do not access an account without authority.
5. Seek urgent medical help where required. Relevant safeguarding information may be shared for safe treatment without waiting for consent where the law permits.

Do not investigate LWP's role is to notice, respond, record, protect and refer. Adult Social Care and police decide enquiries. Internal fact-finding must not delay, prejudice or duplicate a statutory investigation.

Consent, mental capacity and advocacy

Consent and choice

An adult with capacity may choose not to engage with safeguarding support, including where others disagree with the decision. Workers should explain options and foreseeable consequences, explore fear or coercion, offer safer ways to engage, record the decision and keep an appropriate review plan. Respecting a decision does not mean abandoning the adult or ignoring risks to other people.

Where safe, seek the adult's consent before a referral or information sharing and tell them what will be shared, with whom and why. Information may be shared without consent where necessary and proportionate, including to protect the adult or others from serious harm, address a serious crime, comply with a statutory or court requirement, respond where the adult is under coercion, or act in the best interests of a person who lacks capacity for the relevant decision. Record the lawful basis, necessity, proportionality and whether the adult was informed.

Mental Capacity Act 2005

Principle	Required practice
Presume capacity	Start from the position that the adult can make the specific decision unless evidence shows otherwise.
Support decision-making	Use accessible information, timing, interpreters, communication aids, trusted support and reasonable adjustments before concluding the person cannot decide.
Unwise decisions	A decision others consider unwise is not, by itself, evidence that the adult lacks capacity.
Best interests	If the adult lacks capacity for the decision, any act or decision for them must follow the statutory best-interests checklist and consider wishes, feelings, values and relevant others.
Least restrictive option	Choose the effective option that least restricts rights and freedom of action.

Capacity is decision-specific and time-specific. A diagnosis, disability, intoxication, communication difficulty, mental distress or safeguarding concern does not establish incapacity.

Staff should not make a formal capacity assessment beyond their competence or authority; they must document observations and seek appropriate health, social-care or legal advice. Emergency action may be taken within the law to prevent serious harm.

LWP must not impose restraint, restrictions or continuous supervision that may amount to a deprivation of liberty. The current Deprivation of Liberty Safeguards apply in hospitals and care homes; court authorisation may be needed elsewhere. The Liberty Protection Safeguards are not yet in force. Seek specialist advice before any restrictive arrangement.

Advocacy and communication

- Ask how the adult communicates and what adjustment or support they want.
- The local authority must arrange an independent advocate in relevant Care Act processes where the adult has substantial difficulty being involved and there is no appropriate person to support them.
- Consider an Independent Mental Capacity Advocate where the statutory conditions apply and specialist domestic-abuse, modern-slavery or disability advocacy where helpful.
- A family member or carer may support the adult only where appropriate, freely chosen and not implicated in the concern. Speak with the adult privately where safe.

Reporting, referral and decision-making

All concerns are reported internally on the same working day and immediately where risk is urgent. The ASL makes a timely, recorded decision with the adult, using the Care Act threshold and LSAB procedures. Uncertainty is a reason to consult Adult Social Care, not to wait. Where the adult lives outside Leeds, contact the relevant local authority; if this is unclear, seek Leeds advice and do not delay emergency action.

Situation	Action and timescale
Immediate danger, urgent medical need or crime in progress	Call 999 now. Support the adult to a safer place if possible. Notify the ASL when safe and make the safeguarding referral without delay.
Reasonable concern that the section 42 criteria may be met	Contact Leeds Adult Social Care on 0113 222 4401 as soon as possible. Outside normal hours call 0113 378 0644. Record consent, wishes and immediate risks.
Concern does not clearly meet section 42 but support is needed	With consent where appropriate, signpost or refer for care, housing, health, domestic-abuse, advocacy, welfare, police or other support; make a safety plan and review.

Adult declines referral	Explore reasons, coercion and safer options; assess capacity and risk to others; explain any sharing without consent; record rationale, support offered and review arrangements.
Concern about worker/volunteer or other person in a position of trust	Protect the adult, notify the nominated lead and follow section 10. Make an ordinary adult safeguarding referral as well where an identifiable adult may be at risk.
Concern about ASL, Director or organisational response	Use the alternate lead, contact Adult Social Care/police directly and use whistleblowing or regulator routes. Internal permission is not required.

Referral quality and follow-up

- Provide identity/contact details, address, communication and accessibility needs, care-and-support needs, exact concern and chronology, immediate safety, known services, adult's wishes and consent, capacity considerations, risk to others and actions taken.
- Separate facts, information reported by others and professional judgement. Include protective factors and the outcome the adult wants.
- Record the named recipient, date/time, reference number, decision, agreed action and timescale. Confirm in writing where requested.
- If the response does not address continuing risk, follow up and use LSAB escalation or complaints procedures. Continue practical support and review; do not close solely because a referral was not accepted.
- The adult and referrer should be told the outcome and next steps as far as lawful and appropriate.

Making Safeguarding Personal and safety planning

Agree desired outcomes in the adult's own words, such as feeling safer, retaining housing, ending unwanted contact, recovering control of money, having information understood or receiving an apology. A proportionate plan should identify immediate safety, trusted contacts, safe communication, practical support, who will act, review dates and what will trigger escalation. Do not place responsibility for controlling another person's harmful conduct on the adult.

Concerns about people in positions of trust (PiPoT)

A person in a position of trust is an employee, volunteer, student, contractor, professional, carer or other person whose role gives them responsibility, authority or influence in relation to adults with care and support needs. The Leeds PiPoT process may apply where the person has harmed or may have harmed an adult or child; may have committed a relevant criminal offence; or has

behaved in a way indicating they may pose a risk to adults with care and support needs. Conduct outside work and transferrable risk are relevant.

1. Protect any adult or child at immediate risk and make the appropriate safeguarding or police referral. PiPoT does not replace an adult safeguarding referral for an identifiable adult.
2. Record the concern and report immediately to the nominated safeguarding Director/senior manager. If that person is implicated, use an independent alternate and contact statutory services directly.
3. Do not interview the adult or person alleged to have caused harm beyond immediate safety needs. Seek Leeds PiPoT advice before an internal investigation where statutory or police enquiries may be affected.
4. Assess and manage risk in employment or volunteering, including supervision, changed duties, redeployment or neutral suspension where necessary. Decisions must be fair, proportionate and reviewed.
5. Share information with the person's employer, commissioning body, regulator or professional body where necessary and lawful. Agree who leads, what can be disclosed and how affected people will be supported.
6. At conclusion, record findings, risk-management measures, learning, references and referrals. Make a DBS referral where statutory conditions are met; notify CQC or another regulator where required.

Leeds PiPoT route Use the Leeds Safeguarding Adults Board PiPoT Advice/Referral Form and send it to PIPOT.ASC@Leeds.gov.uk. Follow the current LSAB instructions rather than relying only on a saved copy of the form.

Low-level concerns and boundary breaches

Any conduct inconsistent with LWP's code of conduct must be reported, even if it does not meet the PiPoT or criminal threshold. Examples include favouritism, over-familiarity, unauthorised private contact, borrowing or lending money, accepting significant gifts, insensitive comments, unnecessary touch, misuse of information, unapproved transport or home contact, or a pattern that causes unease. 'Low-level' describes a threshold, not importance.

1. Encourage prompt reporting and self-reporting of accidental breaches.
2. Record concerns centrally, factually and confidentially; review patterns across people, settings and time.
3. Consult Adult Social Care/PiPoT where unsure. Escalate when new information or a pattern raises risk.
4. Use proportionate supervision, training, management, disciplinary or volunteer action and record learning.

Safer recruitment, selection and vetting

LWP uses role-based safer recruitment for people whose work creates contact with or influence over adults at risk. A DBS certificate is one control, not proof of suitability, and must be combined with identity, history, references, interview, induction, supervision and an open safeguarding culture.

1. Define the role, safeguarding responsibilities, contact with adults, lone work, access to homes, money, records, transport, personal care or health tasks, and whether it is regulated activity.
2. Use an application and structured interview; explore motivation, values, boundaries, judgement, gaps and relevant conduct. Record decisions consistently.
3. Verify identity, right to work, qualifications and relevant professional registration. Obtain and verify at least two references, including the most recent appropriate employer or placement.
4. Obtain the level of DBS check legally available for the actual role. Check the Adults' Barred List only where the role is eligible. Do not request ineligible information or treat a clear certificate as a guarantee.
5. Complete a fair, documented risk assessment for disclosed or returned information, considering relevance, seriousness, pattern, time, circumstances and safeguards. Follow the Rehabilitation of Offenders Act framework.
6. Make appointment conditional until required checks are complete. If an exceptional risk-assessed start is authorised, prohibit regulated activity and unsupervised access, document safeguards and set a short completion deadline.
7. Provide induction before contact, written code of conduct, role boundaries, reporting routes and supervision. Review suitability when roles or information change.

Regulated activity with adults Eligibility depends on the specific activities carried out, not a job title, frequency or a general description of vulnerability. Unlike the revised children rules, the September 2026 supervision exemption change does not alter the adult definition. Obtain role-specific DBS advice.

A person barred from regulated activity with adults must not be permitted to carry it out. LWP must make a DBS referral where the statutory conditions are met, including where a person is removed from regulated activity (or would have been removed had they not left) because of relevant conduct, harm or risk of harm. Seek advice promptly and do not use a compromise agreement to avoid a referral duty.

Code of conduct and professional boundaries

Workers and volunteers must	Workers and volunteers must not
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Use respectful, person-centred language and obtain agreement before contact or support.	Exploit, humiliate, threaten, discriminate against, coerce or punish an adult.
Work within role, competence, training and agreed plans; seek advice when unsure.	Diagnose, assess capacity formally, provide therapy, personal care, medication support or legal/financial advice unless authorised and competent.
Keep communication through approved channels and record substantive safeguarding contact.	Use secret, sexualised, harassing or manipulative communication, or move contact to an unapproved private account.
Declare conflicts, pre-existing relationships, gifts, hospitality and accidental boundary breaches.	Borrow, lend, trade, gamble, enter business arrangements, become a beneficiary, or accept significant gifts or money from a participant.
Use touch only when necessary, proportionate, explained and agreed, except in a lawful emergency.	Initiate sexual or exploitative relationships, unnecessary touch or any conduct that abuses trust or professional influence.
Protect privacy and share information only for a legitimate role-related purpose.	Discuss cases publicly, post identifiable stories/images without authority, access records out of curiosity or use information for personal benefit.

One-to-one work, home visits and transport

- Use only an approved, risk-assessed arrangement with clear purpose, location, expected duration, check-in/out and escalation contact. Keep meetings observable without compromising confidentiality where practicable.
- Home visits require manager approval, a recorded address/appointment, lone-worker controls and a plan for pets, other occupants, access, communication and withdrawal. Never remain where safety cannot be maintained.
- Transport must be authorised, insured, roadworthy and risk assessed. Record driver, passengers, route and handover; avoid unplanned private journeys except a documented emergency response.
- Do not invite participants to a worker's home or stay overnight except under a separately approved service model with specific governance, staffing, insurance and regulation.

Money, property, gifts and practical support

- Do not handle an adult's cash, bank card, PIN, password, benefits, will, tenancy or property unless a formally authorised service procedure, legal authority, recording and independent checking are in place.
- Any purchase or petty-cash support must have prior authority, receipts, two-person oversight where possible and prompt reconciliation. Never combine personal and participant money.
- Decline cash and significant gifts. Small tokens may be accepted only under the gifts policy and must be declared. Never solicit gifts, loans, donations or inclusion in a will.
- Personal property found or temporarily held must be logged, secured, witnessed and returned through an auditable process.

Health, medication, personal care and restraint

LWP workers must not undertake medication administration, intimate/personal care, clinical treatment, moving and handling or behaviour-control measures unless the activity is explicitly within an approved service, appropriately regulated, insured, risk assessed and supported by competent training, written plans, consent and records. Emergency first aid may be provided by trained people within their competence. Physical intervention is a last resort, must be lawful, necessary and proportionate to immediate risk, and must be recorded, reported and reviewed.

Safe activities, venues and online delivery

Each activity must have a proportionate written risk assessment covering participant needs, accessibility, staffing, venue, travel, lone working, foreseeable safeguarding risks, emergencies, information sharing and contact with partner staff or the public. The activity lead checks changes at the start and may pause or cancel delivery if controls are not effective.

Area	Minimum controls
Attendance and access	Clear joining information; accessible routes; emergency contacts where appropriate; agreed late/missing-person response; safe arrival and departure; visitor management.
Venues	Private space for sensitive conversations; safe exits; toilets and changing arrangements; first aid; fire/emergency plans; no uncontrolled public access to confidential activity.
Partnership delivery	Written safeguarding roles, referral route, information-sharing basis, safer-recruitment assurance, incident lead and escalation route. LWP retains responsibility for its own decisions.

Online sessions	Approved platform and accounts; waiting room/access controls; participant guidance; moderated conduct; private messaging disabled or controlled; clear response to disruption, disclosure or emergency.
Digital contact	Approved channels and hours; no disappearing-message settings for case contact; record substantive decisions; never request passwords or access an adult's account.
Images and stories	Specific, informed and revocable consent; explain audience, purpose and duration; avoid identifying safeguarding history; reassess consent before reuse; remove where promised and practicable.

If an online disclosure indicates immediate danger and the location is known, call 999 and provide relevant information. If location is not known, keep safe contact where possible, ask only for details needed for emergency help, alert the ASL and use platform emergency routes where appropriate. Do not ask participants to send additional harmful material as proof.

Regulated activities and quality standards

Before introducing personal care, treatment, accommodation, transport linked to treatment or any other potentially regulated activity, LWP must obtain specialist advice on CQC registration and commissioning requirements. If LWP is a registered provider, Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires systems and processes to prevent and investigate abuse and improper treatment, and other fundamental standards and notification duties also apply.

Information sharing, confidentiality and records

Safeguarding information is special-category and highly confidential, but data protection law permits necessary and proportionate sharing. UK GDPR and the Data Protection Act 2018 are not barriers to protecting people. LWP must identify an Article 6 lawful basis and, where special-category or criminal-offence data is involved, an additional condition. Schedule 1 paragraph 18 of the Data Protection Act provides a safeguarding condition in defined circumstances. The Data (Use and Access) Act 2025 amended parts of the UK framework; LWP must keep its privacy information and data-protection advice current.

Seven questions before sharing

1. Is there a clear safeguarding, legal, regulatory or support purpose?
2. Can the adult be told and consent sought without increasing risk or undermining action?
3. What lawful basis and additional condition apply? Is sharing without consent necessary?
4. What is relevant, accurate, current and proportionate? What can be omitted?
5. Who needs it, how will identity be verified, and what secure method will be used?
6. What restrictions, uncertainty, source and required action should accompany it?

7. Has the decision, rationale, recipient, date/time and material shared been recorded?

Safeguarding records

- Create a secure, separate case record with a unique identifier, chronology, original concern, adult's words and desired outcomes, consent/capacity analysis, decisions, referrals, advice, actions and reviews.
- Distinguish fact, report, opinion and inference. Correct factual errors without deleting the original entry; record who amended what, when and why.
- Restrict access to authorised people on a need-to-know basis. Do not store safeguarding material in personal email, unapproved messaging, personal devices or general programme folders.
- Keep a record even where no external referral is made, including rationale, support offered and review date. Link repeated concerns without exposing unrelated information.
- Apply an approved retention schedule based on law, limitation periods, regulator/commissioner requirements and future safeguarding need. Place a legal hold where proceedings, an enquiry or investigation is anticipated.
- Handle subject-access, erasure and disclosure requests through the data lead; exemptions may protect other people, confidential sources, investigations or safeguarding activity.

Complaints, whistleblowing and speaking up

An adult, family member, advocate, worker, volunteer, partner or member of the public may raise a concern or complaint verbally, in writing, anonymously or through a representative. Accessible support must be offered. A complaint about service quality may also reveal abuse or neglect and must be screened immediately under this policy; the safeguarding response must not wait for the complaints process.

No person will be disadvantaged for raising a genuine concern, supporting a referral or refusing to take part in unsafe practice.

Workers should normally report internally, but may contact Adult Social Care, police, CQC, a commissioner, professional regulator, DBS or another prescribed body directly where appropriate.

The Public Interest Disclosure Act 1998 protects qualifying workers from detriment for certain protected disclosures; LWP's whistleblowing procedure must explain routes, confidentiality and independent escalation.

Retaliation, victimisation, concealment, destruction of records or pressure to withdraw a concern is serious misconduct and may be referred externally.

Complainants receive acknowledgement, a named contact, fair timescales and an outcome as far as confidentiality permits. Dissatisfaction with a local-authority response follows that body's escalation/complaints process.

Training, supervision and wellbeing

Who	Minimum learning and assurance
All workers/volunteers	Before contact: policy, code of conduct, adult-at-risk threshold, categories, response, consent/capacity basics, reporting, emergency action, information security and whistleblowing. Refresher at least annually.
Activity leads/managers	Risk assessment, safe staffing, one-to-one/lone work, referral decisions, information sharing, capacity/consent, PiPoT, supervision, complaints and post-incident review.
ASL/deputy/nominated Director	Advanced adult safeguarding, Care Act/MCA, Making Safeguarding Personal, LSAB procedures, PiPoT, multi-agency working, escalation, audit, regulator/DBS referrals and regular updates.
Board/Directors	Annual governance briefing on duties, culture, risk, data, serious incidents, learning, safer recruitment, regulatory change and assurance.

Completion and understanding are recorded; competence is checked through scenarios, supervision and case audit, not attendance alone. New or changed duties trigger additional training. Managers provide reflective supervision after difficult safeguarding work and access to appropriate wellbeing support while maintaining case confidentiality.

Quality assurance and review

The ASL reviews open cases, referrals, outcomes, delays, consent/capacity decisions, repeated concerns and training data at least quarterly; urgent themes are escalated immediately.

The Board/Directors receive anonymised assurance on volume, timeliness, themes, disproportionality, complaints, whistleblowing, PiPoT, DBS/regulator referrals, partner performance and actions. Personal data is limited to what governance requires.

Every serious incident or near miss has a proportionate learning review focused on systems and culture as well as individual conduct. Actions have owners and deadlines and are checked for completion.

This policy is reviewed at least annually and sooner after legal or LSAB change, a serious incident, a safeguarding adults review, regulator finding, new service, work outside England or evidence that procedures are not effective.

The policy and public reporting route are available in accessible formats. Feedback from adults with lived experience is sought and acted on.

Appendix A - Adult safeguarding decision guide

Question	If yes / if uncertain
Is anyone in immediate danger, in urgent need of medical help, or is a crime in progress?	Call 999. Support immediate safety. Preserve information and notify the ASL when safe.
Is an adult experiencing or at risk of abuse or neglect?	Listen, record, ask desired outcome and report to the ASL the same day.
Does the adult appear to have care and support needs and, because of those needs, difficulty protecting themselves?	Contact Adult Social Care promptly; it decides whether section 42 and another response apply.
Does the adult consent to sharing?	Share relevant information with consent. If no, assess capacity, coercion, serious risk, risk to others and legal duties; record rationale.
Is a worker, volunteer or person in a position of trust implicated?	Protect the adult; use an alternate internal lead; follow PiPoT/employment process and make an adult safeguarding referral where relevant.
Was the referral not accepted but risk remains?	Seek reasons, provide new information, escalate through LSAB/local-authority routes, support the adult and set a review.

Core rule Record and report - do not investigate. Anyone may contact statutory services directly. Consent and capacity require careful analysis, but neither replaces immediate emergency action.

Appendix B - Minimum safeguarding concern record

Adult's full name, preferred name, date of birth/estimated age, address/contact details and current location.

Communication, language, disability, accessibility and advocacy needs; safe way/time to make contact.

Date, time and place concern arose; people present; exact words, observations and source of information.

Nature and pattern of alleged abuse/neglect; person or organisation alleged to have caused harm; relationship/access; other adults or children at risk.

Immediate safety, urgent health needs and action taken; police or other incident/reference numbers.

Adult's views, desired outcomes and consent; what was explained; capacity observations and any formal assessment/advice.

Known care and support needs, services, representative, relevant risk/protective factors and previous related concerns.

Information shared, recipient, lawful rationale, date/time and secure method; referrals, decisions and agreed actions.

Name, role, contact details and signature of recorder; date/time completed; manager/ASL review and follow-up date.

Use LWP's approved secure form or case system. Do not email the completed record through an unapproved account. Keep original contemporaneous notes and upload or store them according to the safeguarding records procedure.

Appendix C - Contacts and escalation

Service	Contact / use
Emergency services	999 - immediate danger, urgent medical help or crime in progress. Use 101 for non-emergency police matters.
Leeds Adult Social Care	0113 222 4401 - report or discuss an adult safeguarding concern. No proof is required.
Leeds Adult Social Care out of hours	0113 378 0644 - urgent concerns outside normal hours.
Leeds PiPoT	PIPOT.ASC@Leeds.gov.uk - use current LSAB PiPoT Advice/Referral Form for a person in a position of trust.
Leeds Safeguarding Adults Board	www.leedssab.org.uk - current public reporting, policies, multi-agency procedures, self-neglect and escalation resources.

Appendix D - Legal and guidance register

The following register records the principal framework for this England/Leeds policy. It is not exhaustive and does not substitute for case-specific legal, safeguarding, employment, regulatory or data-protection advice. Official sources were checked on 27 August 2026.

Care Act 2014. Sections 42-46: enquiries, Safeguarding Adults Boards, reviews and information duties. [Official source](#)

Care and Support Statutory Guidance. Chapter 14: adult safeguarding, six principles, Making Safeguarding Personal and multi-agency practice; updated 22 July 2025. [Official source](#)

Leeds Safeguarding Adults Board. Local reporting routes, multi-agency safeguarding adults policies, information sharing, PiPoT and self-neglect resources. [Official source](#)

Mental Capacity Act 2005. Capacity, best interests, restraint, independent advocacy and the statutory principles. [Official source](#)

Mental Capacity Act Code of Practice. Statutory guidance for people working with or caring for adults who may lack capacity. [Official source](#)

Human Rights Act 1998. Convention rights relevant to life, freedom from degrading treatment, liberty, fair process, private/family life and non-discrimination. [Official source](#)

Equality Act 2010. Protected characteristics, services, employment and reasonable adjustments. [Official source](#)

Domestic Abuse Act 2021. Statutory definition, economic abuse, coercive control and recognition of children as victims where they see, hear or experience effects. [Official source](#)

Sexual Offences Act 2003. Sexual offences, consent and offences involving people with a mental disorder impeding choice. [Official source](#)

Modern Slavery Act 2015. Modern-slavery offences and statutory framework. [Official source](#)

Modern Slavery statutory guidance. Identification, support, National Referral Mechanism and duty-to-notify guidance; updated 17 July 2026. [Official source](#)

Forced Marriage (Civil Protection) Act 2007. Civil protection against forced marriage. [Official source](#)

Anti-social Behaviour, Crime and Policing Act 2014. Criminal offences relating to forced marriage. [Official source](#)

Mental Health Act 1983. Assessment, treatment, detention and safeguards, as amended, including commenced provisions of the Mental Health Act 2025 where relevant. [Official source](#)

Mental Health Act 2025. Reforms to the 1983 Act; commencement is staged and services must check which provisions are in force. [Official source](#)

Safeguarding Vulnerable Groups Act 2006. Barred lists and regulated activity framework. [Official source](#)

Protection of Freedoms Act 2012. Changes to vetting, barring and regulated activity. [Official source](#)

Rehabilitation of Offenders Act 1974. Disclosure and treatment of convictions, subject to Exceptions Orders and current filtering rules. [Official source](#)

Data Protection Act 2018 and UK GDPR. Lawful, fair and secure processing; Schedule 1 paragraph 18 safeguarding condition. [Official source](#)

Data (Use and Access) Act 2025. Amendments to the UK data-protection and information-use framework. [Official source](#)

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 13 safeguarding from abuse and improper treatment, where LWP carries on a regulated activity. [Official source](#)

Public Interest Disclosure Act 1998. Protection for qualifying workers making certain protected disclosures. [Official source](#)

Counter-Terrorism and Security Act 2015. Prevent duty for specified authorities and relevant contracted functions; referral is a safeguarding response, not a substitute for immediate protection. [Official source](#)

Online Safety Act 2023. Duties for in-scope online services and the wider framework for online safety. [Official source](#)

Crime and Policing Act 2026. Relevant current offences and reforms, including criminal exploitation of another person's home; check commencement before relying on a specific provision. [Official source](#)