



## Safeguarding Adults Policy

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**All Adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.**

This policy document outlines what constitutes abuse and informs Primary Care Doncaster people of the line of action to take should they identify an adult who may be subject to abuse and how to report it.

## **What is Abuse?**

Abuse can be defined as an action or omission that harms another person.

## **Who is a Vulnerable Adult?**

- A person 18 years or older
- In need of extra support because
- They are elderly
- They have a learning disability
- They have a physical disability
- They have a sensory impairment
- They have a mental health need

***This list is not exhaustive***

These groups are often unable to take care of themselves or protect themselves from harm without support.

## **Where does abuse take Place?**

Any form of abuse can take place anywhere. Abuse is reported to have taken place in outdoor public places, in the person's home, inside day centres, care homes, health institutions, in the work place, in educational setting and in many varied community groups and places.

## **Who abuses Adults?**

An abuser can be anyone. A Partner or a family member, friend, neighbour, professional person, carer, including health care and hospital staff, other patients and other residents and strangers.

## **Making Safeguarding Personal**

Making Safeguarding Personal (MSP) means it should be person-led and outcome focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety

(DH 2016 para.14.15)

- The guidance makes it clear that making safeguarding personal is not only for local authority professionals but it is for everyone
- MSP underpins all healthcare delivery in relation to safeguarding
- The focus is on the person not the process
- The adult at risk (AAR) must be involved in the decision with regards to the safeguarding response.

Primary Care Doncaster Limited is committed to including the person at risk in the choices they have in order to promote their safety and well-being.

## **Adults**

The Care Act 2014 came into force on the 1 April 2015 and is the most significant reform to care and support in 60 years. In terms of safeguarding, The Care Act 2014 sets out a clear legal framework for how providers should protect adults at risk of abuse or neglect and has a clear emphasis on promoting wellbeing. It now also incorporates three new categories of abuse making 10 categories in total:

- Physical
- Sexual
- Psychological
- Financial or Material
- Neglect and Acts of Omission
- Discriminatory
- Organisational
- Domestic Abuse
- Self-Neglect and
- Modern slavery.

## **Types of physical abuse**

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

## **Signs and Indicators**

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

## **Types of domestic violence or abuse**

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional

## **Types of sexual abuse**

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

## **Signs and Indicators**

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse

- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

## **Types of psychological or emotional abuse**

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

## **Signs and Indicators**

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

## **Types of financial or material abuse**

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service

- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

## **Signs and Indicators**

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

## **Types of modern slavery**

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography

- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

## **Signs and Indicators**

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

## **Types of discriminatory abuse**

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as **'protected characteristics' under the Equality Act 2010**)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

## **Signs and Indicators**

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

## **Types of organisational or institutional abuse**

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care

- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

## **Signs and Indicators**

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

## **Types of neglect and acts of omission**

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

## **Types of self-neglect**

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

## **Signs and Indicators**

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Although self neglect is a type of abuse not all cases will go through a safeguarding process – (only those that are high level risk - level 3)

Risk management model e.g. SNARM process could be the most appropriate response

An individual must have capacity when considering SNARM process

If an individual lacks capacity then Best Interest Decision (BID) would be the appropriate pathway

## **FGM**

Primary Care Doncaster Limited would like to raise awareness of Female Genital Mutilation (FGM) Although this usually occurs between infancy and adolescence, this can still be performed on adult women.

FGM is against the law in the UK and has been a criminal offence since 1985. It is a serious crime that carries a penalty of 14 years in prison. It is an offence to make arrangements for FGM to be undertaken within the UK or to take, or plan to take a child out of the UK for the purpose of FGM

As FGM is illegal this should be reported to the Police via the 101 non-emergency number.

The duty is a personal duty which requires the individual professional who becomes aware of the case to make a report; the responsibility cannot be transferred.

There is a **mandatory** requirement for health care professionals to submit their FGM data for both children and adults via the Health & Social Care Information Centre. Further details can be accessed on their website below:

[www.hscic.gov.uk/FGM](http://www.hscic.gov.uk/FGM)

Submission became mandatory for acute trusts, GP practices and mental health trusts in 2015. If you believe that a victim or potential victim of FGM is in immediate danger, always dial 999. If you are concerned that a child is at risk you must make a referral to Children's Social Care immediately using your local Safeguarding Board procedures. The NSPCC has a 24 hour helpline to provide advice and support to victims of FGM, or to anyone who may be concerned a child is at risk - call the helpline on 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

- Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.
- The practice has no health benefits for girls and women.
- FGM can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated (1).
- FGM is mostly carried out on young girls between infancy and age 15.
- FGM is a violation of the human rights of girls and women.

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Generally speaking, risks of FGM increase with increasing severity (which here corresponds to the amount of tissue damaged), although all forms of FGM are associated with increased health risk.

Immediate complications can include:

- severe pain
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue

- shock
- death.

## **RADICALISATION**

Primary Care Doncaster Limited would also like to raise staff member's awareness of radicalisation.

The government's Prevent Duty Guidance defines **radicalisation** as "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups".

All Primary Care Doncaster Limited employees complete Preventing Radicalisation e-learning on induction into post and then every 3 years. Staff members will be reminded four weeks prior to their training being due for renewal.

PREVENT Duty Guidance can be found here –

[Revised Prevent duty guidance: for England and Wales - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/616222/Prevent-Duty-Guidance-2017.pdf)

## **Mental Capacity Act 2005**

All decisions about mental capacity should be guided by the 5 core principles of the Mental Capacity Act.

It is not the views or convenience of those caring and supporting the individual but the interest of the individual lacking capacity that are at the centre of the approach

### **The 5 Core Principles**

- Assume that a person has capacity unless it can be demonstrated otherwise
- Support people to make their own decisions wherever possible
- People can make 'unwise' decisions – making an unwise decision (e.g. to stay in an abusive relationship) does not mean someone lacks capacity
- Any decision made on behalf of someone who lacks capacity must be in their best interests
- Decisions made on behalf of someone who lacks capacity must reflect the least restrictive option

## Deprivation of Liberty

The Mental Capacity Act 2005 includes the Deprivation of Liberty Safeguards (**DoLS**) – a set of checks that aims to make sure that any care that restricts a person's liberty is both appropriate and is in their best interests.

**DoLS** only apply for people in care homes and hospitals.

**Whenever anyone is concerned that a hospital or care home has or may have been depriving a person of their liberty without applying for DoLS authorisation they should report their concerns.**

In the first instance, advise the hospital or care home of your concerns wherever possible, so they can review the arrangements in light of your comments. The hospital or care home can itself issue an urgent authorisation that lasts for 7 days, and request a standard authorisation be in place after this.

If after a reasonable period, normally considered to be 24 hours, you remain concerned that the hospital or care home is continuing to deprive someone of their liberty without seeking authorisation, you should make a third party request to Doncaster Metropolitan Borough Council DOLS Team at:

MCA DoLS Team  
Safeguarding Hub  
Doncaster Metropolitan Borough Council  
Adult Health and Wellbeing  
Mary Woollett Centre  
Danum Road  
Doncaster  
DN4 5HF

Tel: 01302 736097

Fax: 01302 737434

Email: [dols@doncaster.gov.uk](mailto:dols@doncaster.gov.uk)

### **Deciding whether to Raise a Safeguarding Concern**

A deprivation of liberty should always be addressed with urgency through the appropriate authorisation process. However, there may be some occasions where an unauthorised deprivation of liberty means that a safeguarding concern needs to be raised.

The following are examples of when it may be appropriate to raise a safeguarding concern:

- where a person is deprived of their liberty without appropriate authorisation, and this is overly restrictive and is not addressed in timely manner given all the circumstances

- where a person is deprived of their liberty without appropriate authorisation, resulting in the person experiencing harm; this may include physical harm or emotional/psychological distress, or the loss of fundamental human rights
- where a hospital or care home repeatedly or seriously fails in its responsibilities to seek appropriate authorisation to review the arrangements in place, or to end a deprivation of liberty after it is no longer required

This policy will now detail the responsibility of Primary Care Doncaster Limited employees and the relevant contact details for reporting any concerns.

Safeguarding is the responsibility of **everyone**.

## **Responsibility of Primary Care Doncaster Employees**

All Primary Care Doncaster Employees will complete Safeguarding Adults training on induction into post and at regular intervals throughout the course of their employment. The level of Safeguarding training completed will differ depending on the post of the employee in question, but as a minimum all staff will complete level 1. Primary Care Doncaster Ltd employees currently complete this training via e-learning on TeamNet. Safeguarding Adults training will be completed annually.

All Primary Care Doncaster Limited employees will complete Deprivation of Liberty training during their induction and then every 3 years. Staff members will be prompted 4 weeks prior to their training expiry date.

Staff members will also complete Mental Capacity Act training on induction and then every 3 years. Staff members will be prompted four weeks prior to their training expiry date to ensure they are staying up to date with the correct laws and regulations.

Primary Care Doncaster Ltd will ensure they keep up to date with changes to local and national ways of reporting/responding to abuse. These changes will be communicated to all employees to ensure best practice.

Primary Care Doncaster Ltd employees are reminded of their responsibility to recognise different forms of abuse and their duty to escalate and report these instances. If any employee is alerted to potential abuse they are aware that they need to report this immediately. Staff members employed by Primary Care Doncaster are aware they may receive reports/complaints of abuse and acknowledge their duty to raise this as soon as they are alerted. They understand they must follow local policy and procedures.

It is the responsibility of the Chief Executive and Board of Directors to ensure staff members are supported in raising and also responding to concerns of abuse.

Primary Care Doncaster aim to work in partnership with other providers and the appropriate bodies to contribute to individual risk assessments and developing plans for safeguarding

persons at risk. Primary Care Doncaster Ltd pledges to work with other providers and bodies to ensure these plans are implemented. This includes regularly reviewing outcomes for people accessing services we support.

Primary Care Doncaster Ltd employees are aware they must act at all times in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. Employees are required to make themselves aware of the Whistleblowing policy to ensure 100% of concerns/alerts are raised. All policies are uploaded to TeamNet to ensure access to all staff members. TeamNet allows Primary Care Doncaster Limited to request staff acknowledge that they have read the policy in question.

Primary Care Doncaster Ltd has a Corporate Governance Committee that has oversight of Incidents, Significant Events, Issues, Risks and Complaints.

If a new risk is highlighted any changes to the organisations operational procedures and policies will be addressed as a matter of urgency. This will also be undertaken if a reported Significant Event requires urgent steps to be implemented to safeguard patients.

The Corporate Governance Committee will also look at Primary Care Doncaster Ltd Complaints and Incident log to ensure we are actively working to prevent abuse in any form. Primary Care Doncaster Ltd is committed to ensuring any person involved either directly or indirectly with our organisation will receive the best care and treatment.

Themes and trends identified during the annual review of Primary Care Doncaster Limited Clinical Governance will be revisited to ensure the actions taken at the time are still effective in mitigating the risk of future reoccurrence.

We will actively improve any outcomes that are identified on the Risk Register, Significant Event, Incident and Complaints log to ensure we always comply with the 5 KLOES:

- Are we safe?
- Are we well-led?
- Are we effective?
- Are we caring?
- Are we responsive to a persons need?

Primary Care Doncaster Limited will aim to consult and consider the views of people using the services we support when defining the meaning of 'degrading'. The Corporate Governance Committee will ensure robust processes are in place for monitoring quality, safety and clinical risk.

Primary Care Doncaster Limited pledges to support people accessing services when they make allegations of discrimination or actually experience discrimination. We pledge we will

not unlawfully victimise people who use services for making a complaint about discrimination. This will be overseen by the Corporate Governance Committee.

**Primary Care Doncaster Limited Protocol for escalating a Safeguarding Adult concern.**

Primary Care Doncaster Limited is committed to protecting vulnerable adults and children. All employees, contractors and staff are expected to raise safeguarding concerns immediately upon suspicion. It is **everyone's** responsibility to keep people safe and to report all suspected abuse.

When receiving a disclosure of abuse, ensure that your notes are as detailed as possible, accurate, contemporaneous, and include the persons contact details. If no disclosure is made but abuse is suspected, record as much detail as possible.

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## **REPORTING A SAFEGUARDING CONCERN**

If you are at all concerned about a patient please find below the appropriate contact details.

### **Phone**

For general information, advice and guidance about safeguarding adults call the safeguarding adults unit on: 01302 737063

Emergency out of hours number: 01302 796000

For a Safeguarding emergency please contact the Safeguarding Adults Hub on:

01302 736296

### **To report a crime to the police use the following numbers:**

In an emergency: 999

Non-emergency: 101

### **E-mail**

If you don't want to report a safeguarding issue over the phone, you can email us details here: [SAH@doncaster.gov.uk](mailto:SAH@doncaster.gov.uk)

### **Text**

SMS/Text Number (for people from the deaf community): 0797 903 1116

### **Online**

Please use the below link

[Online Adult Safeguarding Concern \(doncaster.gov.uk\)](https://doncaster.gov.uk/online-adult-safeguarding-concern)

## **PRIMARY CARE DONCASTER LIMITED'S SAFEGUARDING LEAD**

Primary Care Doncaster Limited has a nominated Safeguarding Lead

### **Suzanne Hallworth-Manley**

Job Title: Chief Nurse and Caldicott Guardian

#### Safeguarding Lead Duties -

- Provide advice and support to colleagues with Safeguarding concerns
- Ensure any new guidance is updated within Safeguarding policies and disseminated to all staff
  - Ensure own Safeguarding training is up to date
- Monitor staff compliance to ensure MAST Safeguarding training is always up to date (in conjunction with PCD HR Officer)
  - Ensure accurate records of Safeguarding concerns are maintained
- Escalate any Safeguarding concerns to the Corporate Governance Committee and Board of Directors

### **Contact Details**

Telephone: 07917 870071

Email: [pcdltd.pcdenquiries@nhs.net](mailto:pcdltd.pcdenquiries@nhs.net)

\*Please **DO NOT** include any personal identifiable information when emailing the enquiry inbox

## **PRIMARY CARE DONCASTER LIMITED'S DEPUTY SAFEGUARDING LEAD**

Primary Care Doncaster Limited also has a deputy Safeguarding Lead who can be contacted in the event PCD Chief Nurse is unavailable

### **Dr Andrew Oakford**

Job Title: GP & Clinical Governance Director at Primary Care Doncaster Limited

Deputy Safeguarding Lead duties-

- Provide advice and support to colleagues with Safeguarding concerns
  - Provide support to PCD Safeguarding Lead as required
  - Ensure own Safeguarding training is up to date
- Escalate any Safeguarding concerns to the Corporate Governance Committee and Board of Directors

### **Contact Details**

Email: [pcd ltd.pcdenquiries@nhs.net](mailto:pcd ltd.pcdenquiries@nhs.net)

All emails will be forwarded to Dr Andrew Oakford for review.

\*Please **DO NOT** include any personal identifiable information within your email\*

### **USEFUL LINKS**

Please find below a link to Safeguarding Principles and Approaches within South Yorkshire.

[SY Principles and Approach V8 Final.pdf \(windows.net\)](#)

View the film below which promotes the recognition and reporting of adult abuse and has been supplied by Doncaster Safeguarding Adults Partnership Board:

“If you see something, say something”

<http://vimeo.com/116747071>