

SAFEGUARDING ADULTS AT RISK POLICY & PROCEDURE

POLICY STATEMENT

Headway East London (Headway) is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services it offers and is committed to ensuring that all those involved with Headway will feel safe and be treated with respect.

In the event that anyone at risk discloses or experiences abuse, it will be dealt with in a timely and effective manner and in ways which are proportionate to the issues and where the person in need of protection stays in as much control of the decision making as is possible.

The purpose of this document is:

- To guide staff and or volunteers through the Headway safeguarding adults at risk procedures using a consistent approach.
- To ensure that all staff and volunteers know what their responsibilities are, what action they should take and to whom they should report concerns about actual or suspected abuse of any adult at risk.

Relationship with other policies, procedures, guidance and protocols:

This policy and procedure should be read and followed in conjunction with the following:

Internal

- Safeguarding Children Policy & Procedure
- Staff Recruitment Policy & Procedure
- Staff Supervision Policy & Procedure
- Disciplinary and Grievance Policy & Procedure
- Complaints Policy & Procedure
- Volunteer Policy & Procedure
- Equal Opportunities Policy
- Health and Safety Policy and Procedure
- Data Protection Policy & Procedure
- Mental Capacity Act 2005 Guidelines (including Deprivation of Liberty Safeguards (DoLs) - <https://www.scie.org.uk/files/mca/dols/deprivation-of-liberty-safeguards-at-a-glance.pdf>)
- Managing Challenging Behaviour Policy and Procedure

- Whistle Blowing Policy

External

- *'No Secrets: Guidance on developing multi-agency policies and procedures to protect vulnerable adults from abuse'* - Department of Health, November 2000
- *'Making Safeguarding Personal: Guide 2014* - Association of Directors of Social Services (ADSS)
- *The Care Act 2014*
- *Statutory Care and Support Guidance 2016*
- *Mental Capacity Act 2005 Guidance*
- *London multi-agency policy and procedures to safeguard adults from abuse 2015*

This Policy and Procedure is underpinned by the following Six Principles of Safeguarding:

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

Prevention - It is better to take action before harm occurs.

Proportionality - The least intrusive response appropriate to the risk presented.

Protection - Support and representation for those in greatest need.

Partnership - Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability - Accountability and transparency in safeguarding practice.

ADULTS AT RISK - BACKGROUND

WHO IS AN ADULT AT RISK?

Someone over 18 years of age who:

- a) Has need for care and support (whether or not the authority is meeting any of those needs) because of mental or other disability, age or illness
- b) Is experiencing, or is at risk of, abuse or neglect
- c) As a result of their needs is unable to protect himself or herself against the abuse or neglect or the risk of it

WHAT IS ABUSE?

'...the violation of an individual's human and civil rights by any other person or persons.' (DoH, 2000).

Abuse includes:

- A single act or repeated acts
- An act of neglect or a failure to act
- Multiple acts, for example, where neglect as well as financial abuse take place
- Any act or actions that causes harm or distress
- Where there was no intent to harm or abuse

Types of abuse include:

- **Physical abuse** - includes hitting, pinching, deliberately misusing medication, or unlawful or inappropriate use of restraint, exposure to heat or cold and not giving adequate food and drink.
- **Domestic abuse** - includes psychological, physical, financial, sexual, emotional abuse and so-called 'honour-based violence'.
- **Sexual abuse** - includes 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 an adult at risk has not consented to and / or may not understand.
- **Psychological / emotional abuse** - the wilful infliction of mental suffering by a person who is in a position of trust and power to an adult at risk. Includes threats of harm or abandonment, being deprived of social or any other sort of contact, humiliation, blaming, controlling, intimidation, coercion and bullying, verbal abuse, cyber bullying, unreasonable or unjustified withdrawal of services or supportive networks.
- **Financial and material abuse** - includes theft, fraud, internet scamming, exploitation, coercion in relation to an adult's financial affairs or arrangements, including with connection to wills, property, inheritance or financial transactions, and the misuse or misappropriation of property and/or possessions of benefits.
- **Modern Slavery** - encompasses slavery, human trafficking, forced labour and domestic servitude.
- **Neglect and acts of omission** - the failure of any person or authority that has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide. Includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services. Withholding of the necessities of life such as medication, adequate nutrition and heating.
- **Discriminatory abuse** - exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals because of for example ethnicity, appearance, disability, religious beliefs, gender, age, sexual orientation.

- **Self-neglect** - covers a wide range of behaviour neglecting to care for ones' personal hygiene, health or surroundings and includes behaviour such as hoarding.
- **Institutional / organisational abuse** - occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk. It can be thorough neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

These are not mutually exclusive and many situations will involve a combination of types of abuse. In some cases it may constitute a criminal act.

Incidents of abuse may occur to one person in a relationship or service context or to more than one person at a time.

Abuse may be a deliberate act or it may be the result of a failure to act appropriately. It may be caused intentionally or unintentionally but nevertheless causes significant harm or distress to the adult of risk either temporarily or over a period of time.

WHO MIGHT BE THE ABUSER?

Abuse can take place within both personal and professional relationships. It can be carried out by another adult at risk or by people who deliberately form a relationship with an adult at risk in order to exploit them, including:

- Family members
- Professional staff
- Voluntary workers
- Friends and associates
- Strangers who deliberately target vulnerable people
- Other adults at risk

SOME SIGNS OF ABUSE:

- Multiple bruising or finger marks
- Injuries the person cannot account for
- Deterioration of health for no apparent reason
- Weight loss
- Inappropriate or inadequate clothing

- Changes in mood and / or behaviour (e.g. appearing withdrawn)
- A carer who is unwilling to allow access to the person
- An individual who is unwilling to be alone with a particular person
- Unexplained shortage of money
- Someone lacking goods or services which they can afford

This list is not exhaustive. Please see separate document 'Signs of Different Forms of Abuse'

<https://headwayeastlondon.sharepoint.com/Policies%20%26%20Procedures/Shared%20Documents/Safeguarding/Safeguarding%20Adults%20at%20Risk%20Resources/Signs%20of%20Different%20Forms%20of%20Abuse.doc?d=weffa50a5057740cbb6a0d6bf397c25c9> for additional information.

Abuse by other adults at risk:

The safety of the person who may have been abused is paramount. The person alleged to be causing harm may themselves be eligible to receive an assessment. In this situation it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person alleged to be causing harm. The Local Authorities of both adults at risk must be informed if any incident of abuse occurs between members documenting clearly the steps taken to safeguard all involved.

Allegations against carers who are relatives or friends:

There is a clear difference between unintentional harm caused inadvertently by a carer and a deliberate act of either harm or omission. In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the carer's own physical or mental needs make them unable to care adequately for the adult at risk. The carer may also be an adult at risk. In this situation the aim of safeguarding work will be to support the carer to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for.

MEASURES IN PLACE TO MITIGATE RISKS

RISK ASSESSMENTS (including urgent medical information)

Everyone referred to Headway must have an initial risk assessment carried out, and this is reviewed and updated in line with the organisation's risk assessment procedures. Any known risks relating to abuse should be noted on someone's risk assessment.

All staff working with a member in one to one situations (including volunteers) must read the members risk assessment prior to work commencing. Additionally, for

members with significant risks identified all staff should be aware of these risks (via avenues such as morning staff meetings, volunteer briefings or staff de-briefs).

STAFF AND VOLUNTEER TRAINING AND SUPERVISION

All staff and volunteers will receive training relating to safeguarding adults at risk appropriate to their level of responsibility in their induction and thereafter, at least every 12 months. This training is in line with the National Competence Framework Safeguarding Adults (2010). As a minimum, all staff and volunteers at Headway must be able to recognise abuse and neglect and know how to make effective reports and to who.

All frontline staff receive formal supervision from their line manager at least once every two months as well as regular opportunities for informal supervision. Additionally frontline staff have an opportunity to attend peer support meetings and / or de-briefs.

Volunteers receive formal supervision every six months and have an opportunity to attend de-briefing sessions every two months.

MANAGING BEHAVIOUR THAT CHALLENGES

All staff and volunteers will receive training relating to understanding and managing behavior that challenges appropriate to their job roles in their induction and thereafter through supervision and peer support networks. This training includes guidance relating to preventing and managing incidents including the use of de-escalation techniques and aims to support staff to manage behavior that challenges in a positive way through a formal warning system. This is outlined in full in the Managing Challenging Behaviour Policy and Procedure.

DESIGNATED SAFEGUARDING LEAD

A member of the management team is allocated to lead on the implementation, monitoring and development of safeguarding within the organisation. This staff member is available for staff and volunteers to access in the event of abuse occurring or being suspected. Their role includes that of Designated Safeguarding Lead, Alerting Manager and the Designated Lead for Child Protection. The Deputy Director of Services will deputise as the Designated Safeguarding Lead in their absence.

The Designated Adult Safeguarding Lead within Headway is:

Natasha Lockyer, Director of Services

The Designated Safeguarding Lead and the Deputy Director of Services are required to attend formal external safeguarding training on an annual basis.

Responsibilities of the Designated Safeguarding Lead include:

- Immediately evaluating the risk to any adult at risk, other members, the public and/or staff and volunteers.
- Taking reasonable and practical steps to safeguard the adult at risk as appropriate.
- Considering Police referral if a crime has been committed.
- If referred to the Police, discussing with Police the risk management and forensic evidence considerations – note sexual offences will require expert advice from the Police.
- Knowing when and how to contact any emergency services.
- Deciding what or if an immediate protection plan is required.
- If the person alleged to have caused the harm is also an adult at risk, ensuring consideration of the needs of this person too.
- In line with internal disciplinary procedures, and in conjunction with the Chief Executive and HR Manager, suspending staff suspected of abuse.

STAFF & VOLUNTEER RECRUITMENT POLICY AND CHECKS

All frontline staff and volunteers are subject to an enhanced Disclosure and Barring Service (DBS) clearance and two references are taken up.

PROCEDURE IF ABUSE IS SUSPECTED OR REPORTED:

If there is a child in the household where abuse is suspected or reported this must be discussed with the safeguarding lead. See the Safeguarding children policy and Procedure.

Responding to an adult at risk who makes a disclosure / or that you suspect is being abused (refer to separate training resources relating to signs of abuse):

Immediate actions:

- Immediately evaluate the risk to the person, other members, the public and/or staff and volunteers.
- Contact emergency services if medical attention is required (only qualified medical professionals should offer medical advice).

- Consider a Police referral if a crime has been committed - For advice on whether a crime has been committed; call the local Community Safety Unit.
- If referred to the Police, discuss with Police the risk management and forensic evidence considerations – note sexual offences will require expert advice from the Police.
- If there is no immediate risk and if someone has disclosed potential abuse, find a private and safe space to talk and allow them to talk at their pace.
- Assure the person that you are taking them seriously and that they are right to speak to you.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.
- Listen carefully to what they are telling you, get as clear a picture as you can, but avoid asking too many questions at this stage (it is important to avoid leading questions).
- Record accurately what the person has actually said, using their own words and phrases.
- Provide information and advice on the safeguarding process and ask the person what they would like to happen next and record this but **do not give promises of confidentiality.**
- Assess the person's mental capacity to make this decision (see section on Mental Capacity below) and record this.
- If there are grounds to override a person's consent to share information, explain what these are.
- Make a best interest decision about the risks and protection needed if the person is unable to provide informed consent.
- Explain that you have a duty to tell your manager and the Safeguarding Lead whose role it is to take steps to protect them from further abuse or neglect. Reassure the person that they will be involved in decisions about what will happen.

All staff and volunteers should always share with their line manager in the first instance, except in emergency situations, as long as it does not increase the risk to the person.

- **Do not discuss the concern with the person alleged to have caused harm, unless the immediate welfare of the adult at risk makes this unavoidable.**
- If the alleged abuse took place at Headway, the person who has allegedly been abused must be separated from the alleged perpetrator and other members, as soon as possible.

- If the incident is of a serious nature, the member suspected of causing harm will be suspended from accessing Headway services immediately but consideration of their needs will be undertaken by the Safeguarding Lead or another member of the management team.

Other things to consider / establish:

- Whether advocacy may be required. Under the Care Act, the Local Authority must arrange for an Independent Advocate to be available to represent and support the person (or carer) if:
 - There is no appropriate other person to support and represent them; and
 - They feel that the person (or carer) would experience substantial difficulty being fully involved in the Care and Support process without support.
 - Substantial difficulty applies to one or more of the following areas:
 - Understanding relevant information relating to the process or function taking place;
 - Retaining that information;
 - Using or weighing up that information as part of the process of being involved; or
 - Communicating their views, wishes or feelings (whether by talking, using sign language or any other means).
- Personal care and support arrangements.

Recording the incident:

- Full details of the incident must be recorded in someone's general record and noted in the safeguarding monitoring spreadsheet:
<https://headwayeastlondon.sharepoint.com/Services/Monitoring/Shared%20Documents/Safeguarding%20Record.xlsx?d=wa1b283bc428f432592de3b2f77c9b6e2>
- Describe the circumstances in which the disclosure or your concern came about.
- Note the setting and anyone else who was there at the time.
- Record clearly the person in need of protection's wishes and incorporate your observations of the person's behaviour and physical condition and make clear distinction between facts and your opinions.
- Clearly record all decision making particularly relating to assessment of risk, assessments of mental capacity and consent.
- Any Information shared should be on a need to know basis in line with Headway's Data Protection Policy and Procedure.

Mental Capacity:

- The mental capacity of the adult at risk and their ability to give their informed consent to a safeguarding referral being made is a significant but not the only factor in deciding what action to take.
- The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions:
 - About a referral
 - About actions which may be taken under multi-agency policy and procedures
 - About their own safety, including an understanding of longer-term harm as well as immediate effects and;
 - An ability to take action to protect themselves from future harm

Please refer to Mental Capacity Act Guidelines:

<https://headwayeastlondon.sharepoint.com/Policies%20%26%20Procedures/Shared%20Documents/Safeguarding/Mental%20Capacity/Mental%20Capacity%20Quick%20Reference%20Guide.pdf>

Making a decision not to refer:

It is inevitable that there will be times when a person who has capacity decides to accept a situation that you or others perceive as potentially abusive or neglectful. This is a decision that they are free to make, unless:

- It is an emergency or life threatening situation or the risk is unreasonably high
- Other people are being put at risk (e.g. letting friends who are abusive or exploitative into a shared living environment, where they may put other residents at risk) or a referral is in the public interest (e.g. where sharing it could help in detecting crime, apprehending offenders, maintaining public safety, and the administration of justice)
- A child is involved and / or potentially exposed to the abuse or an environment of abuse (whether they are a direct witness or not)
- The alleged perpetrator has care and support needs and may also be at risk
- A serious crime has been committed or sharing the information could prevent a serious crime
- Any staff member, volunteer or person in a 'Position of Trust' is implicated is implicated
- Coercion is involved

In these circumstances, the person should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety. You must assure yourself that the decision to

withhold consent is not made under undue influence, coercion or intimidation and **all decisions not to refer must be discussed with the Safeguarding Lead.**

Conflict of interests between the adult at risk and their family / carers

There may be times when a family member or carer does not agree with a person's decision to accept a situation that they perceive as abusive or may not agree with Headway's decision to make a safeguarding alert. The following principle should be borne in mind and guide all decisions: a person who has capacity has the right to self-determination and autonomy. A family member or carer cannot overrule a safeguarding decision the person or Headway makes but has a right to make a complaint under Headway's complaints policy and procedure without fear of retribution.

Making a safeguarding referral (or alert):

- If a decision is made to make a safeguarding referral, this must be made to the person's local authority within 24 hours of the abuse being suspected or disclosed. Each local authority has its own procedure. The staff member making the alert should locate this by carrying out an internet search i.e. "how to raise a safeguarding alert Hackney".
- In most instances, a safe guarding alert form will be required. This will usually be available to download. You will require the person's personal details, details of the alleged abuse and the person's wishes and mental capacity in relation to the alert.
- The staff member must confirm receipt of the alert either by phone, a read receipt or email response and this must be recorded on the safeguarding monitoring spreadsheet.
- A regulatory body (e.g. Care Quality Commission, Health and Care Professions Council) must be informed if a regulated service (i.e. hospital, care home, care agency or any health or social care professional) is implicated.
- Local authorities are responsible for investigating any safeguarding concerns raised with them about any adult who has care and support needs and deciding whether it is necessary to carry out an enquiry. This should include the person themselves, whose own wishes and preferences should be acted on as far as possible, in keeping with the principles set out in 'Making Safeguarding Personal'.
- The staff member raising the alert should follow up the alert within 3 working days. In some circumstances, this timescale will be shorter and this will be guided by the Safeguarding Lead. All outcomes of the alert must be communicated to the Safeguarding Lead and must be recorded as per procedure noted above.

- Any Information shared should be on a need to know basis and shared in a way in line with Headway's Data Protection Policy and Procedure.

MANAGING ALLEGATIONS MADE AGAINST A HEADWAY MEMBER OF STAFF OR VOLUNTEER

- Headway will ensure that any allegations made against volunteers or members of staff will be dealt with swiftly.
- Where a member of staff/volunteer is thought to have committed a criminal offence the Police will be informed. If a crime has been witnessed the Police should be contacted immediately.
- The safety of the adult at risk is paramount. A risk assessment must be undertaken immediately to assess the level of risk to all service users posed by the alleged perpetrator. This will include whether it is safe for them to continue in their role or any other role within the service whilst the investigation is undertaken. Any staff member or volunteer under investigation for alleged abuse will be suspended immediately by the Safeguarding Lead or another member of the Senior Management Team.
- If a staff member is suspected of abuse, this will be dealt with through the staff disciplinary procedure following the completion of social services and or any criminal investigations and may result in summary dismissal.
- The Disclosure and Barring Service must be informed if any staff member or volunteer is implicated as well as the Health and Care Professions Council (HCPC) if that staff member is a regulated health or social care professional.
- Additionally serious incidents must be reported to the Charity Commission. This should include informing the Commission how the organisation has taken steps to limit the immediate impact and where possible, prevent it from happening again. In relation to safeguarding, a serious incident is an adverse event, whether actual or alleged, which results in or risks significant:
 - Harm to your charity's work, beneficiaries or reputation.

Headway has whistle blowing and complaints policies: staff and volunteers will be made aware of these policies and supported to make use of these procedures without fear of retribution.