

## **SAFEGUARDING ADULTS & CHILDREN**

### **1. Context aims & objectives of this policy**

Our society provides sheltered accommodation for independent living to adults who may be at risk of abuse or neglect.

An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves.

We believe that all residents have the right to live free from abuse and recognise our safeguarding obligations. Our Chair, as owner of this policy, acts as Safeguarding lead for our Society

Safeguarding means protecting someone's right to live in safety, free from abuse and neglect. Safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the individual's wellbeing is promoted. Where appropriate this includes having regard to their views, wishes, feelings and beliefs in deciding on any action.

### **2. Definitions, principles and types of abuse**

The following six principles apply to our services and will inform the ways in which we provide them.

**Empowerment** – People being supported and encouraged to make decisions for themselves with informed consent.

*"I am asked what I want from the safeguarding process and these directly inform what happens".*

**Prevention** – It is better to take action before harm occurs.

*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help".*

**Proportionality** – The least intrusive response appropriate to the risk presented.

*"I am sure that the professionals will work in my interests as I see them and they will only get involved as much as needed".*

**Protection** – Support and representation for those in greatest need.

*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent that I want to".*

**Partnership** – Local solutions through services working with their communities have a part to play in preventing, detecting and reporting neglect and abuse.

*"I know that staff treat any personal or sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me".*

**Accountability** – Accountability and transparency in delivering safeguarding.

“I understand the roles of those involved in my life and so do they.”

## **TYPES OF ABUSE AND NEGLECT**

The following is a list of the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be exhaustive; rather it is an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse and so called ‘honour’ based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home for example or in relation to care provided in one’s own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

### **3. Barriers to reporting Abuse and how to overcome them**

Our Society recognises that there are substantial barriers to older people reporting abuse, namely:

- A sense on the part of the older individual that their personal circumstances limit their capacity to deal with the situation. This could include: Low self-esteem and self-confidence: Loneliness, feeling that there is no one they can trust to talk it through with: Physical frailty, worrying about the consequences for themselves of reporting it: Thinking it’s not serious enough to report.

- Concern that reporting the situation could make the abusive situation worse. This could include: The fear that reporting the abuse will leave them isolated: The fear of being seen as “making a fuss:” Concern that they will be blamed for the problem.
- Concern that the individual, the abuser or a third party could be affected by the reporting. This could include: Worry about the consequences for themselves (from the abuser): Concern about the consequences for the abuser (they may be a family member the resident cares about): Worry about the effect on a third party (the husband /wife /son/ daughter/ father/mother) of the abuser: A fear of increasing their isolation.

Expanding upon these:

- Isolation - a resident may fear that if they report abuse from a family member, it could lead to an end of visits from not only that person but other family members too.
- A fear of making a fuss - the resident may feel that what is happening does not justify asking for help. There is also a reluctance to ask others to act on their behalf.
- Concern about being blamed - the resident may feel that if they report the abuse they will be fully or partly blamed for what has happened or is happening.
- Personal embarrassment - knowing that reporting the abuse will involve revealing details about their personal and private life may make the individual feel embarrassed, particularly if the abuse is sexual.

To overcome these barriers, it is vitally important that an adult at risk feels able to report abuse. In this respect, trusting relationships with staff and volunteers together with knowledge that we do not accept abuse or abusive relationships are vital. Residents also need to be confident that we can help them to access independent support where they do not feel able to talk to someone in the house. Hence: -

- Relationships - A resident who has built a good, trusting relationship with a staff member or a volunteer may feel able to trust them with this difficult situation.
- Unacceptability of abuse – staff and volunteers should emphasise that this is completely unacceptable, that we want to hear about it, and that we will act appropriately to address it.
- Promoting access to independent support – This potentially includes our complaints procedure, but also needs to offer avenues separate from the house and their day to day life.

#### **4. Multi Agency Code of Practice**

We recognise that Local Authority social services departments are responsible for the development and co-ordination of local multi-agency codes of practice for safeguarding adults at risk and children. Operating in accordance with the local multi-agency safeguarding code of practice and related policies and procedures, all incidents of abuse will be referred to the local safeguarding team. We will work cooperatively with all relevant agencies where safeguarding issues arise. As well as social services staff with responsibility for safeguarding issues, this could include the police, health and/or social care professionals.

Our Society accepts the principles of the approach described above. In view of the infrequent nature of such events, rather than hold a copy of the multi-agency practice, policies and procedures we will instead obtain details if and when an event arises. This will ensure that we have correct and current information at that time.

#### **5. Preventing Abuse**

Residents and their representatives or advocates will have access to this Safeguarding Policy, to our Complaints Policy and to related procedures and information.

Our Secretary /A Trustee will ensure residents can have information about, and access to, local advocacy services. We will ensure thorough recruitment procedures are in place and operational. This will include DBS (Disclosure and Barring Service) checks to ensure that our staff and volunteers are cleared to work with adults at risk and children.

An open and inclusive approach will be encouraged so that people are not afraid to voice and know that, however minor, their concerns will be taken seriously and acted upon.

Each resident will be fully involved in a comprehensive assessment of their needs, including any known risks either to or from them to others. Actions to support the outcomes that will maintain and promote their independence will be agreed and monitored. This support planning will include strategies to manage any identified risks.

## 6. Confidentiality – Good Practice Guidance

Sharing the right information at the right time and with the right people is fundamental to good practice in adult safeguarding but has been highlighted as a difficult area of practice.

The Care Act 2014 s45 'supply of information' duty covers the responsibilities of others to comply with requests for information from the Safeguarding Adults Board. Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, the Data Protection Act, the Human Rights Act and the Crime and Disorder Act. The Mental Capacity Act is also relevant as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information.

Organisations need to share safeguarding information with the right people at the right time to:

- Prevent death or serious harm;
- Coordinate effective and efficient responses;
- Enable early interventions to prevent the escalation of risk;
- Prevent abuse and harm that may increase the need for care and support;
- Maintain and improve good practice in adult safeguarding;
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse;
- Identify low-level concerns that may reveal people at risk of abuse;
- Help people to access the right kind of support to reduce risk and promote wellbeing;
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour and
- Reduce organisational risk and protect reputation.

Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances such as emergency or life-threatening situations.

The law does not prevent the sharing of sensitive, personal information **within** organisations. If the information is confidential but there is a safeguarding concern, sharing it may be justified. In addition, the law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

The Data Protection Act enables the lawful sharing of information.

Except in emergency situations, safeguarding concerns should be reported to the Safeguarding Lead, Trustee or the House Manager in the first instance. Staff or volunteers must not give a personal assurance of confidentiality. However, it is good practice to try to gain the person's consent to share information. If it is felt that their information must be shared without consent, they should be advised so long as it does not increase risk.

Any approach from the press or media will be referred to the relevant department based at Abbeyfield's national office. Press statements will not give out or imply any personal details.

For Registered Charities, the Charity Commission requires that any serious incident, including a serious safeguarding issue, must be reported to them by Trustees. Further information on this duty can be found on the Charity Commission web site.

## **7. Risk Management**

Safeguarding considerations will encompass consideration of risk in a broader context. The health and safety of our individual residents and those who may be affected by their actions is an area of risk that needs to be managed as far as is reasonably practicable. We recognise and promote the right of our residents to lead independent lives, which often involves a degree of manageable risk-taking. Where an individual chooses to accept known risks, their wishes should be respected within the context of their capacity to anticipate and understand those risks. Risks should be proportionate, with relevant staff and volunteers being alert to the possibility of the risks of harm which fall within the definition of abuse. Where a potential vulnerability to abuse or risk of abuse to others is identified, specific risk assessments will be completed and, if appropriate, measures taken to mitigate these risks.

## **8. Rights of the alleged "abuser"**

An individual who is accused or suspected of committing abuse also has rights. The rule of law, including the judicial principle of "innocent until proven guilty" must always apply. This does not affect our primary commitment to safeguard an individual who may be (or have been) abused. Immediate protective action can be taken without allocation of blame.

## **9. Record Keeping**

Staff and volunteers must ensure that records concerning actual or alleged incidents of abuse are sufficiently detailed, accurate, concise, up-to-date, legible and factual. They must show the name of the writer and be signed and dated. Opinions should be kept to a minimum, recorded as such, and backed up by factual evidence. All records must be stored securely and confidentially in a manner that protects individual rights to privacy and security.

## **10. Training**

Staff and volunteers will receive safeguarding training appropriate to their role and responsibilities in relation to adults at risk and visiting children as part of their induction with subsequent refresher training at intervals not exceeding 3 years.

## **11. Whistle Blowing (Public Disclosure)**

Staff and volunteers are required to take action and report concerns if they suspect an adult or visiting child is being abused, regardless of the setting or who the perpetrator is. We will support those who stand up for anyone who they suspect or know is being abused.

Employees are assured that they will not be victimised or treated unfairly as a result of reporting suspected or actual abuse. If an employee feels unable to resolve their concerns with their line manager for whatever reason, they should still disclose their concerns to the Safeguarding Lead or another Trustee.

The law (Public Interest Disclosure Act 1998) protects staff making certain disclosures in the public interest – see our Whistle Blowing Policy for further information.

## **12. The procedure for dealing with an allegation or incident of abuse**

Our Society's primary concern is the safeguarding of adults living in our houses and visiting children. The House Manager or a nominated Trustee is responsible for ensuring that any suspected or actual incident of abuse is dealt with immediately and is reported to the local authority safeguarding team when necessary - contact details below.

Procedures for dealing with an incident are extensive and have been appended to this Policy.

## **13 Shared responsibilities**

All who fall within the Scope of this policy are required to adhere to its terms and conditions. It is also incorporated into our employment contracts and staff must recognise their responsibilities in this respect, including the need to receive training on safeguarding of vulnerable adults. This will include understanding, recognising and dealing with abuse. The Board and senior staff are responsible for ensuring that this policy is applied within their house. Any queries about the application or interpretation of this policy should be raised through the Secretary.

## **14 Safeguarding Children**

In our commitment to safeguarding visiting children, we will ensure that risk assessments of residents cover risks to and from visiting children. All children on the premises must be supervised by a responsible adult at all times.

For young people visiting residents, such as grandchildren (i.e. not undertaking employment or volunteering duties), the responsible adult may be a parent or, in some cases, the resident themselves.

For employees or volunteers under the age of 18, continuous supervision by a DBS-checked staff member will be implemented as well as parental consent for those under the age of 16. The HSE risk assessments of the property, individual risk assessment of individual residents and safeguarding issues will be carefully considered when considering the involvement of a child for employment or volunteering purposes.

## **15. Changes since last version of this Policy**

This policy has been extensively rewritten to reflect the Care Act 2014.



## **Appendix - Procedure for dealing with an incident of abuse**

This appendix acts as an extension to section 14 and lays out the detailed steps and responsibilities which may be involved.

### **14.1 If a staff member or volunteer has concerns about abuse**

Any allegation or suspicion of abuse, however minor, must be taken seriously and reported immediately to the Safeguarding Lead or an available Trustee. The most senior employee on duty will be responsible for ensuring the immediate safety and welfare of the adult or visiting child concerned and summoning medical assistance if required. Inform paramedic staff and/or examining doctor of the suspicion of abuse and explain that a written report may well be required. In cases of serious abuse where there is evidence to suggest criminal activity, the police should also be summoned. Any incident involving alleged sexual abuse or involving alleged physical abuse which has resulted in injury should be reported immediately to the police.

**Police Phone No: 0845 125 3545**

Consider whether there is an immediate risk to other residents, young employees and/or visiting children, and take steps to secure their safety. Where a serious incident has taken place, try not to disturb evidence that may be important to a police investigation. Where the incident concerns an adult at risk do not immediately question them; rather offer comfort, reassurance and support and allow them to give information or express distress or fears. Remember what is said and write it down as soon as possible. Where it concerns a child, offer support to the responsible adult and where they value it support them in supporting the child. If the alleged perpetrator is a resident, visiting child or other adult at risk, ensure they too are safe and supported, possibly by allocating a member of staff to be present with the adult, child and responsible adult. At the earliest opportunity record as much, detailed information as possible in the Safeguarding Log.

### **14.2 Immediate actions by the Most Senior Employee on Duty, Safeguarding Lead or Available Trustee**

Any serious incident of abuse which is substantiated or witnessed should be referred to the Local Authority Safeguarding team at the first available opportunity and within 24 hours.

**Phone: Adult Social Care Services: 0300 123 6721**

If in doubt about whether an incident concerning a resident should be referred to the police or the LA Safeguarding team the senior Employee on Duty should consult with an available Trustee or the Secretary for advice. Referral to the police will depend upon whether a crime appears to have been committed. If in doubt, they should be informed. Instructions from the police must be followed to ensure that any police investigation is not hindered. If the police are informed, the matter must also be referred to the Local Authority Safeguarding team. Unless instructed otherwise by the police, where the victim is a resident the House Manager, Trustee or Secretary should immediately inform the family/next of kin / representative/advocate about the incident. In serious situations, where the adult at risk is injured or distressed, they should communicate the information carefully and sensitively. The House Manager should support family members to visit the resident. If a member of the resident's family is the suspected or alleged perpetrator, the matter should be discussed with the police and/or the Local Authority Safeguarding team before contacting any other relatives. If the alleged abuser is a resident, their family should also be informed and supported. The Local Authority Safeguarding team will decide whether there has been an incident of abuse that requires a safeguarding assessment and will advise what steps should be taken next.

As much information as possible should be provided to the Local Authority Safeguarding team.

### **14.3 Dealing with the alleged perpetrator (abuser)**

If a serious allegation against a member of staff is made to a Trustee, they or the Chair must take appropriate action as quickly as possible in line with the Disciplinary Policy and Procedure. If such an allegation is reported to the House Manager, s/he must contact the Chair or a Trustee immediately for the same purpose. This may include suspending the member of staff from duty.

A suspension is without prejudice to the outcome of any investigation and is based on the need to protect residents and to ensure an unhindered investigation into the allegation. In this situation it is the responsibility of the designated Trustee to suspend the member of staff. If such a situation arises outside of normal office hours the House Manager must decide whether to suspend the member of staff based on an informed assessment of the circumstances and the need to protect residents. Where the allegation is against a member of staff, any safeguarding investigation will dovetail with the disciplinary process and the Secretary will advise throughout the process.

If an allegation concerns a volunteer, the Chair or a Trustee must advise the volunteer that they will not be required to do any voluntary work until the matter has been investigated and resolved. If the allegation concerns a Trustee they should cease to do any work for the society and the matter should be addressed by the remaining Trustees not connected with the incident.

If the allegations are made against another resident, the most senior employee on duty, Safeguarding Lead or Available Trustee should take immediate steps to separate the perpetrator from the resident who is the victim of the abuse, which may involve identifying an immediate alternative place of safety for one of them, taking account of the wishes of the residents, and their families if appropriate.

All information should be accurately and clearly recorded and should include as much detail as possible. It is good practice to ask witnesses to write statements immediately whilst it is fresh in their minds, unless directed not to by the police or by the local authority safeguarding team. Staff and volunteers should not confer with each other when doing so. There may be a requirement to take further statements from staff at a later date, to support any safeguarding, police or disciplinary investigations into the allegation. There is a need to ensure that any safeguarding investigation is conducted in parallel with the requirements of our Disciplinary Policy and Procedure and prevailing employment legislation.

#### **14.4 Investigations**

Where the local authority safeguarding team are involved, they will decide whether to deal with the matter in the context of the multi-agency safeguarding procedures. If so, a safeguarding strategy meeting/discussion will be arranged by the local authority usually within five working days of the referral being made although the timescales may vary. The safeguarding strategy meeting/discussion will determine who carries out the required investigations. If the police are involved, they will be part of any strategy meeting/discussion. The society may or may not be invited to the initial meeting. Society trustees or staff must not embark on any investigations until advised by the safeguarding team to do so.

We will need to carry out our own investigation and, in some cases, the local authority will give permission for this to proceed straight away. If so, a designated Trustee will co-ordinate the investigation process and advise on all disciplinary matters. If the safeguarding team wishes to conduct the safeguarding investigation, our investigation will wait until the safeguarding team agree it is appropriate for us to proceed.

#### **14.5 Providing support**

All affected residents should be reassured and sensitively supported throughout the investigation process as they are likely to experience a wide range of emotions. Residents should not be interviewed without express instructions from the local authority safeguarding team and the Chair or Secretary. Staff or volunteers who witness and/or report an incident of abuse may themselves need considerable support. Others may be affected when residents they know are victims of abuse and they may become distressed during and following a safeguarding investigation. The Chair will assist the House Manager/designated trustee to identify sources of support if required.

#### **14.6 Dealing with outcomes**

Once investigations have been completed the local authority safeguarding team will usually prepare a safeguarding action plan, ensuring that any risks are identified, managed and minimised. We will



co-operate with any safeguarding action plan and will complete any actions required. The Board will ensure that the process is reviewed to see whether lessons can be learned and to ensure improvements are made wherever possible to prevent further incidents of abuse or to deal more effectively with incidents of abuse.