



HR POLICY

SAFEGUARDING ADULTS POLICY

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SAFEGUARDING ADULTS POLICY AND PROCEDURE

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1.0 INTRODUCTION

1.1 Link4Life will adopt guidance and practices approved by Rochdale Borough Safeguarding Adult Board (RBSAB) Multi-Agency Policy and Procedures for the protection of Adults at risk of abuse or neglect.

1.2 Adult Safeguarding means protecting a person's right to live in safety, free from abuse or neglect.

2.0 POLICY STATEMENT AND AIMS

2.1 Link4Life has a duty of care to safeguard all Adults who may access any facilities or services managed by the Trust.

2.2 The aim of the Adults at Risk Policy is to '*promote well-being, prevent and reduce the risk of significant harm to Adults at risk from abuse, neglect or other types of exploitation whilst supporting individuals to maintain control over their lives and make informed choices without coercion*'.

2.3 We will promote good practice by:

- providing a safe environment for all Adults at Risk when using Link4Life services;
- allowing all staff (including volunteers) to make informed and confident responses with regard to safeguarding issues.
- develop a culture that does not tolerate abuse;
- ensure employees of Link4Life receive training to identify and act on suspected abuse;
- prevent abuse wherever possible;
- support those at risk to access the services they wish to use;
- act on suspicions and allegations of abuse in line with documented procedures;
- work with partners to promote multi-agency practices to safeguard adults at risk in line with Care Act 2014.

3.0 DEFINITION OF ADULTS AT RISK

3.1 The Care Act 2014 sets out new statutory requirements with regard to adult safeguarding and defines safeguarding as protecting an adults right to live in safety, free from abuse or neglect.

3.2 The Care Act 2014 replaces No Secrets (2000) and places procedures for safeguarding adults on a statutory footing for the first time. The act defines who may be at risk, types of adult abuse and places emphasis on multi-agency working with the focus on better outcomes for the individual.

3.3 Adults who may be at risk of abuse or neglect

- 18 or over;
- has needs for care or support;
- is experiencing or at risk of abuse or neglect;
- is unable to protect themselves against abuse due to their care or support needs.

3.4 An adult at risk may be a person who:

- is elderly or frail due to ill health, physical disability or cognitive impairment;
- has a learning disability;
- has a physical disability +/- or a sensory impairment;
- has mental health needs including dementia +/- or a personality disorder;
- has a long term illness or condition;
- has a brain injury;
- misuses substances or alcohol;
- is a carer who provides personal assistance or care and is subject to abuse;
- anyone who is at risk due to a specific circumstance e.g. domestic abuse, forced marriage, sexual or commercial exploitation;
- anyone who is unable to demonstrate the capacity to make a decision and is in need of care and support.

3.5 The key principles in Safeguarding Adults at Risk

- Empowerment – focus on personalisation, person-led decision making and informed consent. We will consult the individual before we take any action. If an individual lacks capacity to make a decision, we will always act in their best interests and consult them on what outcome they would wish to see.
- Protection – provide support and representation for those in need. We will ensure Link4Life reporting arrangements for suspected abuse, and our company risk assessments are clear and effective and provide support for our staff in reporting safeguard issues.
- Prevention – It is better to take action before harm occurs. We will ensure our employees can identify and respond appropriately to signs of abuse +/- or suspected criminal offences. We will provide appropriate training and guidance in how to recognise signs and take appropriate action. We will support individuals to take part in safeguarding processes to the extent they wish or are able to.
- Proportionality – action must be proportionate and be the least intrusive response appropriate to the risk presented.
- Partnerships – we adopt appropriate information sharing practices where appropriate and act for the welfare of the individual. Information sharing will be appropriate, sensitive and always in the interest of the individual.
- Accountability – employees will understand their roles and responsibilities and what is expected from them. Managers will be clear about lines of reporting and accountability.

3.6 In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress or undue influence or pressure.

3.7 It is important to note that people with capacity can also be vulnerable at times due to personal characteristics, factors associated with their situation, environment or social factors.

3.8 Mental Capacity

The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation;
- to take action themselves to prevent abuse;
- to participate to the fullest extent possible in decision making about interventions.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf.

- It applies to people aged 16+ and covers 5 statutory principles:
- always assume capacity unless proven otherwise;
- right of individuals to be supported to make their own decisions;
- right of individuals to make unwise decisions;
- best interest decision making;
- least restrictive interventions to be applied.

3.9 Responsibility for mental capacity and deprivation of liberty is the remit of the Local Authority or specialist officers.

4.0 TYPES AND INDICATORS OF ABUSE

4.1 Abuse may be:

- a single act or repeated acts;
- grooming or serial abuse;
- an act of neglect or a failure to act;
- multiple acts, for example, an adult at risk may be neglected and may also be financially abused;
- Deliberate, as a result of negligence or ignorance;
- a crime.

4.2 Abuse is about the misuse of power and control that one person has over another;

- where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place;
- abuse can take place in settings such as the person's own home, day or residential centres, supported housing, educational establishments, or in nursing homes, clinics or hospitals;
- a number of abusive acts are crimes and informing the police must be a key consideration.

4.3 Abuse and neglect can take many forms and includes:

- Physical abuse
- Sexual abuse
- psychological or emotional abuse
- financial or material abuse
- neglect or acts of omission
- discriminatory abuse
- organisational abuse
- domestic violence or abuse
- discriminatory abuse
- modern slavery
- self-neglect

4.4 Ill Treatment and Wilful Neglect

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the Mental Capacity Act.

Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

4.5 Consent

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent.

Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected *unless*:

- there is a public interest, for example, not acting will put other adults or children at risk;
- there is a duty of care to intervene, for example, a crime has been or may be committed.

4.6 Deprivation of Liberty Safeguards (DoLS)

DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to be given care or treatment.

These safeguards provide protection to people in hospitals and care homes. Care homes and hospitals must make requests to a local authority for authorisation to deprive someone of their liberty if they believe it is in their best interest.

All decisions on care and treatment must comply with the Mental Capacity Act and the Mental Capacity Act Code of Practice.

4.7 Examples of Abuse

- Physical Abuse

This is the physical ill treatment of an adult, which may or may not cause physical injury. Examples of physical abuse are hitting, pushing, pinching, shaking, misusing medication, scalding, the misuse or illegal use of restraint, inappropriate sanctions, exposure to heat or cold and not giving adequate food or drink.

- Restraint

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is physical abuse. There is a distinction to be drawn between restraint, restriction, and deprivation of liberty. A judgement as to whether a person is being deprived of liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restriction, duration, the effect and the manner of the implementation of the measure in question. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence.

Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

Providers of health and social care must have in place internal operational procedures covering the use of physical interventions and restraint.

- Sexual Abuse

This includes rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting to. It may include direct or indirect involvement including being required to watch sexual activity and sexual exploitation

This category of abuse also covers inter-familial sexual abuse (carried out by family members). This can result in long-lasting profound psychological damage which can be more damaging than abuse outside the family, due to breach of trust involved.

- Sexual Exploitation

This is taking advantage of sexuality or attractiveness of a person to make a

personal gain or profit. It is the abuse of a person at risk, differential power or trust, for sexual purposes.

- Psychological / Emotional Abuse

This is behaviour that has a harmful effect on the person's emotional health and development. This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable & unjustified withdrawal of services or supportive networks.

Psychological or emotional abuse is the wilful infliction of mental distress by a person who is in a position of trust and power to an adult at risk.

Psychological/emotional abuse results from threats of harm or abandonment, being deprived of social or any other sort of contact, humiliation, blaming, controlling, intimidation, coercion and bullying. It undermines the adult's self-esteem and results in them being less able to protect themselves and exercise choice. It is a type of abuse that can result from other forms of abuse and often occurs at the same time.

- Financial Abuse

Financial abuse is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation & may amount to a crime. It includes:

- theft;
- fraud;
- exploitation;
- undue pressure or coercion in relation to an adult's affairs, including wills, property, inheritance or financial transactions;
- the misuse or misappropriation of property, possessions or benefits;

Potential indicators of financial abuse include:

- lack of heating, appropriate clothing
- change in living conditions
- inability to pay bills/unexplained shortage of money
- unexplained loss of financial documents
- recent addition of authorised signatories or sudden changes to a will or financial document.

- Neglect and Acts of Omission

Neglect is the failure of any person who 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. Behaviour that can lead to neglect includes ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating. Neglect can be intentional or unintentional.

An allegation of abuse or neglect of an adult who does not have capacity to

consent on issues about their own safety will always give rise to action under the Safeguarding Adults process.

Wilful neglect usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

- **Discriminatory Abuse**

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin and other discriminatory factors.

It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

- **Organisational Abuse**

Organisational abuse includes neglect or poor care practice within an institution or care setting that violates a person's dignity. It occurs when routines or systems of an institution result in poor or inadequate standards of care which denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults, resulting in lack of respect for their human rights.

Institutional abuse can occur in any setting providing health and social care.

- **Modern Slavery**

This includes slavery, human trafficking, forced labour and domestic servitude.

Traffickers use whatever means they can to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

- **Self-Neglect**

Behaviours around neglecting to care for own personal hygiene, health or surroundings and includes hoarding.

- **Domestic Abuse**

This covers physical, psychological, sexual or financial abuse within a family relationship. It is repeated, random and habitual use of coercive behaviour and intimidation to control a partner or family member. Abusers are usually a spouse, partner, ex-partner, ex-spouse or other close family member.

- **Other forms of abuse may include:**

- Hate crime
- Radicalisation
- Mate crime
- Female genital mutilation
- Assisted suicide
- Anti-social behaviour
- Honour Based Violence

- Forced Marriage
- Intentional/unintentional abuse

Further details can be found on the Rochdale Borough Safeguarding Adults website at www.rbsab.org

5.0 REPORTING A CONCERN

5.1 All staff have a responsibility to inform the relevant manager of a concern as soon as abuse is witnessed or suspected.

5.2 A concern may be prompted by:

- a direct disclosure by the adult
- a concern raised by staff or volunteers, others using the service, a carer or a member of the public;
- an observation of the behaviour of the adult, of the behaviour of another person(s) towards the adult or of one service user towards another.

5.3 Responsibilities of the person raising the concern

- Take immediate action;
- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
- If in immediate danger, dial 999 and then inform Adult Care;
- If urgent medical assistance is required, call an ambulance;
- Contact the police on 101 if a crime is suspected;
- Do not disturb or move articles that could be used in evidence, and secure the scene, for example, by locking the door to a room;
- Follow child safeguarding practices if a child may also be at risk;
- If possible, make sure that other service users are not at risk;

5.4 Responding to an adult who is making a disclosure

- Assist the adult to feel safe and comfortable, emotionally and physically;
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage;
- Do not give promises of complete confidentiality;
- Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them;
- Reassure them that they will be involved in decisions about what will happen;
- Explain that you will try to take steps to protect them from further abuse or neglect;
- If they have specific communication needs, provide support and information in a way that is most appropriate to them;
- Do not be judgemental or jump to conclusions.

- 5.5 Considering the person alleged to have caused harm
It is the responsibility of the Safeguarding Lead within Link4Life to decide what discussions take place with the person who is alleged to have caused harm.
- 5.6 Making a record
All information must be recorded on the Link4Life Safeguarding Record Form (Appendix B). All copies must be forwarded promptly to the Human Resources Manager and relevant agency (Safeguarding Flow Chart, Appendix A) and archived for a minimum of 5 years within the Central Filing System managed by Human Resources.
- 5.7 Recordings should detail:
- date and time of incident;
 - state exactly what the adult at risk said, using their own words;
 - appearance and behaviour of the adult at risk;
 - any injuries observed;
 - name and signature of the person making the record;
 - the record must be factual;
 - information from another person must be attributed to them.
- 5.8 Informing a manager or Designated Safeguarding Officer
- Inform your line manager or Designated Safeguarding Officer immediately;
 - If you are concerned that a member of staff has abused an adult at risk, you have a duty to report these concerns;
 - If you are concerned that your line manager has abused an adult at risk, you must inform a Designated Safeguarding Officer or senior manager.
- 5.9 Role of the DSO
Any manager may make safeguarding referrals but a Designated Safeguarding Officer should be informed at the earliest opportunity. It is the duty of the DSO to act promptly and decide the most appropriate course of action.
- 5.10 Training
Link4Life will ensure that all Designated Safeguarding Officers will complete training on Adult Safeguarding at intervals of no longer than 2 years; this may be done via face to face delivery or e-learning.
For all other staff:
- all new employees (including volunteers) will receive basic safeguarding training from a Designated Safeguarding Officer as part of their induction;
 - all staff will then complete the RBC Me Learning training every 3 years.
- 5.11 Speaking to the adult
It may be appropriate for the manager to speak to the adult about the concern. To do this, the manager should consider:
- speaking to them in a private and safe place and informing them of any concerns;
 - getting their views on what has happened and what they want done about it;

- giving them information about the Safeguarding Adults process and how that could help to make them safer;
- supporting them to ask questions about issues of confidentiality;
- explaining how they will be kept informed and supported;
- discussing what could be done to ensure their safety.

If it is felt that the adult may not have the capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible, given the person's communication needs. They should also be given the opportunity to express their wishes and feelings.

It is important to establish whether the adult has the capacity to make decisions, so the matter should be referred to Adult Care.

5.12 Person alleged to have caused harm

The person alleged to have caused harm has a right to be treated fairly and their confidentiality should be respected. If the person is in a position of trust, the Safeguarding Lead must consider the use of Allegations Management procedures.

- If they are a member of staff and an immediate decision has to be made to suspend them, the person has a right to know in broad terms what allegations or concerns have been made about them;
- if the person causing harm is another adult with care and support needs, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met;

5.13 Deciding whether or not to report a concern

The Manager or Designated Safeguarding Officer must decide whether or not to make a referral to the Police or Adult Care. Where it is suspected that a member of staff from the organisation may have caused harm, referral under the organisation's disciplinary procedures should also be considered.

5.14 A concern should be made when:

- the person is an adult with care or support needs and there is a concern that they are being or are at risk of being abused or neglected
- the adult has capacity to make decisions about their own safety and wants this to happen
- the adult has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to report a concern
- a crime has been or may have been committed
- the abuse or neglect has been caused by a member of staff or a volunteer;
- other people or children are at risk from the person causing the harm;
- the concern is about organisational or systemic abuse;
- the person causing the harm is also an adult with care or support needs.

5.15 Factors to consider when raising an alert

- Is there any doubt about the mental capacity of an adult at risk to make decisions about their own safety? Remember to assume capacity unless there is evidence to the contrary. If unsure, refer to Adult Care for advice. (Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress.);
- How vulnerable is the adult at risk? What personal, environmental and social factors contribute to this?
- What is the nature and extent of the abuse?
- Is the abuse a real or potential crime?
- How long has it been happening? Is it a one-off incident or a pattern of repeated actions?
- Is a child (under 18 years) at risk?

5.16 If the alerting manager is unsure whether to refer, they should contact Adult Care for advice.

5.17 Who should be informed?

Where relevant the alerting manager or member of staff should inform:

- a Designated Safeguarding Officer within Link4Life
- the police, if a crime has been or may be committed
- Children & Families team if a risk to anyone under 18

5.18 Supporting Link4Life staff

Managers are responsible for:

- supporting any member of staff or volunteer who raised the concern;
- enabling and supporting staff to play an active part in the Safeguarding Adults process;
- ensuring that any staff delivering a service to the adult at risk are kept up to date on a need-to-know basis and do not take actions that may prejudice the investigation.

6.0 MAKING A REFERRAL

6.1 A referral is the direct reporting of an allegation, concern or disclosure to Adult Care.

6.2 Where to refer to and how to make a referral

Referrals will be taken from *anyone* who has a concern about the safety of an adult.

Details of the procedure are given in Appendix A. There should be initial completion of the Link4Life Safeguarding Adults Form, see Appendix B.

A referral to Adult Care may be made by phone, see Appendix C for contact details.

6.3 Information

Where possible, include as much information under the following headings.

6.4 Details of the referrer

- Name, address and telephone number;
- Relationship to the adult at risk;
- Name of the person raising the alert if different;

- Name of organisation, if referral made from a care setting;
- Anonymous referrals will be accepted and acted on. However, the referrer should be encouraged to give contact details.

6.5 Details of the adult

- Name(s), address and telephone number;
- Date of birth, or age;
- Details of any other members of the household including children;
- Information about the primary care needs of the adult, that is, disability or illness;
- Ethnic origin and religion;
- Gender;
- Communication needs of the adult at risk due to sensory or other impairments (including dementia), including any interpreter or communication requirements;
- Whether the adult at risk knows about the referral;
- Whether the adult at risk has consented to the referral and, if not, on what grounds the decision was made to refer;
- What is known of the person's mental capacity and their views about the abuse or neglect and what they want done about it (if that is known at this stage);
- Details of how to gain access to the person and who can be contacted if there are difficulties;

6.6 Information about the abuse, neglect or physical harm

- How and when did the concern come to light?
- When did the alleged abuse occur?
- Where did the alleged abuse take place?
- What are the details of the alleged abuse?
- What impact is this having on the adult at risk?
- What is the adult at risk saying about the abuse?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult at risk to find out what is happening?
- Is a child (under 18 years) at risk?

6.7 Details of the person causing the harm (if known)

- Name, age and gender;
- What is their relationship to the adult at risk?
- Are they the adult at risk's main carer?
- Are they living with the adult at risk?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a personal budget?
- Which organisation are they employed by?
- Are there other people at risk from the person causing the harm?

6.8 Any immediate actions that have been taken

- Were emergency services contacted? If so, which?

- What action was taken?
- What is the crime number if a report has been made to the police?
- Details of any immediate plan that has been put in place to protect the adult at risk from further harm;
- Have children's services been informed if a child (under 18 years) is a risk?

6.9 The alerting agency may be asked to confirm the referral in writing.

6.10 Referrals to the police

- Staff must make it clear whether they are reporting a crime or suspected crime, or seeking advice;
- Referral must also be made to the relevant local authority;
- In an emergency call the police on 999;
- If a crime has been or may have been committed, report immediately to the police unless the adult at risk has mental capacity, does not want a report made and there are no overriding public or vital interest issues;
The police may also be contacted later, if more information becomes available and it becomes apparent that a crime has been committed.