

SAFEGUARDING ADULTS

Policy & Procedure



Date	Version	Draft / Final	Distribution	Comment
06/2007	1.0	Final	Distributed	
03/2010	2.0	Final	Distributed	
11/2011	3.0	Final	Distributed	
07/2016	4.0	Final	Distributed	Adoption of seAp policy with edits

1. KEY POINTS

- You must not keep information to yourself
- You should discuss ****any concerns**** with your line manager or any other manager within Getting Heard as described in the escalation procedure detailed in Section 6.
- It is not the job of individual staff within Getting Heard to assess if harm is actually taking place
- Other agencies have a statutory responsibility to investigate allegations of adult or child abuse
- Our role may be to provide information to any criminal or safeguarding investigation
- You will never be wrong or criticised by raising a concern

2. PRINCIPLES

As Getting Heard Advocates will come in to contact with adults who are deemed to be vulnerable or at risk, it is important all volunteers and paid workers are clear about how they and the organisation should respond should there be any concerns about the safety and wellbeing of clients.

This purpose of this policy has been scoped to ensure compliance with legislation, including the Safeguarding Vulnerable Groups Act 2006, Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) 2009 and The Care Act 2014. It is based on six key principles of adult safeguarding:

1. Empowerment: People being supported and encouraged to make their own decisions and informed consent.
2. Prevention: It is better to take action before harm occurs
3. Proportionality: The least intrusive response appropriate to the risk presented
4. Protection: Support and representation for those in greatest need
5. Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. Accountability: Accountability and transparency in delivering safeguarding
Care Act 2014 Guidance paragraph 14.13

Other Principles

Safeguarding Vulnerable Groups Act 2006

The purpose of this Act is to restrict contact between children and vulnerable adults and those who might do them harm. The barring aspects of the Act came into force in October 2009. Key principles include: unsuitable persons should be barred from working with children (or vulnerable adults); employers should have a straightforward means of checking that a person is not barred from working with children (or vulnerable adults); suitability checks should not be one-offs: they should be an element of ongoing assessment of suitability to catch those who commit wrongs following a suitability check.

Deprivation of Liberty Safeguards

Any member of staff working in a care home or hospital who, for example, has a client continually tell them that they “don’t want to be here” or “I want to go home”, should speak with the Care Home Manager to find out if a Deprivation of Liberties Safeguards Authorisation is in place for that person. If not, then the staff member should inform the manager that they have a duty to do so and should apply to the Local Authority DoLS team for an assessment. If they refuse to do so, the staff member should inform them that they will contact the DoLS team themselves as a matter of urgency. The staff member should then inform their team manager that they may have to do this.

3. DEFINITIONS

Safeguarding

In general this means protecting an adult’s right to live in safety, free from abuse and neglect. It 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 adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances (Care Act 2014 Guidance paragraph 14.7)

Safeguarding Adults

This refers to all work which enables an adult deemed to be at risk to retain independence, wellbeing and choice and to realise their human right to live a life that is free from abuse and neglect. Safeguarding Adult policies and procedures have been shaped by the Care Act (2014). This provides clear guidance about how local agencies with responsibility to investigate adult abuse issues should carry out their responsibilities.

These apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Categories of Abuse

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; 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 coerced.
- **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 coercion to take extortionate loans and threats to recover debt, 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 that causes a risk of harm (Care Act 2014 Guidance paragraph 14.17)

Adults with care and support needs

Adults with care and support need are people who are 18 years of age and older, and who are receiving, or are eligible to receive social care services, and who are or may be unable to take care of themselves or protect themselves from harm. It is important to remember that people’s needs may fluctuate and that harm may include not only ill treatment, but also deterioration of physical or mental health, social or behavioural development. It also includes unlawful conduct that misuses property, rights or interests. Some authorities will refer to ‘Adults at Risk’ or ‘Vulnerable Adults’.

4. WHEN TO RAISE A CONCERN?

There may be times when you are concerned that there is either a risk of harm, or actual harm being perpetrated on a vulnerable adult who the organisation may be working with, or who is known to someone we are working with.

****If you have any concerns**** about the protection of an adult, or if a client directly discloses a potentially abusive situation that they are in, you have a duty to pass on to your line manager:

- Information of concern which is disclosed to you, or witnessed by you
- If you believe there may be an abusive situation regarding a vulnerable adult

If you are either unsure whether there is a safeguarding issue, or if you have any concerns about information which has been disclosed or witnessed, you should discuss the issue with your line manager immediately or, if they are unavailable, any other manager within the organisation as described in the escalation procedure, as soon as possible. ****If in doubt - always speak with your manager or any Getting Heard manager****.

The process that will be followed once a safeguarding concern is raised is outlined below in Section 6 titled “Escalation Procedure”.

5. RESPONDING TO A DISCLOSURE

If a person has spoken to you about abuse, it may have been very difficult for them to have taken the risk of confiding in you. They may fear that you won’t believe them, or they may have been threatened with something bad happening to themselves or someone they love if they tell someone. If the abuser is a trusted adult, many people feel frightened of what might happen to the abuser, and yet they also want the abuse to stop. They are likely to have complicated and confusing feelings which will heighten their anxiety.

If a potential safeguarding issue is disclosed to you:

DO

- Listen carefully to the information given and remain calm
- Reassure the person that they have done the right thing and have a right to be safe
- Tell the person what you are going to do and why – unless by doing so you are increasing the risk of harm to them or others.
- Ask the person if there is anything else they want you to do, or anyone they want to contact
- Be supportive and ensure the person knows how to contact the relevant Getting Heard service or additional support if they wish
- Report to your line manager or any other manager as soon as possible
- If it is an emergency situation or the person is in need of medical help immediately, phone the emergency service, then notify your line manager.

DO NOT

- Make negative comments about the alleged abuser
- Trivialise or minimise any aspect of abusive behaviour
- Speculate, judge, or make assumptions about the information or circumstances
- Make promises you can’t keep, such as promising that everything will be alright
- Promise to keep the information a secret
- Ask leading questions or probe for additional information
- Probe for additional information; you are not responsible for investigating the allegation

6. ESCALATION PROCEDURE

The following procedure should be followed in the event of any safeguarding concerns being raised:

1. If any staff member has a safeguarding concern, they should ****notify their line manager (usually the Programme Coordinator, Supervising Advocate or Director) immediately****.

2. In discussion with the staff member, the manager should refer to the definition of abuse in Section 2 of this procedure or in the adult safeguarding procedures for their relevant local authority.
3. The staff member must record the concerns they have raised on the Getting Heard database at the earliest opportunity.
4. The manager will make the final decision on whether to report the issue as a safeguarding concern but can and should consult another Supervising Advocate or Director if they require support in making the final decision. If a safeguarding alert is made the Director should be notified as soon as practicable afterwards
5. If the decision is taken to report the issue as a safeguarding concern, this action will be completed by the manager. **The manager must immediately contact the local authority safeguarding team using their online reporting form <https://www.oxfordshire.gov.uk/cms/content/raising-safeguarding-concern-professional>.** The manager should record details of the safeguarding referral on the database. If a decision is taken to seek further guidance on whether or not to report the concern then a call should be made to the Oxfordshire Adult Social & Health Care Team on 0845 050 7666 (working hours) or on 0800 833408 (out of hours emergency).
6. If the concern that is raised by, or reported to, a member of staff, volunteer or manager constitutes an emergency, call the Police via 999; do not wait for the escalation procedure to take effect.
7. When considering a recognised safeguarding situation, it may be appropriate to consider: encouraging the client, or supporting them, to contact their GP, raising a safeguarding alert, directing the client to the Samaritans or calling the emergency services.

7. OUT OF HOURS EMERGENCIES

Out of Hours the Director should be contacted on their personal mobile. This number will be shared with all staff and volunteers when they first join Getting Heard. **If you believe there is an immediate risk to a person's safety then you should always contact the emergency services on 999.**

8. INFORMATION SHARING EXTERNALLY

When taking decisions about what information to share, you should consider how much information you need to release. The Data Protection Act 1998 requires you to consider the impact of disclosing information on the information subject and any third parties. Information that is shared externally should be:

- On a “need to know” basis when it is in the interests of the adult and confidentiality must not be confused with secrecy. Caldicott Review (2013) Care Act 2014 Guidance paragraph 14.157
- Adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.
- Accurate and up to date and should **clearly distinguish between fact and opinion**. If the information is historical then this should be explained.
- Shared in timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and

therefore harm to a vulnerable adult. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

- Shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

Information sharing decisions should be recorded whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be kept any longer than is necessary. In some circumstances this may be indefinitely, but if this is the case there should be a review process.

9. RECORDING INFORMATION

- Record the information being given; if this information is recorded in writing initially, you must ensure that the notes are securely stored
- Try to record the information verbatim including the views and wishes of the person if expressed
- Record the information at the time of the conversation, or as soon as possible afterwards
- Record the information objectively. However, do identify where you have been subjective, or where you have interpreted information, particularly if the person has difficulty communicating clearly
- All information recorded must be entered on to the database, as a soon as possible as a case file note, and also on the evaluation > escalation tab for that client's case.
- All action taken, including escalating to a manager, must also be recorded on to the database

10. WHISTLEBLOWING

A staff member concerned about safeguarding issues should always report to their line manager. If they do not feel that the manager is following correct procedures, or if they feel there are safeguarding concerns within the organisation, then they must refer to Getting Heard's Whistleblowing Policy. Getting Heard staff have a responsibility to raise issues or concerns in relation to Getting Heard services and services provided by other organisations. All potential alerts should be escalated in line with this policy.

11. MANAGING YOUR OWN FEELINGS

Hearing accounts of abuse can be distressing and difficult to deal with. Even when you have listened supportively and empathically to the person concerned, and have followed all the guidelines in the Safeguarding Policy, you may still be left feeling helpless, anxious or upset. It is important that you know you can get support for yourself by talking to your manager who will be able to support you in accessing organisations or individuals who could provide support to you if you think that would be helpful. All staff and volunteers have access to a 24/7 confidential counselling service details of which can be found on notice boards in the office or on the volunteer page on the Getting Heard website.

12. RECRUITMENT & TRAINING

The Safeguarding Policy must be adhered to by Getting Heard staff and volunteers. Getting Heard policies and procedures, including those for Safeguarding, Confidentiality, Whistle-blowing and Lone Working, will be communicated to staff and volunteers as part of their induction process. Getting Heard will give full support to staff who are managing these challenging cases.

To ensure the safety of service users and adults and children at risk, Getting Heard will ensure robust recruitment procedures for all prospective paid staff and volunteers, which include:

- Completion of application form
- A formal interview
- Disclosure and Barring Service checks
- At least two references
- Comprehensive induction training
- Probationary period and review of performance
- Regular supervision

All operational Getting Heard staff will receive Safeguarding Adults and Children training, which will be repeated at least once every three years. The Getting Heard Safeguarding Policy and Procedure will be reviewed annually, including a refresher session for each team. Getting Heard has a Standard Operating Procedure (SOP) to guide staff through the safeguarding process. The lead for safeguarding within Getting Heard is the Director, based in the Barton office and contactable on 0300 343 5718 or via Advocacy@gettingheard.org.

13. AWARENESS RAISING

- All employees and volunteers are required to read the Getting Heard Safeguarding Policy as part of their **first week's induction** and to participate in Safeguarding Adults and Children training, refresher courses and updates during team meetings.
- **Managers** have responsibility to ensure staff are fully aware and updated about changes in safeguarding policies and procedures.
- Safeguarding for Adults and Children is a **standing item in all team meetings**, including volunteer network meetings and Board meetings.
- The Getting Heard Adult Safeguarding policy is available on our website for clients, their families and carers to access. Clients without internet access will be sent a copy of the policy, upon request.

14. ANNUAL SAFEGUARDING AUDIT

It is the intention of Getting Heard that policies and procedures remain current and 'fit for purpose' to reflect changes in legislative, organisational, operational and management arrangements. It is our intention that the Safeguarding Adults Policy and Procedure will be reviewed 6 months after issue and every 12 months thereafter. If an employee has any concerns about this policy or wishes to provide feedback on the process, this can be addressed by raising it with the Director or Chair of the Trustees. Every 12 months, the Getting Heard Director will conduct a formal audit of the appropriateness of the organisation's structure, policies & procedures and preparedness to meet safeguarding requirements.

If Getting Heard's safeguarding practices lead to the raising of concerns or formal complaints, these will be addressed through the formal Complaints Procedure. In doing so, Getting Heard will use the learning from those complaints to refine and improve its practice and procedures. All complaints are reviewed by the

Director and Getting Heard's Board of Trustees to ensure that both our systems of Operations and Governance are aware of, and play a key role, in improving standards of practice, including the safeguarding of vulnerable adults and children.

Every 6 months, a report is produced by the Director, outlining safeguarding alerts and activity. Each report is considered by Getting Heard's Management Board of Trustees.

APPENDIX 1

Important reminders

Be careful in further discussion that you do not:

- Start to investigate the allegation
- Undertake an 'interview' in relation to the information disclosed
- Lead the service user; 'suggest' how an alleged abuse could have occurred or enter discussion that later could be construed as having contaminated any potential inquiry or investigation

If you witness an alleged abuse:

- Ensure the immediate safety of the service user, if it is safe for you to do so. Call for help if needed
- Talk to the individual service user. If they do not have the capacity to give consent for you to take this further, talk to you're a Getting Heard manager as described in the escalation procedure
- Make notes of what you have witnessed. If you are not given the service user's permission to take the issue further, you will still need to talk to your supervisor or a senior manager as described in the escalation procedure, as there may be the need to breach confidentiality, in line with Safeguarding procedures. This may be particularly so if there is danger of increasing harm to the person, or to others, if a crime may have been committed or if there are capacity concerns.

Where a person discloses a threat of harm to themselves or others:

- If the abuse is immediately life threatening, phone the emergency services before speaking with your manager
- If there is no immediate threat to life, but the situation could be life-threatening in due course, the person hearing the disclosure should seek guidance and advice from their manager, or another manager in the organisation as soon as possible
- Make a written record of the information being given
- No individual staff member should hold information alone; they should reveal that information as soon as possible to their line manager or any other manager within the organisation as described in the escalation procedure who will consider what action should be taken