

1.0 Introduction

- 1.1 Options Wellbeing Trust is fully committed to providing a safe and supported environment to users of its services (service users).
- 1.2 Options Wellbeing Trust fully adopts the relevant local authority / government area 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance to safeguard adults from abuse. Options Wellbeing Trust acknowledges that this will provide greater consistency in practice across the region.
- 1.3 This Policy sets out how to monitor, record and escalate any concerns that staff may have or receive about the welfare and safety of clients, employees, associates, third parties providers and volunteers.
- 1.4 Options Wellbeing Trust fully supports the local authority / government area 4LSAB statement that living a life that is free from harm and abuse is a fundamental right of every person.
- 1.5 All staff (this includes employees, associates, third party providers and volunteers), whatever the setting they work in, have a key role in preventing harm or abuse occurring and for taking action when concerns arise.

2.0 Relevant Legislation

- 2.1 Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- 2.2 Serious Crime Act 2015 Section 76
- 2.3 Domestic Violence, Crime and Victims Act 2004
- 2.4 The Counter Terrorism and Security Act 2015
- 2.5 The Modern Slavery Act 2015
- 2.6 Anti-social Behaviour, Crime and Policing Act 2014
- 2.7 The Criminal Justice and Courts Act 2015 Section 20-25
- 2.8 Public Interest Disclosure Act 1998
- 2.9 The Care Act 2014
- 2.10 Care Quality Commission (Registration) Regulations 2009
- 2.11 Equality Act 2010
- 2.12 The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- 2.13 Human Rights Act 1998
- 2.14 Mental Capacity Act 2005
- 2.15 Safeguarding Vulnerable Groups Act 2006

3.0 Policy Aims

- 3.1 To protect service users' right to live in safety, free from abuse and neglect.
- 3.2 To set out the key arrangements and systems Options Wellbeing Trust has in place for safeguarding and promoting the welfare of adults at risk, and to ensure compliance with local policies and procedures.
- 3.3 To have a clear, well publicised policy of zero tolerance of abuse within Options Wellbeing Trust.
- 3.4 To ensure that all staff (this includes employees, associates, volunteers) working for, or on behalf of Options Wellbeing Trust, understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concerns to within Options Wellbeing Trust.
- 3.5 To manage the safety and wellbeing of adults in line with the six principles of safeguarding.
- 3.6 To identify lessons to be learned from cases where adults have experienced abuse or neglect.
- 3.7 Options Wellbeing Trust aims to support and empower each adult to make choices, to have control over how they want to live their own lives, and to prevent abuse and neglect occurring in the future which is a key underpinning principle of Making Safeguarding Personal (MSP). Options Wellbeing Trust intends to take this approach with all safeguarding concerns.

4.0 Underpinning Principles

- 4.1 In the Care Act 2014, adult safeguarding is established as a core function of the Local Authority care and support system. Chapter 14 of the Act introduces a new statutory framework for adult safeguarding which replaces the previous No Secrets Guidance issued in 2000.
- 4.2 The Care Act 2014 statutory guidance outlines a number of fundamental principles that must now underpin the care and support system including adult safeguarding:
 - 4.2.1 The principle of promoting wellbeing applies in all cases including the support provided in the context of adult safeguarding.
 - 4.2.2 The duty to promote wellbeing applies equally to those who do not have eligible needs, as it does to those who go on to receive care and support.
 - 4.2.3 People are supported to achieve the outcomes that matter to them in their life.
 - 4.2.4 The importance of beginning with the assumption that the individual is best placed to make judgments about their own wellbeing, and knows what is in their best interests in relation to outcomes, goals and wellbeing.
 - 4.2.5 Consideration of the person's views and wishes is critical to a person centred system.
 - 4.2.6 The importance of a preventive approach.
 - 4.2.7 The importance of the individual participating as fully as possible in decisions about them and being given the information and support necessary to consider options and make decisions rather than decisions being made from which the person is excluded.
 - 4.2.8 Promoting participation by providing support that is co-produced with individuals, families, friends, carers and the community.

- 4.2.9 The importance of considering a person in the context of their family and wider support networks, taking into account the impact of an individual's need on those who support them.
- 4.2.10 The need to protect people from abuse and neglect, ensuring that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case.
- 4.2.11 The need to ensure that any restriction on the individual's rights or freedom of action is kept to the minimum necessary. Where action has to be taken which places restrictions on rights or freedoms, the course followed must be the least restrictive necessary.

4.3 **Six principles of adult safeguarding**

- 4.3.1 The following principles are incorporated into the Care Act 2014 statutory guidance and will inform Options Wellbeing Trust's safeguarding practice at the local level:
 - a) **Principle 1 - Empowerment:** People being supported and encouraged to make their own decisions and informed consent. *'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.'*
 - b) **Principle 2 - 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.'*
 - c) **Principle 3 - Proportionality:** The least intrusive response appropriate to the risk presented. *'I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.'*
 - d) **Principle 4 - 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 to which I want.'*
 - e) **Principle 5 - Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *'I know that staff treat any personal and 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.'*
 - f) **Principle 6 - Accountability:** Accountability and transparency in delivering safeguarding. *'I understand the role of everyone involved in my life and so do they.'*

4.4 **Mental capacity, consent and best interests**

- 4.4.1 People must be assumed to have capacity to make their own decisions and be given all practicable help before they are considered not to be able to make their own decisions.
- 4.4.2 Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.
- 4.4.3 Managers and staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act 2005. In all safeguarding activity due regard must be given to the Mental Capacity Act 2005.
- 4.4.4 In all cases where a person has been assessed to lack capacity to make a decision, a best interest's decision must be made and this must be recorded including identifying who was part of the decision making.
- 4.4.5 Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process.

4.5 Making Safeguarding Personal

4.5.1 Making Safeguarding Personal (MSP) is about responding in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve their circumstances and support their recovery.

5.0 Policy

- 5.1 Everybody has the right to live a life that is free from harm and abuse. Options Wellbeing Trust recognises that safeguarding adults at risk of abuse or neglect is everybody's business. Options Wellbeing Trust aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence or aggression. The organisation's safeguarding policies and procedures will dovetail with the local authority / government area 4LSAB Multi-Agency Safeguarding Adults policy and procedures, which we understand take precedence over the organisation's policy and procedures. Options Wellbeing Trust will ensure that local policies and procedures are reflected within our own policy and procedure and that this is shared with all staff.
- 5.2 We aim to provide services that will be appropriate to the adult at risk and not discriminate because of age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. We will make every effort to enable service users and carers to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.
- 5.3 We will work with service users and others involved in their care, to ensure they receive the support and protection they may require; that they are listened to and treated with respect (including their property, possessions and personal information) and that they are treated with compassion and dignity.
- 5.4 Options Wellbeing Trust understands the importance of working collaboratively to ensure that:
- 5.4.1 The needs and interests of adults at risk are always respected and upheld.
 - 5.4.2 The human rights of adults at risk are respected and upheld.
 - 5.4.3 A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse.
 - 5.4.4 All decisions and actions are taken in line with the Mental Capacity Act 2005.
 - 5.4.5 Each adult at risk maintains:
 - a) choice and control;
 - b) safety;
 - c) health;
 - d) quality of life; and
 - e) dignity and respect.
- 5.5 Our robust governance processes will make sure that staff working for and on behalf of Options Wellbeing Trust recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14, which is not an exhaustive list but an illustration as to the sort of behaviour that could give rise to a safeguarding concern:
- 5.5.1 Physical abuse including assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions.
 - 5.5.2 Domestic violence including psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence.

- 5.5.3 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, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.
- 5.5.4 Psychological abuse including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.
- 5.5.5 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, the misuse or misappropriation of property, possessions or benefits.
- 5.5.6 Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- 5.5.7 Discriminatory abuse including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, or religion.
- 5.5.8 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 on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- 5.5.9 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.
- 5.5.10 Self-neglect covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.
- 5.5.11 Domestic abuse - the cross-government definition of domestic violence and abuse is: *any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.* The abuse can encompass, but is not limited to psychological, physical, sexual, financial, and emotional. A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015.
- 5.5.12 Financial abuse is the main form of abuse investigated by the Office of the Public Guardian both amongst adults and children at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility. Potential indicators of financial abuse include:
- a) change in living conditions;
 - b) lack of heating, clothing or food;
 - c) inability to pay bills/unexplained shortage of money;
 - d) unexplained withdrawals from an account;
 - e) unexplained loss/misplacement of financial documents;
 - f) the recent addition of authorised signers on a client or donor's signature card
 - g) sudden or unexpected changes in a will or other financial documents.

- 5.6 Options Wellbeing Trust is committed to the principles of 'Making Safeguarding Personal' and we will engage Service users in a conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, well-being and safety.

6.0 Contexts in which Abuse and Neglect may occur

- 6.1 Abuse and crimes against adults may occur in different contexts. Actual or suspected abuse of persons at risk in any of the contexts set out below will trigger a safeguarding response in accordance with this policy.

- 6.1.1 Hate crime is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.
- 6.1.2 Mate crime happens when someone is faking a friendship in order to take advantage of a vulnerable person. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A 'mate' may be a 'friend', family member, supporter, paid staff or another person with a disability.
- 6.1.3 Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.
- 6.1.4 Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning difficulties and people lacking capacity.
- 6.1.5 Female genital mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.
- 6.1.6 Exploitation by radicalisers who promote violence involves the exploitation of susceptible people in order to draw them into violent extremism.
- 6.1.7 Family carers at risk of harm from the person to whom they are providing care and support - carers experiencing abuse by the person they offer care to can expect the same response as any person at risk of abuse. Carers also have a legal right to an assessment of their needs. A carer's assessment should be seen as part of the overall assessment process. Sometimes both the carer and the supported person may be at risk of harm. The needs of the person at risk who is the alleged subject of abuse should be addressed separately from the needs of the person alleged to be causing the harm.

- 6.1.8 Family Carers who cause harm - the vast majority of carers strive to act in the best interests of the person they support. Occasionally however, carers may cause intentional or unintentional harm. Unintentional harm may be due to lack of knowledge, or due to the fact that the carer's own physical or emotional needs make them unable to care adequately for their relative. The carer may also have their own needs care and support. In this situation, the aim of any safeguarding response will be to support the carer to provide support and help to make changes in order to decrease the risk of further harm to the person they are caring for.
- 6.1.9 Abuse of trust - a relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. There is a particular concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and wellbeing of a person at risk, who in many cases could be dependent on their care. There is always a power imbalance in a relationship of trust.
- 6.1.10 Safeguarding concerns between people with needs of care and support – abuse can happen between adults at risk and organisations supporting these individuals have a responsibility to protect them from abuse as well as preventing them from causing harm to other adults. It is important the needs of the adult causing the harm are taken into consideration in the safeguarding responses for both parties.

7.0 Information Sharing

- 7.1 Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding adults. The Care Act 2014 emphasises the need to empower people, to balance choice and control for individuals against preventing harm and reducing risk, and to respond proportionately to safeguarding concerns.
- 7.2 The key principles of information are:
 - 7.2.1 Identify how much information it is appropriate to share.
 - 7.2.2 Distinguish fact from opinion.
 - 7.2.3 Ensure that the right information is being given to the right person.
 - 7.2.4 Ensure information is shared securely.
 - 7.2.5 Inform the data subject that the information has been shared if they are not already aware but only if this does not create or increase the risk of harm.
 - 7.2.6 Record the information sharing decision and reasons.
- 7.3 Sharing of information will be based on the welfare of the adult or of other potentially affected adults. Any agreement to share information will be in line with the General Data Protection Regulation (GDPR) 2016 principles, ensuring that:
 - 7.3.1 Information will only be shared on a 'need-to-know' basis when it is in the interests of the adult.
 - 7.3.2 Confidentiality must not be confused with secrecy.
 - 7.3.3 Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

- 7.4 Where an adult has refused to consent to information being disclosed for these purposes, then the relevant workers must consider whether there is an overriding public interest that would justify information sharing (for example because there is a risk that others are at risk of serious harm).

8.0 Responsibilities

8.1 Social Care in Action Group Board

8.1.1 The Board holds ultimate accountability for the governance of all safeguarding matters. Safeguarding is a key governance priority for trustees, and the Board is responsible for safeguarding even if certain aspects of the work are delegated to staff. The Board is responsible for ensuring that its trustees:

- a) know their responsibilities;
- b) have adequate measures in place to assess and address safeguarding risks;
- c) have adequate safeguarding policies and procedures appropriate for their charity's particular circumstances and which reflect both the law and best practice;
- d) make sure policies and procedures are effectively implemented and regularly reviewed.

8.2 Options Wellbeing Trust's Safeguarding Lead and Service Managers

- 8.2.1 To establish the facts about the circumstances giving rise for concern.
- 8.2.2 To identify sources and level of risk.
- 8.2.3 To ensure information is recorded and that the Safeguarding Team is contacted to inform them of the concern or harm.
- 8.2.4 If a service user is at immediate risk of harm, the manager will contact the Police.
- 8.2.5 In all cases of alleged harm, there will be early consultation between Options Wellbeing Trust's Safeguarding Lead and the Director of Integrated Services, and Safeguarding team of relevant authority and the Police to determine whether or not a joint investigation is required. We understand that it may also be necessary to advise the relevant Power of Attorney, if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected and which may need to be balanced against each other.
- 8.2.6 The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action.
- 8.2.7 Ensure documentation of any incidents of harm is in the service user's file, using body maps to record any injuries.
- 8.2.8 Follow local policy guidelines where applicable.
- 8.2.9 Report any incidents of abuse to the relevant parties.
- 8.2.10 Work with multi-agencies.
- 8.2.11 Advise and support staff.
- 8.2.12 Ensure staff are trained to enhance knowledge.
- 8.2.13 Actively promote the "Whistleblowing" policies.

8.3 The Care Worker's Responsibilities

- 8.3.1 To be able to recognise and report incidences of harm.
- 8.3.2 To report concerns of harm or poor practice that may lead to harm.

- 8.3.3 To remain up to date with training.
- 8.3.4 To follow the policy and procedures.
- 8.3.5 To know how and when to use the Whistleblowing procedures.
- 8.3.6 To understand the Mental Capacity Act and how to apply it in practice.

8.4 **General Principles**

8.4.1 Options Wellbeing Trust will:

- a) have robust recruiting, safer employee, Associate and volunteer policies in place to make sure that our staff are fit to work with adults at risk and are compliant with national safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service;
- b) have a named Safeguarding Lead in place that is responsible for embedding safeguarding practices and improving practice in line with national and local developments;
- c) ensure any employee, volunteer, associate or third party provider who knows or believes that harm is occurring will report it to their line manager or clinical supervisor as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they should use the Whistleblowing process;
- d) work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with local multi-agency procedures;
- e) use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve care practice;
- f) have a learning and development strategy which specifically addresses adult safeguarding;
- g) provide training on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported;
- h) always recognise our responsibilities in relation to confidentiality and will share information appropriately;
- i) have a zero tolerance on harm;
- j) work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency;
- k) ensure that any action that is taken is assessed, proportionate, and reflective of risk presented to the people who use the services;
- l) report any incidents in line with our regulatory requirements;
- m) adhere to the Code of Conduct for Care Workers; and
- n) ensure there is a clear, well-publicised Whistleblowing policy and procedure in place that staff know how to use.

8.5 **Prevention - Providing Information to Clients**

8.5.1 Options Wellbeing Trust will support clients by providing accessible, easy to understand information on what abuse is and what signs to look out for. This will include Service users' rights and how to get help and support if they need it through the care plan process, as appropriate. We will comply with the Accessible Information Standards.

8.6 **Prevention - Raising Awareness**

8.6.1 Staff, volunteers, associates and third party providers will need to be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act Chapter 14 and Options Wellbeing Trust will ensure that they are able to respond appropriately.

8.6.2 Options Wellbeing Trust will ensure all staff, volunteers, associates and third party providers are trained on the Whistleblowing Policy and Procedure.

8.7 The Duty of Care

8.7.1 All health and social care organisations, whether they are public, private or voluntary organisations, have a duty of care. At times, Options Wellbeing Trust delivers projects on behalf of the NHS, government and local authorities, and as such we maintain that everyone has a duty of care – it is not something that you can opt out of. The duty of care applies to all staff of all occupations and levels. It applies to those working part time or full time, those in agency or temporary roles as well as volunteers, those we engage as Associates and Third Party Providers. The duty of care to a service user exists from the moment they are accepted to receive services. You have a duty of care, whether you are a registered professional or nonregistered. It applies to everyone.

8.8 Your Duty of Care

8.8.1 Your duty of care means that you must aim to provide high quality care to the best of your ability and say if there are any reasons why you may be unable to do so. You are expected to:

- a) keep your knowledge and skills up to date;
- b) provide a service of no less a quality than that to be expected based on the skills, responsibilities, and range of activities within your particular trade or profession;
- c) be in a position to know what must be done to ensure that the service is provided safely;
- d) keep accurate and contemporaneous records of your work;
- e) not delegate work, or accept delegated work, unless it is clear that the person to whom the work is delegated is competent to carry out the work concerned in a safe and appropriately skilled manner;
- f) protect confidential information except where the wider duty of care or the public interest might justify disclosure.

8.8.2 In addition to these expectations, all employees have obligations and rights arising from their contract of employment. All contracts of employment also include 'implied duties'. These exist whether or not they are actually written down as part of the contract. They include an obligation for the employee to work in accordance with lawful orders, co-operate with their employer, serve the employer faithfully and honestly and exercise skill and care in the performance of their work. In return, the employer is obliged to pay agreed wages for duties performed or which the employee is ready to perform, provide a safe working environment, act in good faith and behave reasonably towards the employee. It is the responsibility of Options Wellbeing Trust, as the employer, to provide all employees, Associates and volunteers with clear roles and responsibilities, along with the appropriate training.

9.0 Procedures: Disclosure or Expression of Concern of Abuse

9.1 Where an adult at risk discloses or discusses potential abuse or harm the employees, associates, third parties providers and volunteers should be able to:

- 9.1.1 **Recognise:** Identify that the adult at risk may be describing abuse, even when they may not be explicit.
- 9.1.2 **Respond:** Stay calm, listen and show empathy.
- 9.1.3 **Reassure** them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next.
- 9.1.4 **Record:** Write up notes of the conversation clearly and factually as soon as possible.
- 9.1.5 **Report** in a timely manner to the appropriate people and organisations.

9.1.6 Explain that you must tell your line manager and, with their consent, your manager will contact the Local Authority Safeguarding Adults Team and/or the Police. Options Wellbeing Trust's Safeguarding lead should be informed.

9.2 Actions following disclosure or expression of concern of abuse

9.2.1 Immediate action to be taken:

- a) ensure the safety of the person who is alleged to have been harmed or the person alleged to have caused the harm; if in immediate danger, contact the relevant emergency services;
- b) support and reassure the person, recording what is said and/or what is observed but avoid asking leading questions;
- c) log nature of alleged abuse, any information given or witnessed, actions taken, who was present at the time;
- d) secure the evidence;
- e) do not question the person alleged to have caused the harm about the incident;
- f) listen to the person, ascertain their wishes and explain what will happen next;
- g) do not take photographs of any injuries;
- h) report concerns to the appropriate manager to enable the manager to assess the risk and safety needs of the adult at risk;
- i) Associates are to contact their clinical supervisor for direction as well as the Service Manager and/or Clinical Lead
- j) ensure Options Wellbeing Trust's Safeguarding lead is contacted and informed as soon as possible;
- k) ensure all discussions and decisions are recorded as directed;
- l) report incident to the Police if criminal offence appears to have been committed or they are of immediate harm to themselves or others.

9.2.2 Within 24 hours the manager should:

- a) assess the presenting risk issues and record the risk management plan;
- b) discuss with adult/family at risk, the risk management plan to minimise the risk to the person and others;
- c) secure any evidence (records, reports, body maps, clothing);
- d) consider internal disciplinary action if a member of staff is alleged to be involved or if associates/third party providers, investigate and take necessary action to minimise/remove any further risks to service users;
- e) inform the BACP;
- f) refer to Adult Services or Out of Hours team.
- g) initiate other internal processes that need to be triggered;
- h) record any action taken and any reasons for variation in timescales.

9.2.3 Options Wellbeing Trust will, in specific circumstances, need to contact the relevant local authority / government area team without the adult at risk's consent but their wishes will be made clear throughout.

9.2.4 If a referral is made but the adult at risk is reluctant to continue with an investigation, this will be recorded and brought to the attention of the Safeguarding Adults Team. This will enable a discussion on how best to support and protect the adult at risk. However, a professional case discussion will still need to take place and should be recorded appropriately.

9.2.5 The criteria used to identify whether an issue should be raised as a safeguarding concern are as follows:

- a) Does the adult have needs of care and support?
- b) Is abuse or neglect by a third party alleged or are there risks relating to self-neglect? - AND
- c) Is adult unable to take care of him or herself? - OR
- d) Is the adult unable to protect him or herself against harm or exploitation?

If the answer is YES, then you have a 'safeguarding concern'.

- 9.2.6 It does not matter whether or not the adult is receiving services or in what setting they live. If the above criteria are met a safeguarding concern should be raised.
- 9.2.7 A safeguarding concern is about a person with care and support needs who is experiencing, or is at risk of, abuse, neglect or exploitation including self-neglect, or where a person at risk may be being harmed by others usually in a position of trust, power or authority. Safeguarding concerns should be made to Adult Services by anyone when:
- a) the person has needs of care and support and there is a concern that they are being or are at risk of being abused, neglected or exploited;
 - b) there is concern that the adult has caused or is likely to cause harm to others;
 - c) the adult has capacity to make decisions about their own safety and wants this to happen;
 - d) 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 raise a safeguarding concern;
 - e) a crime has been or may have been committed against an adult who lacks the mental capacity to report a crime and a 'best interests' decision is made;
 - f) the abuse or neglect has been caused by a member of staff or a volunteer;
 - g) other people or children are at risk from the person causing the harm;
 - h) the concern is about organisational or systemic abuse;
 - i) the person causing the harm also has care and support needs.

9.3 Decision-Making Pre-Referral to the Adult Safeguarding Team

- 9.3.1 Options Wellbeing Trust's Service Manager or the Safeguarding Lead will usually lead on decision-making. Where such support is unavailable, consultation with another more senior manager should take place.
- 9.3.2 In the event that these are unavailable, seeking the advice of the relevant authority safeguarding team should be considered. Staff should also take action without the immediate authority of a line manager:
- a) If discussion with the Service Manager, Clinical Supervisor or Clinical Lead would involve delay in an apparently high-risk situation.
 - b) If the person who has raised concerns with their manager and they have not taken appropriate action (whistleblowing).
- 9.3.3 Options Wellbeing Trust will ensure that employees, associates, third parties providers and volunteers are aware of local reporting procedures for raising adult safeguarding concerns, and when in order to prevent a delay in raising safeguarding concerns, the Local Authority should be contacted:
- | | |
|------------------|---------------|
| a) Southampton | 023 8083 3003 |
| b) Hampshire | 0300 555 1386 |
| c) Isle of Wight | 01983 814980 |
| d) Portsmouth | 023 92680810 |
| e) Bournemouth | 01202 123334 |
| f) BACP | 01455 883300 |

9.4 Referring to Adult Safeguarding Teams

- 9.4.1 Options Wellbeing Trust will ensure that Safeguarding Adult referral process is followed for the relevant Local Authority the service user resides and will collate the following information to assist with the referral. The referral process should be clearly visible with contact numbers, including out-of-hours, where staff can access the information.
- 9.4.2 The referral information will also be required for some of the BACP notification. Options Wellbeing Trust will use any up to date records, as appropriate, where possible and have the following information available where possible:

Details of the referrer

- a) Name, address and telephone number.
- b) Relationship to the adult at risk.
- c) Name of the person raising the safeguarding concern if different.
- d) Name of organisation, if the concern is raised by care setting.
- e) Anonymous safeguarding concerns will be accepted and acted on. However, the alerter should be encouraged to give contact details.

Details of the adult(s) at risk

- a) Name(s), address and telephone number.
- b) Date of birth, or age.
- c) Details of any other members of the household including children.
- d) Information about the primary care needs of the adult, that is, disability or illness.
- e) Funding organisation, if relevant.
- f) Ethnic origin, religion and cultural needs.
- g) Gender and pronoun preference (including transgender and sexuality).
- h) Communication needs of the adult due to sensory or other impairments (including dementia), including any interpreter or communication requirements
- i) Whether the adult knows about the safeguarding concern.
- j) Whether the adult has consented to safeguarding concern being shared.
- k) If consent not given, an explanation of the grounds upon which the decision was made to refer.
- l) What is known of the adult's mental capacity and their views about the abuse, neglect, exploitation and what they want done about it (if that is known at this stage).
- m) Details of how to gain access to the person and who can be contacted if there are difficulties.
- n) Details of any immediate plan in place to protect the adult from further harm.

Information about the abuse, neglect or exploitation

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

Details of the person causing the harm (if known)

- a) Name, age and gender.
- b) What is their relationship to the adult?
- c) Are they the adult's main carer?
- d) Are they living with the adult?
- e) Are they a member of staff, paid carer or volunteer?
- f) What is their role?
- g) Are they employed through a personal budget?
- h) Which organisation do they work or volunteer for?
- i) Are there other people at risk from the person causing the harm?

Any immediate/subsequent actions that have been taken, for example

- a) Were emergency services contacted? If so, which?
- b) What is the crime number if a report has been made to the Police?
- c) Have Children's Services been informed if a child (under 18 years) is at risk?

9.5 What happens when a safeguarding concern is raised?

9.5.1 Anyone expressing concern will be assured that:

- a) They will be taken seriously.
- b) Their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk.
- c) Anyone who is perceived to be at risk will be given immediate protection from the risk of reprisals or intimidation.
- d) If they are a staff member they have the right not to be subject to any detriment, or to be selected for dismissal or redundancy on the basis of having made a protected disclosure.
- e) They will be dealt with in a fair and equitable manner.
- f) As far as possible, they will be kept informed of action that has been taken and its outcome.
- g) It is the responsibility of the person receiving the safeguarding concern to confirm the next steps to take with the person who raised the concern.

9.6 Documenting a Disclosure

9.6.1 It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court. An accurate record should be made at the time, including:

- a) Date and time of the incident.
- b) Exactly what the person at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you.
- c) Appearance and behaviour of the person at risk.
- d) Any injuries observed.
- e) Name and details of any witnesses.
- f) Any witness to the incident should write down exactly what they saw
- g) The record should be factual, but if it does contain opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.
- h) Information from another person should be clearly attributed to them.
- i) Name and signature of the person making the record.

9.7

9.8 Strategy Meeting / Case Conference

9.8.1 Following the investigation or at any time during the process, a case conference with all relevant agencies may be called to make decisions about future action to address the needs of the individual.

9.8.2 Any agency involved in the case may ask for a case conference to be held but the final decision to hold a conference is with the Safeguarding Adults Team Manager.

9.8.3 Options Wellbeing Trust should ensure that they attend this meeting when invited and that all relevant information about the incident is available. A timeline of events is a useful document to prepare in complex cases.

9.9 Involve the Service user Concerned Throughout the Process

9.9.1 The process of the enquiry should be explained to the service user in a way they will understand and their consent to proceed with the enquiry obtained, if possible.

9.9.2 Arrangements should be made to have a relative, friend or independent advocate present if the person so desires. The relative, friend or independent advocate should not be a person suspected of being in any way involved or implicated in the abuse.

- 9.9.3 A review of a service user's care plan should be undertaken to ensure individualised support following the incident.
- 9.9.4 The individual should be supported by the service to take part in the safeguarding process to the extent to which they wish, or are able to, having regard to their decisions and opinions, and they should be kept informed of progress.

9.10 **Desired Outcomes Identified by the Adult**

- 9.10.1 The desired outcome by the adult at risk should be clarified and confirmed at the end of the conversation(s), to:
- a) ensure that the outcome is achievable;
 - b) manage any expectations that the adult at risk may have;
 - c) give focus to the enquiry;
 - d) staff should support adults at risk to think in terms of realistic outcomes but should not restrict or unduly influence the outcome that the adult would like. Outcomes should make a difference to risk, and at the same time satisfy the person's desire for justice and enhance their well-being;
 - e) the adult's views, wishes and desired outcomes may change throughout the course of the enquiry process;
 - f) there should be an on-going dialogue and conversation with the adult to ensure their views and wishes are gained as the process continues, and enquiries re-planned should the adult change their views;
 - g) the service user should be informed of the outcome of any investigation, but guidance should be sought from the Local Authority Adult Safeguarding Team before any outcome is shared.

10.0 The Mental Capacity Act (MCA) 2005

- 10.1 In order to protect those who lack capacity and to enable them to take part, as much as possible in decisions that affect them, the following statutory principles apply:
- 10.1.1 You must always assume a person has capacity unless it is proved otherwise.
 - 10.1.2 You must take all practicable steps to enable people to make their own decisions.
 - 10.1.3 You must not assume incapacity simply because someone makes an unwise decision.
 - 10.1.4 Always act, or decide, for a person without capacity in their best interests.
 - 10.1.5 Carefully consider actions to ensure the least restrictive option is taken.
- 10.2 Act in the person's Best Interests:
- 10.2.1 Do not make assumptions about capacity based on age, appearance or medical condition.
 - 10.2.2 Encourage the person to participate as fully as possible.
 - 10.2.3 Consider whether the person will in the future have capacity in relation to the matter in question.
 - 10.2.4 Consider the person's past and present beliefs, values, wishes and feelings.
 - 10.2.5 Take into account the views of others – i.e. carers, relatives, friends, advocates.
 - 10.2.6 Consider the least restrictive options.
 - 10.2.7 Best Interests checklist will be available as part of local policy and procedure and the MCA Code of Practice.

11.0 Disclosure and Barring Service (DBS) Referral

- 11.1 There is a statutory requirement for providers of Care to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This requirement covers both existing employees and those who leave their employment, and whose conduct comes to light at a later date.
- 11.1 Staff, Volunteers, Associates and Third Party Providers who have access to vulnerable adults will be subject to a DBS undertaken by Options Wellbeing Trust. Should it be necessary, Options Wellbeing Trust will refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person employed or engaged is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This covers both existing employees and those engaged who leave their positions and whose conduct comes to light at a later date.

14.0 Allegations against People Who Are Relatives or Friends

- 14.1 There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply. In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation the aim is to protect the adult from harm, work to support the relative 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. An Associate's or third party providers assessment should take into account a number of factors and a referral to the Local Authority should be made as part of the safeguarding process.

15.0 Whistleblowing

- 15.1 Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff are encouraged to share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the code of conduct or could be pushing boundaries beyond normal limits or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk.
- 15.2 Options Wellbeing Trust has clear Whistleblowing policies and processes in place which staff are frequently reminded about, and they must be familiar with and understand how to escalate and report concerns.

16.0 Risk Assessment and Management

- 16.1 Achieving a balance between the right of the individual to engage in their support and ensuring adequate protections are in place to safeguard well-being is a very challenging task. Any assessment of the risk of abuse, neglect and exploitation of service users should be integral in all assessment and planning processes.
- 16.2 Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and should be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

17.0 Audit and Compliance

- 17.1 It is essential that the implementation of this policy and associated procedures is audited to ensure that Options Wellbeing Trust is doing all it can to safeguard those people receiving its services. The audit of this policy will be completed through a systematic audit of:
- 17.1.1 Recruitment procedures and Disclosure and Barring Checks;
 - 17.1.2 Audits of incident reporting, frequency and severity;
 - 17.1.3 Audit of training processes, including reviews of uptake of training and evaluations.
- 17.2 Safeguarding concerns and incidents will be reviewed by the Senior Management Team as part of root and cause analysis with the following terms of reference:
- 17.2.1 Review incident themes;
 - 17.2.2 Reports from the lead responsible for Safeguarding within Options Wellbeing Trust;
 - 17.2.3 Look in detail at specific cases to determine learning or organisational learning;
 - 17.2.4 Ensure implementation of the Safeguarding policy and procedure.

18.0 Training and Competencies

- 18.1 Options Wellbeing Trust will ensure that staff receive training in recognising and responding to incidents, allegations or concerns of abuse or harm as part of their induction programme. Options Wellbeing Trust will ensure that it benchmarks training and competencies with the framework outlined By the BACP