

Safeguarding Adults Policy

1.1 Introduction

This is the Policy of ECS (the Company) regarding Safeguarding Adults. The details are below. For staff, this policy is not part of your employment contract, and it is not legally binding except where it is a statement of the law. You must be aware of and apply this policy and procedure; failure to do so may result in disciplinary action being taken against you. You should consult your manager if there is anything that is not clear, or you are unsure about any aspect of this policy.

1.2 Guiding principles

We value and encourage the involvement of people who may be vulnerable, both in its own work and in the work of other organisations. We are committed to promoting the well-being and enjoyment of adults at risk, and protecting their health, safety, and general welfare while in the company or care of our staff or volunteers.

It is important that all staff, including paid workers and volunteers at ECS are clear about how they and the organisation should respond if there are concerns about the safety and wellbeing of adults, therefore it is imperative all staff and volunteers have up to date knowledge and awareness of safeguarding issues.

1.3 Procedure

Working with adults at risk

This policy is intended to support staff and volunteers working within ECS to understand their role and responsibilities in safeguarding adults. All staff and volunteers are expected to follow this policy. The key objectives of this policy are for all employees and volunteers ECS to:

- have an overview of adult safeguarding
- be clear about their responsibility to safeguard adults
- ensure the necessary actions are taken where an adult with care and support needs is deemed to be at risk

This policy is based on: - The Care Act 2014 and the Care and Support statutory guidance – Leicester, Leicestershire and Rutland safeguarding adult's procedural framework.

1.4 Compliance with Safeguarding Policy

The Safeguarding policy must be adhered to by all staff and volunteers.

All policies will be provided to individuals as part of the induction process and will be reviewed in refresher training sessions at intervals throughout the year. Policies that are highlighted to staff as part of the induction process include Safeguarding, Data Protection and Confidentiality, Equality and Diversity, Whistleblowing and Health and Safety.

We will take all available steps to ensure unsuitable people are prevented from working with vulnerable adults. A thorough selection procedure for positions, both paid and unpaid, which could involve unsupervised contact with a vulnerable adult will be implemented to assess a person's suitability. This includes an enhanced DBS check where relevant to the role. The Company conducts a robust recruitment process to ensure the safety of service users and adults and children at risk. The recruitment process for staff and volunteer includes:

- Completion of the application form and supporting statement
- A formal interview
- An DBS check (if required for the role being conducted)
- Obtaining two independent references
- Comprehensive induction training

- Probationary period (usually 6 months- for staff only, not volunteers) and a review of performance
- Regular supervision and reflection sessions

Additionally, applicants for positions that may involve contact with a vulnerable adult must provide:

- Details of previous experience working with vulnerable adults, either voluntary or paid.
- A reference from their current or most recent employer or, if they have no employment history, from a lecturer, teacher, or other appropriate professional.
- Details of any 'unspent' convictions.
- Details of 'spent' convictions, where the role necessitates a DBS check
- Consent for a criminal record check to be undertaken.
- Shortlisted applicants for posts, whether paid or unpaid will be offered an interview at which information contained in the application form will be probed and we will question any previous job or volunteering history connected with vulnerable adults and determine why applicants left. Any gaps in work history will be probed and motives for working with vulnerable adults discussed fully. We reserve the right to contact referees if we have concerns about any claims made by applicants or suspicions about omissions.
- During the first 6 months a new volunteer or employee will be supervised closely, especially if they have never worked with vulnerable adults before. They will not be left unsupervised or be working alone with a vulnerable adult over an extended period during the first 6 months.

All staff and volunteers will receive Safeguarding Adults training which will be repeated at least once every year. The safeguarding policy and procedure will be reviewed annually, which will include a refresher update being provided to each staff member and volunteer.

The local Service Manager will be responsible for ensuring compliance with Local Authority Safeguarding policies and procedures within the service delivery area.

The Designated Safeguarding Lead for the Company is the Managing Director, Elizabeth Learoyd. She can be contacted on 07776090003 or via email: elizabeth.learoyd@weareecs.co.uk The Deputy Safeguarding Lead is the Chief Executive, Simon Fogell. He can be contacted via email simon.fogell@weareecs.co.uk or 07761 916400. Each Service Manager will lead on safeguarding in their locality, reporting to the Managing Director.

1.5 The Care Act

The Care Act 2014 was a major step forward in safeguarding adults who are experiencing, or are at risk of, abuse or neglect, and are unable to protect themselves.

Sections 42 to 47 of the Care Act set out the legal duties and responsibilities in relation to adult safeguarding.

The legal framework for the Care Act is supported by Care and Support Statutory Guidance which provides information and guidance about how the Care Act should operate in practice. The guidance has statutory status which means that there is a legal duty to have regard to it when working with adults with needs for care and support and carers.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make those decisions.

This policy and procedure provide an overarching framework to ensure a proportionate, timely and professional approach is taken, and that adult safeguarding is co-ordinated across all relevant agencies and organisations. This is essential for the prevention of harm and abuse.

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Stop abuse or neglect wherever possible.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.

- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult.

In order to achieve these aims it is essential that everyone is clear about their roles and responsibilities regarding this safeguarding policy and procedure. This includes an expectation to report in a timely way any concerns or suspicions that an adult is at risk of being, or is, being abused. Where abuse or neglect takes place, it needs to be dealt with promptly and effectively, and in ways which are proportionate to the concern, ensuring that the adult stays in as much control of the decision-making as possible.

1.6 Statutory safeguarding principles

The Care Act safeguarding duties apply to an adult who:

- has needs for care and support (whether the local authority is meeting any of those needs),
- is experiencing, or at risk of, abuse or neglect,
- 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.

The framework for statutory adult safeguarding, set out within the Care Act states that local authorities are required to:

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.
- Make enquiries, or ensure others do so, when they believe that an adult is subject to, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom.
- Establish a Safeguarding Adults Board (SAB) with core membership from the local authority, the police, and the NHS (specifically the local Clinical Commissioning Groups) with the power to include other relevant bodies.
- Arrange, where appropriate, for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them.
- Cooperate with each of its relevant partners in order to protect adults who are experiencing, or at risk of, abuse or neglect.

Promoting wellbeing

Professionals should always promote the adult's wellbeing as part of safeguarding arrangements. People have many aspects to their lives and being safe may be only one of the things which are important to them. Professionals should work with each adult to establish what being safe means to them and how that can best be achieved.

1.7 Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a national approach to promote responses to 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 to identify the outcomes they want, with the aim of enabling them to resolve their circumstances and support their recovery. Making Safeguarding Personal is also about collecting information about the extent to which this shift has a positive impact on people's lives.

People are individuals with a variety of different preferences, histories, circumstances, and lifestyles. Safeguarding arrangements must not prescribe a process to be followed whenever a concern is raised but Making Safeguarding Personal emphasises the importance of a person-centred approach, adopting the principle of 'no decision about me without me'. Personalised care and support are for everyone, but some people will need more support than others to make choices and manage risks. A person led approach is supported by personalised information and advice and, where needed, access to advocacy support.

1.8 Key principles informing this policy

Six key principles underpin all adult safeguarding work.

- 1) Empowerment-inclusion and respect for the adult always
- 2) Protection- Support and representation for those in greatest need
- 3) Prevention- helping to reduce the risks
- 4) Proportionality- Using the least intrusive response appropriate to the risk presented
- 5) Partnerships- Working in partnership with other agencies and services
- 6) Accountability- Being open and transparent with partner agencies

2.1 ECS Safeguarding Adults Procedures

All organisations working with adults who are, or may be at risk of, abuse and neglect, must aim to ensure that adults in their care remain safeguarded from harm. This should underpin every activity through effective safeguarding adult's work.

The Care Act states that local authorities must promote wellbeing when conducting any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support.

'Wellbeing' is a broad concept, and it is described as relating to the following areas:

- Personal dignity (including treatment of the individual with respect).
- Physical and mental health and emotional wellbeing.
- Protection from abuse and neglect.
- Control by the individual over their day-to-day life.
- Participation in work, education, training, or recreation.
- Social and economic wellbeing.
- Domestic, family, and personal.
- Suitability of accommodation.
- The individual's contribution to society.

The wellbeing principle should apply to all agencies involved in safeguarding adults.

2.2 Recognising and Reporting Abuse and Neglect

2.2.1 Introduction

This section sets out the signs of abuse and neglect, the contexts in which this takes place, and details the process for raising safeguarding concerns.

Everyone is responsible for preventing abuse by raising any concerns they have – it really is 'Everyone's Business.'

No-one should have to live with abuse or neglect. It is always wrong, whatever the circumstances. Do not assume that someone else is doing something about the situation.

Abuse and neglect could be prevented if concerns are identified and raised as early as possible. It is important that everyone knows what to look for, and who they can go to for advice and support.

Changes in someone's physical or emotional state, or injuries that cannot be explained, may be a sign of abuse.

2.2.2 Who may be at risk of abuse or neglect?

Under the Care Act 2014, specific adult safeguarding duties apply to any adult (18 years or over) who:

- has care and support needs and,
- is experiencing, or is at risk of, abuse or neglect and,

- is unable to protect themselves because of their care and support needs.

Local authorities also have safeguarding responsibilities for carers and a general duty to promote the wellbeing of the wider population in the communities they serve.

Safeguarding duties apply regardless of whether a person's care and support needs are being met, whether by the local authority or anyone else. They also apply to people who pay for their own care and support services.

An adult with care and support needs may be:

- a person with a physical disability, a learning difficulty, or a sensory impairment,
- someone with mental health needs, including dementia or a personality disorder,
- a person with a long-term health condition,
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list. In its definition of who should receive a safeguarding response, the legislation could also include people who are victims of sexual exploitation, domestic abuse, and modern slavery. These are all largely criminal matters, and safeguarding duties would not be an alternative to police involvement and would only be applicable where an adult is not able to protect themselves due to their care and support needs.

Adult safeguarding duties apply in whatever setting people live, with the exception of prisons and approved premises such as bail hostels. They apply regardless of whether someone can make specific decisions for themselves at specific times. There may be times when an adult has care and support needs and is unable to protect themselves for a short, temporary period – for example, if they were significantly unwell due to an infection.

The wellbeing of people who live and sleep on the street may need to be considered under a safeguarding response. Homelessness may be a consequence of health problems and is very commonly a cause of worsening health. Many people who 'sleep rough' may have significant needs in relation to physical health, mental health, and substance misuse. Amongst the population of people who sleep rough there are significantly higher prevalence rates of organic and functional mental illness, substance use, acquired brain injury, autistic spectrum conditions and learning difficulties, and some communicable diseases. Any of these conditions can contribute to behaviours which result in self-neglect.

People with care and support needs are not inherently vulnerable, but they may come to be at risk of abuse or neglect at any point due to:

- physical or mental ill-health,
- becoming disabled,
- frailty,
- not having support networks,
- inappropriate accommodation,
- financial circumstances or,
- being socially isolated.

Abuse can happen anywhere, for example:

- at home,
- in a care home, hospital, or day service,
- at work or college, or,
- in a public place or in the community.

Abuse can be caused by anyone, for example:

- a partner, carer, relative, child, neighbour, or friend,
- a health, social-care, or other worker, whether they are paid or a volunteer,
- a stranger, or,

- an adult with care and support needs.

Family and friends as carers may be involved in situations which require a safeguarding response, for example:

- A carer may witness or speak up about abuse or neglect.
- A carer may experience intentional or unintentional harm from the adult they are trying to support, or from professionals and organisations they are in contact with.
- A carer may intentionally, or unintentionally, harm or neglect the adult they support on their own or with others.

Assessment of both the carer and the adult they care for must include consideration of the wellbeing of both of them. In these situations, 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.

Below is a list of types of abuse. This list is not exhaustive.

Physical - being pushed, shaken, pinched, hit, held down, locked in a room, restrained inappropriately, or knowingly giving an adult too much or not enough medication.

Sexual - an adult being made to take part in sexual activity when they do not, or cannot, consent to this. It includes rape, indecent exposure, inappropriate looking or touching, or sexual activity where the other person is in a position of power or authority.

Financial misusing or stealing an adult's money or belongings, fraud, postal or internet scams tricking adults out of money, or pressuring an adult into making decisions about their financial affairs, including decisions involving wills and property.

Neglect - not meeting an adult's physical, medical, or emotional needs, either deliberately, or by failing to understand these. It includes ignoring an adult's needs, or not providing them with essential things to meet their needs, such as medication, food, water, shelter, and warmth.

Self-neglect - being unable, or unwilling, to care for their own essential needs, including their health or surroundings (for example, their home may be infested by rats or very unclean, or there may be a fire risk due to their obsessive hoarding).

Psychological or emotional - being shouted at, ridiculed, or bullied, threatened, humiliated, blamed for something they haven't done, or controlled by intimidation or fear. It includes harassment, verbal abuse, cyber-bullying (bullying which takes place online or through a mobile phone) and isolation.

Discriminatory forms of harassment, ill-treatment, threats or insults because of an adult's race, age, culture, gender, gender identity, religion, sexuality, physical or learning disability, or mental-health needs. Discriminatory abuse can also be called 'hate crime.'

Modern slavery - an adult being forced to work for little or no pay (including in the sex trade), being held against their will, tortured, abused, or treated badly by others.

Domestic violence - psychological, physical, sexual, financial, or emotional abuse by someone who is a family member or is, or has been, in a close relationship with the adult being abused. This may be a one-off incident or a pattern of incidents or threats, violence, controlling or coercive behaviour. It also includes so called 'honour' based violence, being forced to marry, or undergo genital mutilation.

Organisational neglect and providing poor care in a care setting such as a hospital or care home, or in an adult's own home. This may be a one-off incident, repeated incidents, or on-going ill-treatment. It could be due to neglect or poor care because of the arrangements, processes, and practices in an organisation.

2.2.3 Scenarios in which abuse might take place

Controlling or coercive behaviour is a range of acts designed to make a person subordinate and / or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of

the means needed for independence, resistance and escape and regulating their everyday behaviour. Section 76 of the Serious Crime Act 2015 has created an offence in relation to coercive control within domestic abuse and sets out the importance of recognising the harm and cumulative impact on the victim caused by these patterns of behaviour.

Stalking and Harassment: Stalking refers to unwanted, persistent, or obsessive attention by an individual or group towards another person causing fear, anxiety, emotional or psychological distress to the victim. Harassment can include repeated attempts to impose unwanted communications and contact upon a victim in a manner which causes fear or distress to the victim. Stalking and harassment behaviours may include nuisance telephone calls, sending excessive emails, regularly sending gifts, following the person, or spying on them and making death threats. The Protection from Harassment Act 1997 makes stalking a specific offence.

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. Such incidents may constitute a criminal offence.

Cuckooing is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for criminal activity. Organised criminal groups are increasingly targeting adults with care and support needs in this way, and the level of coercion and control involved with cuckooing often leaves the victims with little choice but to cooperate with the perpetrators.

County Lines is the police term for groups who are supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or "deal lines". It can involve child criminal exploitation and using adults who are vulnerable to move drugs and money. Groups establish a base in the market location, typically by taking over the homes of local adults by force or coercion in a practice referred to as 'cuckooing'. The Home Office County Lines guidance describes County Lines as a major, cross-cutting issue involving drugs, violence, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons. The response to tackle this activity involves the police, the National Crime Agency, a wide range of government departments, local government agencies, voluntary and community organisations and groups. County Lines activity and the associated violence, drug dealing, and exploitation have a devastating impact on young people, adults at risk of exploitation and local communities.

'Honour'-based violence is a crime or incident which may have been committed to protect or defend the perceived 'honour' of the family and / or community. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and / or the community. Many victims are so isolated and controlled that they are unable to contact the police or other organisations.

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 disabilities and people lacking capacity.

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 conducted and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be conducted when the girl is first born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of abuse and violence against women and girls. In England and Wales, the practice is illegal under the Female Genital Mutilation Act 2003.

Sexual Exploitation involves exploitative situations, contexts, and relationships where adults at risk (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited. Those exploiting the adult have power over them such as by virtue of their age, gender, physical strength, and economic or other resources. There is a

distinct inequality in the relationship.

Extremism by Radicalisation: Prevent is a key part of the government's counterterrorism strategy. Its aim is to stop people becoming terrorists, or supporting terrorism, including preventing the exploitation of susceptible people who are at risk of being drawn into violent extremism by radicalisation.

Abuse by children: If a child or children is / are causing harm to an adult, this should be dealt with under the safeguarding adults' policy and procedures but will also need to involve the local authority Children's Services.

2.2.4 Raising a safeguarding concern

Anybody can raise a safeguarding concern for themselves or for another person.

What is a safeguarding concern?

A 'safeguarding concern' is when any person has a reasonable cause to believe that:

- an adult has needs for care and support and,
- may be experiencing, or is at risk of abuse or neglect and,
- is unable to protect themselves from that abuse or neglect because of their care and support needs.

If based on the presenting information available, it appears that these stages are met then a safeguarding concern should always be raised with the local authority. In an emergency, the emergency services should be contacted.

Whenever there is information which indicates that an adult may be, or is, at risk of experiencing abuse, neglect, or exploitation, this should be shared with the local authority even when it is also shared with other agencies that may need to be advised, such as the Care Quality Commission or the police.

Where possible and safe to do so, the person contacting the local authority about a safeguarding concern would have had a conversation with the adult regarding their consent, views and wishes.

The exception to this could be if the person contacting the local authority was unable to have a conversation because of concerns that it would have increased the risk for the adult.

Remember!

- You may not be the only person who has noticed or experienced the abuse or neglect.
- There could be lots of people who have 'low-level' concerns about the same thing but if you do not pass the information on it cannot be addressed.
- Even if it has not affected you, or someone you know directly, it could be affecting someone else who may not be able, or in a position, to say something about it.
- Abuse and neglect do not just appear from nowhere. Sharing information before something becomes abuse or neglect is important – do not think you are making a fuss about nothing!

Raising a Safeguarding Concern

Immediate actions to be considered by the person raising the concern:

- Make an evaluation of any risks and take steps to ensure that the adult or others are not in immediate danger. Ensure that other people are also not in danger.
- If a crime is in progress, or life is at risk, dial emergency services on 999.
- Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation.

- Safeguard any potential evidence. Do not tamper with, clean up or move any potential evidence if a crime is suspected. Expert advice may be needed from the police.
- If you believe a crime has been committed, contact the police, and then contact Adult Social Care.
- Contact Children's Services if a child or young person is also at risk.
- If you are a member of staff, inform your manager, unless your manager is implicated, then talk to an Executive Director.
- Record any information received and all actions taken.

Good practice guidance to disclosure

Talk with the adult as soon as possible unless this would put them, others, or you at risk.

- Speak in a private and safe place.
- Accept what the adult is saying without judgement.
- Don't 'interview' the adult - just gather information to establish the basic facts. This will help when you inform Adult Social Care or the police. Ask the adult what they would like to happen.
- Never promise the adult that you'll keep what they tell you confidential; explain who you will tell and why.
- If there are grounds to override an adult's consent to share information, explain what these are.
- Explain to the adult how they will be involved and kept informed.
- Provide information and advice on keeping safe and the safeguarding process.
- Keep an accurate record of your conversations, and actions or decisions taken by you and others.

2.2.5 Reporting an adult safeguarding concern to the local authority

Leicester

Leicester Safeguarding Adults Board: Telephone: 0116 305 0004 <https://www.leicester.gov.uk/health-and-social-care/adult-social-care/what-support-do-you-need/safeguarding-adults-board/>

Leicestershire

Leicestershire Safeguarding Adults Board: Telephone: 0116 305 0004 (Monday to Thursday, 8.30am to 5pm, Friday 8.30am to 4.30pm)

Email: adultsandcommunitiescsc@leics.gov.uk

<https://www.leicestershire.gov.uk/leisure-and-community/community-safety/report-abuse-of-an-adult>

Sandwell

Sandwell Safeguarding Adults Board: safeguarding_SSAB@sandwell.gov.uk Telephone: 0121 569 5790

Walsall

Walsall Safeguarding Adults Board: https://go.walsall.gov.uk/adult_safeguarding Telephone: 0300 555 2922
Office hours and out of hours emergencies.

Stoke-on-Trent: <https://www.ssaspb.org.uk/home.aspx>

Stoke-on-Trent Safeguarding Adults Board Telephone: [0800 561 0015](tel:08005610015) at any time.

Warrington

Warrington Safeguarding Adults Board: Adult Social Care First Response Team: 01925 443322

The Police: Call 101, or in emergencies outside of office hours call 01925 652222

asc@warrington.gov.uk

Halton

Halton Safeguarding Adults Board: Telephone: 0151 907 8306

<https://halton.me/safeguarding-adults-alert-form/>

2.2.5 Consent and empowerment of the adult when raising a safeguarding concern

A Making Safeguarding Personal approach is about ensuring adults have their right to make decisions about their own lives. As a general principle, no action should be taken for, or on behalf of, any adult without first obtaining their consent.

If the adult is not the person raising the safeguarding concern, wherever possible every effort should be made to seek their views and agreement regarding this, unless doing so is likely to increase the risk to the adult or put others at risk.

Adults who may be at risk of, or who are, experiencing abuse and neglect, may often feel disempowered by the abuse, and acting without involving them or seeking their consent will often disempower them further.

Empowering adults in this situation involves an initiative-taking approach to seeking consent and maximising the person's involvement in decisions about their care, safety, and protection, and this includes decisions regarding whether to raise a safeguarding concern.

All interventions must consider the mental capacity of the adult to make informed choices and specifically the adult's ability:

- To understand the implications of their situation and to act themselves (or with support) to prevent abuse.
- To participate to the fullest extent possible in decision-making about safeguarding interventions.

Having a conversation with the adult

Wherever possible there should be a conversation with the adult at the earliest opportunity to establish their views including:

- Whether they see the issue as a cause for concern or not.
- What they want to happen, if anything, including any actions they may or may not want to take themselves.

Things to consider:

- Always speak to the adult in a private place where they are likely to feel safe and inform them about the concerns.
- Use open questions e.g., 'tell, explain, describe' to gain an understanding of the situation, the adult's wishes, what actions may need to be taken, including raising a safeguarding concern. Do not ask leading questions or begin to make enquiries inappropriately.
- If something has happened, get the adult's views on what has happened and what they want done about it.
- Give the adult information about advice, support and different options that may be available to them in an accessible format, and about the safeguarding adults' procedures and how these could help to make them safer, and about responsibilities of people working with adults to share information where there may be concerns of abuse or neglect.
- Support the adult to ask questions about issues of confidentiality.

- Consider any advocacy support needs.
- Explain what will happen next, and how they will be kept informed and supported.

2.2.6 Balancing individual choice and risk

An adult's right to make choices about their own safety must be balanced with the rights of others to be safe. Information must only be shared on a 'need to know basis' when it is in the interests of the adult. If it is not possible to have obtained informed consent and other adults are at risk of abuse or neglect, it may be necessary to override the requirement to share information.

The individual / practitioner will have to assess whether providing the information will be necessary and consider the risk of not sharing the information.

In these situations, the adult must always be:

- Advised about what information will be shared, with whom and the reasons for this.
- Advised that their views and wishes will be respected as far as possible by the local authority or other agencies in relation to any response they may have a duty to make.
- Provided with relevant information regarding what happens when a local authority is advised of a safeguarding concern.

It is not possible, nor desirable, to eliminate risk. Empowerment in safeguarding involves risk management that is based on understanding the autonomy of the adult and how they view the risks they face. There may be risks the adult welcomes because they enhance their quality of life, risks the adult is prepared to tolerate and risks they want to eliminate.

If the adult has capacity to make an informed decision that they do not want the information to be shared, and there is no indication that they may be experiencing undue influence, then the adult's wishes would be respected. However, there are circumstances in which an adult's consent may be overridden, including:

- If the adult is at significant risk of serious harm.
- If there is a risk to others.
- If a criminal offence has taken place.
- Where action is needed in the public interest, such as where a member of staff is in a position of trust.

2.2.7 Adults who lack capacity to make relevant decisions

The Mental Capacity Act 2005 was designed to protect and restore power to those vulnerable people who lack capacity.

Where an adult is unable to make a specific decision for themselves, the Act sets out a clear process that must be followed before a decision can be made on the adult's behalf.

Where an adult is found to lack capacity to make a specific decision any action taken must be taken in their best interests.

Professionals and other staff need to understand and always work in-line with the Mental Capacity Act 2005.

If the adult lacks capacity to make decisions about the incident and their ability to maintain their safety and they do not want a safeguarding concern to be raised, and / or other action to be taken, professionals have a duty to act in their best interests in accordance with the Mental Capacity Act 2005.

Adults who are thought to lack capacity to make a specific decision need to be provided with all practicable support to enable them to make their own decision before it can be concluded that they lack capacity regarding the decision and a best interests process is entered into. This may be achieved in a variety of ways such as the help of a family member or friend (if they are not the person thought to be the cause of risk), an advocate or Independent Mental Capacity Advocate, an interpreter or other communication assistance or aids.

2.2.8 Where a crime may have been committed

If it is suspected that a crime may have been committed, there should always be a conversation with the adult regarding whether they wish the police to be involved.

If the adult does not want the police to be involved, this does not override a practitioner's responsibility to share information regarding a potential or actual offence with them.

Such situations should always be approached sensitively. The adult should be advised that the police will be contacted and assured that the police will be informed that the adult does not wish to pursue this matter or speak to the police. It is for the police to determine if they feel it is necessary for them to speak to the adult, or if there is further action they may need to take.

3.1 What happens next?

When the local authority receives a safeguarding concern, they will check to see if they already have any other information that would help determine how best to support the adult and address any immediate risks. This will also take account of the adult's wishes and what they want to happen, as far as this is known.

Under Section 42 of the Care Act, the safeguarding duties apply to an adult who:

- has needs for care and support (whether the local authority is meeting any of those needs),
- is experiencing, or at risk of, abuse or neglect,
- 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.

These are referred to as the 'three key tests.' If these tests are met the local authority has a legal duty to make enquiries or cause others to do so.

If the presenting information is unclear proportionate fact finding should be undertaken to support decision making and determine if the three key tests are met or not.

Enquiries will always be undertaken using the six principles outlined in the Care Act and using a Making Safeguarding Personal approach.

In undertaking an enquiry, the local authority will seek relevant information, including talking with the adult who might be at risk as well as to the person who raised the concern. The local authority will always consult with the adult unless there is a significant reason not to do this, for example if talking to them at this point might put them at further risk.

It is important to note that concerns that do not meet the threshold for the Section 42 duty to make enquiries may be resolved through other actions, for example an assessment of care and support needs, or passing information onto another service or agency.

The person who raised the safeguarding concern should always be informed by the local authority that it has been received and where appropriate notified as to the outcome of how the concern is being progressed. Adult Social Care can be contacted directly for further information on specific safeguarding concerns, in accordance with information sharing protocols.

If, once a concern has been raised you do not feel that there are sufficient steps being taken to safeguard a person's wellbeing, you should raise this with the Executive Director (operations) who will escalate this directly with the organisation concerned through their internal procedures and if necessary, raise a formal concern/ complaint.

3.1.1 Communicating Safeguarding Policies

A key element in an effective safeguarding policy is the communication of attitudes, priorities, rules, and procedures to ensure there is a common understanding of the issues, and that information is fed back where there is cause for concern or suggestions on how to improve policies.

All employees and volunteers are required to read the Safeguarding Policy as part of their first week's induction and to

participate in Safeguarding Adults training, refresher courses and updates during team meetings. Service Managers have responsibility to ensure staff are fully aware and updated about changes in policies and procedures.

It is essential that the Healthwatch Manager works to develop excellent working relationships with key safeguarding professionals within their locality.

Healthwatch Managers need to:

- Attend local Safeguarding Partnership Boards (where permitted).
- Develop good working relationships with Local Safeguarding Managers, Safeguarding Partnership/ Board Chair, Director of Adult Social Care and Children's Service, where possible.
- Understand the Local Authority protocols including their local thresholds.
- Identify instances where you or your team have led to escalate safeguarding issues at work with Local Safeguarding Partnership/Board to reflect on their practice and protocol.

The 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.

3.1.2 Escalation Procedure

Managers should ensure that staff are aware of how to contact them, or a colleague at a management level, in an emergency, during the working day, including ways of interrupting meetings.

If the Manager is unavailable, the concern should be escalated by the member of staff in possession of the information up through the escalation procedure to the Safeguarding Lead or the Deputy Safeguarding Lead.

Any decision to take further action will be made by the relevant Manager or escalated to the Managing Director.

3.1.3 Confidentiality

- Adult protection raises issues of confidentiality which should be clearly understood by all. Staff and volunteers have a professional responsibility to share relevant information about the protection of adults with other professionals, particularly investigative agencies, and adult social services.
- Clear boundaries of confidentiality will be communicated to all.
- All personal information regarding a vulnerable adult will be kept confidential.
- All written records will be kept in a secure area for a specific time as identified in data protection guidelines.
- Records will only record details required in the initial contact form.
- If an adult confides in a member of staff or volunteer and requests that the information is not disclosed, it is important that the member of staff tells the adult sensitively that he/she has a responsibility to refer cases of alleged abuse to the appropriate agencies.
- Within that context the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.
- Where possible, consent should be obtained from the adult before sharing personal information with third parties.
- In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.
- Where a disclosure has been made staff should let the adult know the position regarding their role and what action they will have to take as a result.
- Staff should assure the adult that they will keep them informed of any action to be taken and why.
- The adult's involvement in the process of sharing information should be fully considered and their wishes and feelings considered.

3.1.4 Procedure for breaching confidentiality outside of normal office hours

Staff should alert their Service Manager on their mobile out of hour's telephone if they have an out of hours safeguarding concern. A list of out of hour's emergency telephone numbers will be provided to all staff for this purpose.

3.1.5 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 the Whistleblowing policy.

Staff have a responsibility to raise issues or concerns in relation to the Company's services and services provided by other organisations. All potential alerts should be escalated in line with this policy.

3.1.6 Recording Information

- Record the information being given.
- Try to record the information verbatim.
- 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 CRM database, as soon as possible as a case-file note.
- All action taken, including escalating to a manager, must also be recorded on the CRM.

3.1.7 Managing your 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.

The Company operates an employee assistance line which can be accessed confidentially, details of which are supplied to all staff members upon joining the Company.

4.1 KEY POINTS

- You must not keep information to yourself.
- You should discuss any concerns with your Service Manager, or an Executive Director as described in the escalation procedure.
- It is not the job of individual staff to assess if harm is taking place.
- Other agencies have a statutory responsibility to investigate allegations of adult abuse.
- Our role may be to provide information, where appropriate, to any criminal or Safeguarding investigation.
- You cannot be wrong by raising a concern.

4.1.1 Relevant Legislation

Human Rights Act 1998 – gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

Mental Capacity Act 2005 – covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

The Public Interest Disclosure Act 1998 (PIDA) – created a framework for whistleblowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

Safeguarding Vulnerable Groups Act 2006 - was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work. The Independent Safeguarding Authority was established as a result of this Act.

Care Act 2014 - The Act gives local authorities a duty to carry out a needs assessment in order to determine whether an adult has needs for care and support. The assessment must be carried out with involvement from the adult and their carer or someone else they nominate.

5.1 ANNUAL REVIEW

The Company will provide a trend analysis so that providers learn from safeguarding incidents which have happened within their own service. The Company will consider the Safeguarding Adults Board annual report for their area and the consequent actions for the service to prevent common causes of abuse, so that providers learn from the safeguarding incidents across all services within their area.

5.2 Wellbeing of Staff and Volunteers

The wellbeing of all staff and volunteers is of paramount importance to ECS and we understand individuals may be affected by safeguarding incidents. We offer in house support through supervision from your line manager for staff, and your volunteer coordinator for volunteers, but also offer our Wellbeing Assistance Programme through an external provider called Health Assured, which is available to both staff and volunteers.

This is a free, independent, and confidential service which provides advice, guidance, support, and counselling free of charge. To log into this service, please follow the link: <https://healthassuredeap.co.uk/> and full details of how to access support are provide in your staff and volunteer handbook, as well as from Corporate Services. If you need further information or are having difficulties accessing this service, please contact Tracy Cresswell: contactus@weareecs.co.uk

Policy Reviewed: October 2022 Next Review: October 2023

Signed:  (Managing Director)

Date:6 October 2022.....