

## SAFEGUARDING POLICY

### POLICY STATEMENT

#### 1 INTRODUCTION

This policy provides the framework for the Safeguarding of adults from abuse in co-operation with local authorities and other agencies. The aim of the policy is to ensure that Care Square works closely in partnership with relevant agencies to prevent abuse wherever possible, and where preventative measures fail, to deal sensitively and effectively with incidents of abuse.

Care Square will adopt specific local policies for each service delivery location but the following policy will act as a minimum standard which Care Square will observe throughout its operations.

In England, The Care Act 2014, sections 42-46, and in Wales, the Social Services and Well-being (Wales) Act 2014, part 7, sets out clear legal frameworks for local authorities and other relevant agencies such as ourselves on how to protect adults at risk of abuse and neglect.

The Department of Health's Care and Support Statutory Guidance issued under the Care Act and National Assembly for Wales' Statutory guidance in relation to part 7 (Safeguarding) of Social Services & Well-being (Wales) Act, 2014 (working draft) each outlines the duties these Acts place on all relevant agencies within their respective country.

#### 2 PARTNER AGENCIES

Within each of our service locations, Care Square commits to work within a multi-agency framework which has been developed jointly, usually led by the relevant local authority. Full details of local policies are available within each service location and (usually) on the internet.

#### 3 PRINCIPLES

Essentially, however, there are clear guiding principles which Care Square, its staff and volunteers should be prepared to advocate on behalf of service users to:

There are six key principles that should underpin all adult safeguarding work:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

In addition, Care Square seeks to:

- **actively work together** within an inter-agency framework based on current and relevant guidance;
- **actively promote** the empowerment and well-being of vulnerable adults through the services we provide;
- **act in a way which supports the rights of the individual** to lead an individual life based on self-determination and personal choice;
- **recognise people who are unable to make their own decisions** and/or to protect themselves, their assets and bodily integrity;
- **recognise that the right of self-determination can involve risk** and ensure that such risk is recognised and understood by all concerned, and minimised whenever possible;
- **ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate help**, including advice, safeguarding and support from relevant agencies;
- **ensure that the law and statutory requirements are known and used appropriately** so that vulnerable adults receive the protection of the law and access to the judicial process.

#### 4 WHAT IS ABUSE?

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

We should not limit our view of what constitutes abuse or neglect. So, the following is not an exhaustive list but, according to the Care and Support Statutory Guidance, an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern' and their possible indicators:

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Possible indicators:

- No explanation for injuries or inconsistency with the account of what happened.
- Injuries are inconsistent with the person's lifestyle.
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps.
- Frequent injuries.
- Unexplained falls.
- Subdued or changed behaviour in the presence of a particular person.
- Signs of malnutrition.
- Failure to seek medical treatment or frequent changes of GP.

**Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence, female genital mutilation and forced marriage (age range in England extended to 16 and includes relationships between all family members, not just intimate partners).

Possible indicators:

- Low self-esteem.
- Feeling that the abuse is their fault when it is not.
- Physical evidence of violence such as bruising, cuts, broken bones.
- Verbal abuse and humiliation in front of others.
- Fear of outside intervention.
- Damage to home or property
- Isolation – not seeing friends and family.
- Limited access to money.

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Possible indicators:

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck.
- Torn, stained or bloody underclothing.
- Bleeding, pain or itching in the genital area.
- Unusual difficulty in walking or sitting.
- Foreign bodies in genital or rectal openings.
- Infections, unexplained genital discharge, or sexually transmitted diseases.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude.
- Incontinence not related to any medical diagnosis.
- Self-harming.
- Poor concentration, withdrawal, sleep disturbance.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Fear of receiving help with personal care.
- Reluctance to be alone with a particular person.

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Possible indicators:

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the person.
- Insomnia.
- Low self-esteem.
- Uncooperative and aggressive behaviour.
- A change of appetite, weight loss/gain.
- Signs of distress: tearfulness, anger.
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment.

**Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Possible indicators:

- Missing personal possessions.
- Unexplained lack of money or inability to maintain lifestyle.
- Unexplained withdrawal of funds from accounts.
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so.
- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show unusual interest in the assets of the person.
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA.
- Recent changes in deeds or title to property.
- Rent arrears and eviction notices.
- A lack of clear financial accounts held by a care home or service.
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
- Disparity between the person's living conditions and their financial resources – for example insufficient food in the house.
- Unnecessary property repairs.

**Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Possible indicators:

- Signs of physical or emotional abuse.
- Appearing to be malnourished, unkempt or withdrawn.
- Isolation from the community, seeming under the control or influence of others.

- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address.
- Lack of personal effects or identification documents.
- Always wearing the same clothes.
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers.

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Possible indicators:

- The person appears withdrawn and isolated.
- Expressions of anger, frustration, fear or anxiety.
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Possible indicators:

- Lack of flexibility and choice for people using the service.
- Inadequate staffing levels.
- People being hungry or dehydrated.
- Poor standards of care.
- Lack of personal clothing and possessions and communal use of personal items.
- Lack of adequate procedures.
- Poor record-keeping and missing documents.
- Absence of visitors.
- Few social, recreational and educational activities.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual care plans.
- Lack of management overview and support.

**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.

Possible indicators:

- Poor environment – dirty or unhygienic.
- Poor physical condition and/or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or unexplained weight loss.
- Untreated injuries and medical problems.
- Inconsistent or reluctant contact with medical and social care organisations.
- Accumulation of untaken medication.
- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing.

**Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Possible indicators:

- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Neglecting household maintenance.
- Hoarding.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.

We need to be aware that anybody can carry out abuse. This includes (but, again, this list is not exhaustive):

- spouses/partners
- other family members
- neighbours
- co-tenants
- friends
- acquaintances
- local residents
- people who deliberately exploit adults they perceive as vulnerable to abuse
- paid staff or professionals
- volunteers and strangers
- online contacts.

And abuse can happen anywhere – for example, in:

- someone's own home
- the workplace
- a public place
- a hospital
- a care home

- a college
- online.

## **5 WHICH ADULTS ARE VULNERABLE?**

A broad definition of a vulnerable adult is a person 18 or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of her or himself, or unable to protect her or himself against significant harm or exploitation.'

## **6 MANAGEMENT AND COORDINATION OF POLICIES**

Effective inter-agency working will usually be achieved through the Vulnerable Adult Protection Committee in the local area. The committee membership is usually made up of representatives from statutory and independent agencies and service user group representation. Local committees should have clear Terms of Reference. The overall responsibilities of the committee are usually to determine policy, coordinate activity between agencies, facilitate joint training, and monitor and review progress.

## **7 CARE SQUARE'S COMMITMENT**

- Local authorities are responsible for the overall coordination of the development and implementation of the policy.
- Care Square commits to training programmes for staff at management, supervisory and health & social care worker levels, whether working in community or institutional settings.
- Care Square will offer support and supervision to staff who become aware of and intervene when abuse is suspected or revealed.
- Care Square will nominate a senior person who will be prepared to support and advise staff within that agency and liaise between agencies where necessary.
- Care Square will have in place procedures for the Safeguarding of vulnerable adults from abuse, and ensure that staff are familiar with such procedures.
- Care Square will routinely collect information about any incidents of abuse reported for the purpose of monitoring and audit.

## **PRACTICAL GUIDANCE**

### **PREVENTING ABUSE**

While it is not possible to prevent all cases of abuse, there are a number of steps that those working in health & social care can take to reduce the risk of abuse occurring. They should:

- Know what abuse is
- Understand how it can happen
- Be alert to indicators of potential abuse situations
- Know the procedures for reporting concerns and poor practice
- Provide appropriate support through good assessment and care planning

## **Safeguarding Processes**

Care Square consistently abides by systems which evoke values and principles aimed at protecting children and vulnerable adults.

Care Square is therefore committed to:

- The thorough vetting of all employees at all levels prior to work allocation, including the successful completion and return of an enhanced DBS check, refer to Policy & Procedure-Criminal Records Disclosure and Guidance on Employing People with a Criminal Record and the return of two appropriate references of a high and reliable standard. This is achieved through the strict and rigorous recruitment procedure adhered to by Care Square, refer to: Policy & Procedure-Staff Employment-Recruitment & Selection-H&SCA and HCA.doc & Policy & Procedure-Staff Employment-Recruitment & Selection-Registered Nurse
- The successful completion of all mandatory training by all health & social care workers prior to employment and work allocation, as seen in our training policy and procedure. Refer to: Policy & Procedure-Staff Employment-Training Initial & Assessment Process & Policy & Procedure-Staff Employment-Training Overview
- Annually structured appraisals and at least 3 supervisions per annum which meets the requirements of national standards
- Organised documentation and record keeping.
- Disciplinary, grievance and complaints procedures.
- Strict confidentiality policy.
- Health and safety structures, policies and procedures.
- Shared communication and liaison with service users, family and/or other representatives.
- Ongoing contractual specification and monitoring of service through reviews and reassessment of need
- Workplace support systems and signposting to a counselling service to ensure staff support.
- Whistleblowing Policy & Procedure

## **RESPECT FOR THE INDIVIDUAL**

When abuse has been disclosed, reported or observed, it is important that the alleged victim be treated with dignity, is involved as an equal in the investigation, and kept fully informed on a regular basis. They have the right:

- To be believed when they report abuse of themselves and/or others, unless there is direct and unequivocal evidence to the contrary
- To appropriate education/information in order to identify behaviour which constitutes abuse
- To have the investigation processed through a timescale with which they can be comfortable
- To privacy and confidentiality in the conduct of the investigation.
- To be assisted by an interpreter, advocate, relative or carer in giving information, or evidence about the alleged abuse, unless the evidence, which is to be given, is subject to separate rules, e.g. Police procedures
- To expect arrangements to be made to promote safety and welfare in both the short and long term
- To expect that the issues of power, coercion and intent on the part of the alleged abuser to the alleged victim are given particular attention



- Not to have to undergo repeated presentations of information/evidence, except as required in criminal proceedings
- To be involved in decisions made as a result of the investigation
- To have access to Action for Justice procedures where appropriate

## **RESPONDING TO REPORTS AND INCIDENTS OF ABUSE**

### **Assessing the seriousness of abuse**

The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important therefore, when considering the appropriateness of intervention, to approach reports or incidents or allegations with an open mind.

In making any assessment of seriousness the following factors need to be considered:

- The vulnerability of the adult
- The nature and extent of the abuse
- The length of time it has been occurring
- The impact on the individual and/or their carers/family
- The risk of repeated or increasingly serious acts involving this or other vulnerable adults
- The vulnerability of the perpetrator

A decision may need to be made immediately about any urgent action required to protect the vulnerable adult. If the person is at great risk of harm or in need of immediate medical attention, contact should be made directly with the emergency services.

If the (alleged) perpetrator is also a vulnerable adult, consideration must be given to their safety and well-being and to their needs as a vulnerable adult.

Where a criminal offence has taken place, or may have taken place ensure that:

- Care is taken not to disturb anything, which may be used as evidence
- If the allegation is against a relative, friend, or carer do not inform them of the allegation until the Police have agreed a course of action
- If the allegation involves a member of staff it must be brought to the immediate attention of their Line Manager. It may be necessary to inform the Police before discussing it with the employee, if so the appropriate authorised manager will do this;
- Counselling or questioning, either the alleged victim or the alleged abuser, must not be undertaken by staff unless instructed to by the Police.

## **CONFIDENTIALITY**

In the early stages of working with alleged victims, other professionals and agencies, formal explanations about confidentiality should be given in line with this guidance set out below.

The views of the service user should always be taken into account, however, if the service user:

- does not wish for action to be taken
- does not wish to be involved with any investigation
- does not want any information shared with other individuals or agencies

In the first instance it should be explained to the vulnerable person that the member of staff does have a duty to discuss the disclosure with their line manager.

There will be a need to share information with the relevant Social Services Locality Team and generally permission would be asked before doing so. However, in exceptional circumstances e.g. if it is considered someone is at serious risk of abuse then information may be disclosed without consent, see below.

### **Duty of Confidence**

Information held by agencies is subject to the legal duty of confidence and should not normally be disclosed without the consent of the persons who have provided the information or are subject of the information. However, the public interest in maintaining confidentiality can be overridden by the public interest to protect vulnerable persons.

Disclosure without consent must therefore be necessary and justifiable in each case and be the minimum necessary to achieve the aim. In the event of doubt, legal advice should be obtained before a disclosure is made, but due regard must be made to the fact that this may cause unnecessary delay which could have additional implications about why immediate action wasn't taken and a dangerous delay ensued.

### **Whistleblowing**

In line with the Care Square's whistleblowing procedures, employees and others with serious concerns are encouraged to come forward and voice those concerns.

### **Further Advice**

The Social Services Locality Teams will be able to give further advice about the most appropriate ways of dealing with individual incidents.

### **Reporting to Social Services**

Where initial concerns are raised the following documentation must be completed: Office-Operations-Record of Allegations of Abuse, Neglect or Other Harm. This should then be passed to a senior manager, Proprietor or Director. The relevant senior person in the provider service should report the suspected, alleged or actual abuse to the appropriate Social Services Locality Team within 2 working days or if the abuse or the risk is serious then it must be reported within 24 hours. The following form will need to be completed: Office-Operations-Report-SOVA VA1.doc

If either the abused person or the perpetrator is funded by another local authority, the senior person in the provider service should inform that placing authority at the same time.

The Social Services Locality Team will liaise with the placing authority, co-ordinate the arrangements for holding Strategy Meetings, and where appropriate, lead on any subsequent investigation, thus ensuring that there is no delay in responding to and dealing with the incident.

Where appropriate, the 'The Appropriate Regulatory Body for Care Services' should be informed.

If the result of the SOVA investigation concludes that the person may be unsuitable for employment with vulnerable people the matter/person should currently be referred to the Independent Safeguarding Authority (ISA) and from December 2012 to the Disclosure and Barring Services (DBS).

If a staff member is registered by a 'Care Council' it may be necessary to refer the matter to the 'Appropriate Care Council' with a view to a conduct hearing and possible de-registration.

## **WHAT HAPPENS NEXT**

The relevant Social Services Department will arrange for either a Strategy Discussion or a Strategy Meeting to take place. The overall purpose of both the Discussion and the Meeting is to gather information about what is alleged to have happened, assess the risk, and determine the course of action to be taken and establish who will take the lead in any subsequent action.

If the abuse is of a criminal nature, then the police will take the lead.

Managers of services (or their representatives) will be asked to contribute to these Discussions or Meetings.

In all instances an Adult Safeguarding/Action Plan will be produced. This will include any action to be taken regarding safeguarding and/or investigation, together with the monitoring and review arrangements.

**The Abuse of Vulnerable Adults will continue to be a challenge to professionals and society in general. Raising awareness of issues that constitute abuse and responding appropriately when concerns about possible abuse are reported will give the message that it is not acceptable.**

If you suspect or witness the abuse of any vulnerable adult of Care Square you must report the concern to Care Square Manager on **01798 693 123**, if you find this difficult then you can report your concern to the Responsible Person and Nominated Individual Mr. Md Mijanur Rahman Chowdhury on **07886293165**.

Adult Social Services Safeguarding Adults Team of London Borough of Havering can be reached on Telephone: 01708 433 550, Email: [safeguarding\\_adults\\_team@haverling.gov.uk](mailto:safeguarding_adults_team@haverling.gov.uk).

Adult Social Services Safeguarding Adults Team of London Borough of Barking and Dagenham can be reached on Telephone: 020 8227 2915. [intaketeam@lbbd.gov.uk](mailto:intaketeam@lbbd.gov.uk)