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**Safeguarding Children and Adults with Care and Support Needs**

**Policy, Procedures and Guidance**

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***Beyond The Wall is committed to safeguarding and failure to comply with this policy, in its detail and its intent, may result in disciplinary action.***

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| **Term** | **Definition** |
| **Abuse** | Organisations should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered.  *Care and Support Statutory Guidance 2015* |
| **Child** | Anyone under the age of 18 years is a child or young person |
| **Adult with care and support needs** | The people to whom the Section 42 duty (Care Act 2014) to enquire applies to  **‘Adult’** |
| **Adult at risk of abuse** | “Any person aged 18 or over and at risk of abuse or neglect because of their need for care and support.”  *The Care Act 2014* |

**NB. For the purpose of this policy the terms child, young person or adult will be used unless further clarification is required.**

**Where a statement applies to all three the term ‘individual’ may also be used.**

**Introduction**

**‘Safeguarding means protecting people’s health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to creating high-quality health and social care.’ *CQC 2014***

Those most in need of protection are:

* children
* young people
* adults with care and support needs

The Care Act 2014 has changed the terminology used in Adult Safeguarding to ‘adults with care and support needs’ instead of ‘vulnerable adults’ and this has been adopted thoughout this policy. This change is to put emphasis on it being the circumstances an adult finds themselves in, rather than the individual themselves, that causes them to be at risk of abuse.

For the purpose of clarity we will refer to adults and children thoughout the policy unless further clarity is required. This is the stance adopted by the Care and Support Statutory Guidance.

Care & Support Statutory Guidance

**REFERENCE**

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

This safeguarding document sets out Beyond The Wall’s policy and procedures for safeguarding, and provides guidance to assist all staff to take the appropriate action to protect people from abuse. It sets out the responsibilities of employees in the recognition and prevention of abuse, and the actions to take when abuse is disclosed, identified, suspected or alleged, and is designed to support and interface appropriately with the local authority adult safeguarding and child protection policies in all the areas we provide a service.

Safeguarding means protecting an individual’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. This includes, where appropriate in adults or children where capacity has been established, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must also recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the individuals wellbeing in their safeguarding arrangements. Adults have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the individual to establish what being safe means to them and how that can be best achieved. Staff should not be advocating “safety” measures for adults that do not take account of individual well-being, as defined in Section 1 of the Care Act:

‘‘Wellbeing’ is a broad concept. It is described as relating to the following areas in particular:

* 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 (including over care and support provided and the way they are provided)
* participation in work, education, training or recreation
* social and economic wellbeing
* domestic, family and personal domains
* suitability of the individual’s living accommodation
* the individual’s contribution to society.

There is no hierarchy in the areas of wellbeing listed above – all are equally important. There is also no single definition of wellbeing, as how this is interpreted will depend on the individual, their circumstances and their priorities.”

Whilst local authorities play the lead role, safeguarding adults, children and young people and protecting them from harm is everyone’s responsibility.

Organisations are required to cooperate with local authorities to promote the well-being of adults, children and young people in each local authority area. This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.

This document also highlights the responsibility we all have to adults, children and young people to take our part in safeguarding them from abuse in the wider context as members of our society and communities.

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**This policy is based on:**

**REFERENCE LINKS**

* **Working Together to Safeguard Children, updated March 2015**

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf>

* **The Children Act 1989 and 2004**

<http://www.legislation.gov.uk/ukpga/1989/41>

<http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpgaen_20040031>

* **Care Act 2014**

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

* **Care and Support Statutory Guidance 2014**

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

* **Making Safeguarding Personal Guide 2014.**

<http://www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+-+Guide+2014>

This document is uncontrolled when printed.

Printed copies of this document will not be kept up to date.

To make sure you are reading the latest version of this document please refer to Trustees.

**Beyond The Walls Safeguarding Policy Statement**

Beyond The Wall acknowledges its responsibility to safeguard people at risk of abuse and is committed to working to provide a safe environment for all such people who are are paid members of staff, volunteers and those who access our services

Beyond The Wall also acknowledges its role as a partner organisation to work cooperatively with statutory and other organisations to support the wider context of safeguarding

### Our principles

The **principles** of Beyond The Wall’s Safeguarding Policy are that:

* an adult with care and support needs, a child or a young person’s welfare is, and always must be, the paramount consideration;
* being abused does not need to be part of the experience of being an adult, a child or young person so prevention is the priority;
* all people, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have the right to equal protection from all types of harm or abuse;
* all suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately;
* working in partnership with people, their families, carers and other agencies is essential for their protection;
* we are committed to working with the relevant national and local agencies and to comply with all necessary procedures.

**These key principles will mean we safeguard people by**:

* valuing, and respecting every aspect of each individual’s identity;
* promoting an individual’s wellbeing;
* Involving and listening to people in the process to the maximum level of the capacity and choice;
* having clear, current, realistic and accessible policy and procedures;
* recruiting staff and volunteers safely ensuring all necessary checks are made;
* ensuring a safeguarding risk assessment is undertaken before their service commences and any appropriate risk management strategies are implemented and regularly reviewed and updated;
* sharing information about safeguarding and good practice with children and young people, families, staff and volunteers;
* sharing information about concerns with statutory agencies;
* providing effective management for staff and volunteers through supervision, support and training;
* committing to reviewing our policy and good practice annually to make sure they are still relevant and effective, and continually learning from safeguarding events that occur.

### Our Responsibilities

Beyond The Wall recognises its responsibilities both morally and legally under current legislation and we will use our best efforts to promote good practice to safeguard people.

In accordance with Care and Support Statutory Guidance 2014 and ‘[Working Together to Safeguard Children](https://www.gov.uk/government/publications/working-together-to-safeguard-children)’ updated March 2015, **anyone working for, or on behalf of Beyond The Wall has a duty to:**

* safeguard and promote the interests and well-being of the individuals with whom we work;
* take all reasonable practical steps to protect them from harm, discrimination, or degrading treatment and to respect their rights, wishes and feelings;
* ensure appropriate confidentiality is maintained in line with current legislation and guidance;
* be familiar with this document and associated policies and their role within it;
* attend appropriate training and show an acceptable level of understanding of the content;
* have an awareness of the different types of abuse and the signs to look out for if abuse is suspected;
* report abuse and act on concerns and disclosures of abuse;
* assist the relevant national and local agencies (e.g. police, CQC and/or Local Authority Safeguarding teams) in their enquiries as required;
* take appropriate steps to implement any actions arising from risk, concerns or incidents of abuse.

It is a requirement that anyone working for, or on behalf of Beyond The Wall adopts and abides by the principles, policies and procedures contained within this document.

**What makes an individual vulnerable?**

Beyond The Wall recognises however that some individuals we work with may have additional vulnerabilities and would want to highlight the following relating particularly to disability:

People with disabilities might be additionally vulnerable because they may:

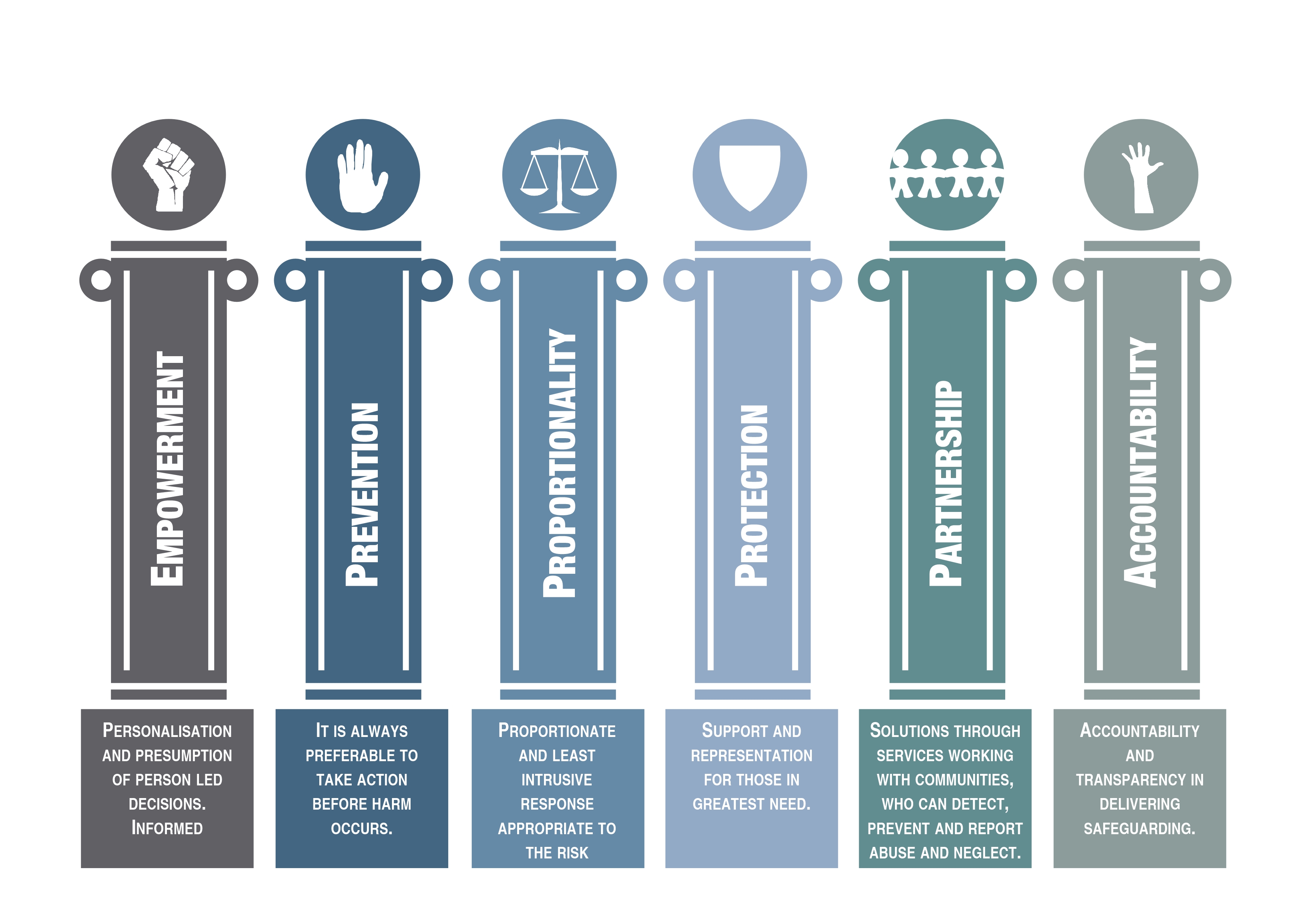
* Lack a wide network of friends who support and protect them;
* Have significant communication differences, which may include very limited verbal communication or they may use sign language or other forms of non-verbal communication;
* Be subject to the prejudices and/or misconceptions of others;
* Require personal intimate care;
* Have reduced capacity to resist either verbally or physically;
* Not be believed;
* Be dependent on their abuser for their care and support;
* Lack access to peers to discover what is acceptable behaviour;
* Have medical needs that are used to explain abuse.

It is important for us to be extra vigilant in creating a safe culture, including:

* Finding appropriate ways of communicating with people we work with;
* Working to promote the ‘wellbeing’ of every individual;
* Involving people in the development of the services they receive to the absolute limit of their ability and choice;
* Ensuring best practice at all times in personal care;
* Building relationships with parents and carerswhere appropriate;
* Actively embedding the national principles of safeguarding in our approach. (Care and support statutory guidance 2014)

**REPORT, to your manager, your Safeguarding Area Lead or See Appendix 8 for external contact details.**

**The National Principles**

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**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.”

**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.”

**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.”

**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.”

**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 necessary. I am confident that professionals will work together and with me to get the best result for me.”

**Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

**Beyond The Wall Safeguarding Reporting process**

You have concerns about an adult at risk, a child or young person’s welfare.

Are they in immediate danger or in need of immediate medical treatment?

No

Yes

Contact emergency services and take measures to ensure that the vulnerable personal is safe and evidence (if a crime) is preserved.

Discuss concerns with your manager and/or designated safeguarding lead.

Out of office hours, if your manager is not available, contact 01379 898210 to speak to designated Safeguarding Trustee Doris Erith.

Still concerned?

Within 24 hrs

Yes

No

Complete Safeguarding Incident Report Form 1.

Follow investigation progress with County Safeguarding lead if you have not heard back within 5 days.

Inform HR.

Take no further safeguarding action, but ensure that best practice is being followed and concerns and outcome logged.

Implement the actions arising.

Contact the local Safeguarding Team and where appropriate the LADO or DASM to report the concerns/incidents and follow up with the incident report 2 form.

Record the report discussion and any actions arising.

Within 48 hrs

Within 5 days

**Beyond The Wall Safeguarding Procedure**

Central to delivering equality, choice and independence is actively promoting and recognising our role in safeguarding people from abuse and ensuring that people who have been abused receive support and protection from further abuse.

**Our safeguarding procedures are intended to:**

* Prevent adults, children and young people from being abused;
* Offer safeguards to individuals with whom we work, and to our staff, volunteers and partner organisations;
* Help to maintain professionalism and high standards of practice.

We recognise that any procedure is only as effective as the ability and skill of those who operate it. **We are therefore committed to:**

* Operating safe recruitment procedures;
* Providing support, appropriate training and adequate supervision to our staff and volunteers, so that they can work with individuals, families and other organisations to ensure people are safeguarded;
* Ensuring that all staff and volunteers complete appropriate safeguarding training and regularly update it.

**Beyond The Wall will**

1. ensure all cases of poor practice and any allegations of abuse are referred to other agencies and where appropriate investigated;
2. make decisions on misconduct/poor practice within agreed timescales;
3. ensure responses to all complaints/safeguarding concerns are proportional with the level of the concern;
4. convene a Disciplinary Panel when necessary;
5. inform appropriate individuals/bodies of decisions within agreed timescales;
6. keep a log of all suspended, disciplined and disqualified persons and where appropriate refer people for consideration by the Disclosure and Barring Service;
7. continually monitor and evaluate the effectiveness of this policy.

**Prevention**

Beyond The Wall undertakes to do all we can to prevent abuse.

The following measures will support the implementation of this commitment:

* we will acknowledge and support every aspect of each individuals total identity;
* we will accept the essential importance of personal dignity;
* we will support people in developing improved communication skills;
* we will work to empower people to know their rights and to have a greater voice in their lives;
* we will follow tight safer recruitment guidance to ensure people in a position of trust are safe and appropriate.

**Disclosure and Barring Service Checks**

**Beyond The Wall undertakes to follow the guidance on obtaining Disclosure and Barring Checks for any employee or volunteer who will be undertaking a 'regulated activity with an adult, young person or child.**

A DBS disclosure can be obtained for any post which is exempt from the provisions of the Rehabilitation of Offenders Act 1974.

Standard DBS checks contain the convictions, cautions, reprimands and warnings held in England and Wales on the Police National Computer. Standard checks no longer include a check of the old or new barred lists from 12 October 2009 and, therefore, if you are working or volunteering with children or vulnerable adults, you may be required to apply for an Enhanced DBS check.

Enhanced DBS checks are for posts involving work in regulated activity with children or vulnerable adults. The Protection of Freedoms Act (September 2012) amended the definition of regulated activity and therefore eligibility for DBS and barred list checks.

Please note the definitions of regulated activity for children and adults are very different, for further information visit:

**LINKS**

<http://www.homeoffice.gov.uk/publications/agencies-public-bodies/dbs/about-dbs/regulated-actchildren>

<http://www.homeoffice.gov.uk/publications/agencies-public-bodies/dbs/about-dbs/regulated-actadults>

The new definition of regulated activity relating to adults no longer labels adults as ‘vulnerable’. Instead, the definition identifies the activities which, if any adult requires them, lead to that adult being considered vulnerable at that particular time.

There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out below:

* The provision of health care by a health care professional, or by a person acting under the direction or supervision of a health care professional (such as a health care assistant in a hospital or care home);
* The provision of relevant personal care (washing, dressing, toilet, eating, drinking);
* The provision of social work or community care services by social workers to adults who are clients or potential clients;
* The provision of assistance in relation to general household matters for an adult who needs that assistance because of age, illness or disability, (e.g. managing a person’s cash, paying bills or shopping for someone);
* Any relevant assistance in the conduct of an adult’s own affairs, (e.g. under an enduring power of attorney);
* Transportation in certain circumstances which is needed because of age, illness or disability, although the Government has pointed out that this will not include family and friends or taxi drivers.

Enhanced checks contain the same information as Standard checks but with the addition of a check of one, or both, of the barred lists, if requested, and any locally held police force information considered relevant to the job role, by Chief Police Officer(s).

The Disclosure and Barring Service’s Code of Practice, available from

**LINKS** <http://www.homeoffice.gov.uk/publications/agencies-publicbodies/dbs/dbs-checking-service-guidance/cop>

Beyond the Wall requires that disclosure information is used fairly, and handled and stored securely.

Trustees at Beyond The Wall are responsible for suitability decisions where disclosure information is revealed and to deal with any appeals against decisions. A risk assessment will be made using all the relevant knowledge of the applicant to determine whether they pose a risk to children or vulnerable adults if appointed.

It is not good practice to accept disclosure certificates produced by the applicant and requested by another organisation as additional information not shown on the applicant's certificate may have been disclosed to this employer by the police. DBS disclosures are a 'snapshot in time' on the day issued and are not updated with any new offences committed after this date so Beyond The Wall will decide on how long they will regard disclosures as valid and when they will need renewing.

DBS checks do not include overseas information so applicants from abroad will be asked for a 'certificate of good conduct' from their home country or embassy.

**Induction**

* All new employees will have an induction which includes the organisation's policies and procedures relating to child protection and safeguarding within the first 12 weeks.

**The Process**

**1. Make Safe**

The first thing to do when you have concerns about an individual’s welfare is to take reasonable and practical action to ensure that they are in no immediate danger or in need of medical attention. **If a person is in danger and/or in need of emergency medical treatment, you have a duty to contact emergency services immediately.**

If you suspect that a crime has been committed, you must also take reasonable and practical action to ensure that any evidence is protected.

**2. Report your concerns**

No safeguarding incident or suspected safeguarding incident should be handled in isolation, so **make sure you report your concerns to your line manager without delay.** All discussions should take place ‘verbally’. Email and voicemail messages are not considered as appropriate communications methods when reporting safeguarding incidents or concerns.

**Doing nothing is not an option!**

1. If you are worried about an adult, child or young person then you need to report your concerns to your line manager and the designated safeguarding lead for your service area
2. If the issue is one of poor practice, the designated safeguarding lead will either:
   * Deal with the matter themselves; or
   * Seek advice from the Trustees
3. If the concern is more serious i.e. possible abuse, **where possible** contact the designated safeguarding lead first, then immediately contact the police and the appropriate Local Authority Safeguarding Team
4. If the person needs urgent medical treatment call emergency services immediately and tell them this is a safeguarding concern. Let your designated safeguarding lead know what action you have taken and they in turn will inform the appropriate designated Trustee.
5. If at any time you are not able to contact your designated safeguarding lead, then you can contact a Trustee. **If this is not possible (**e.g. out of hours ) contact the relevant Local Authority Safeguarding Team on their emergency contact number.
6. If you think the matter is clearly life-threatening or is a criminal matter then you must contact the police and the relevant Local Authority Safeguarding Team.

Please note that any charge of wasting police time is a criminal offence and may result in disciplinary action.

Your line manager and/or designated safeguarding lead will help you to assess the situation and can ask you to report it to the appropriate Local Authority Safeguarding Team.

If as a result of these discussions, it is agreed that there is no safeguarding incident to report, you must ensure that your concerns and the outcome of your discussions are recorded and,held by the Designated Safeguarding Lead.

If, however, there is an incident or concern to report to the relevant Local Authority Safeguarding Team, proceed to step 3.

**4. Record**

The incident report form (form A) is the first recording of your concerns or observations of something you have witnessed and will provide other agencies like the county safeguarding team with a clear account of what your concerns or observations were.

**FORMS Form A and Incident Report Form. See Appendix 8.**

Members of staff should record all allegations or suspected case of abuse using the Incident Report form as well as recorded in the Service User record).

All contact with the vulnerable person must be recorded in detail, noting exactly the words used, where possible. All recordings including rough notes must be retained.

When making contact with staff or other agencies, the nature of the questions asked and the information given should be recorded.

See **Appendix 7**for the Incident Report Form Template.

**The Safeguarding Process at Beyond The Wall – Urgent Incident**

**Safeguarding Process at Beyond the Wall – Non-Urgent IncidentManager and supervisors will also:**

Lessons learnt/ procedural changes after process.

Ensure log is completed and signed off.

►Ensure client is safe and comfortable and has support

►Complete form as soon as possible

►Inform client of reporting practice – consider/discuss

with line manager

►Do police need to be involved? Is the person at risk?

Refer to urgent process.

LA responsibility/ Police responsibility

We may or may not be kept informed

Check and advise on operational issues

Contact Safeguarding lead if available

Line manager not available. Contact a Trustee.

Ensure client is not at risk

1. Notify line manager
2. Has incident been resolved?
3. Complete an incident report and put it in a sealed envelope marked ‘confidential’ for manager.

Non-urgent incident

Initial incident report

FORM A within 24 hours

Line manager must notify the Safeguarding lead, who is responsible for checking points above and then FORM B must be completed.

Safeguarding lead

logs incident, liaises with police and local authority if required; Safeguarding lead must inform Trustees if a staff member or volunteer is involved.

If member of staff or volunteer working in children’s services is involved, contact LADO within 24 hours (if out of hours, line manager to follow process and inform Trustees asap.

Be responsible for responding to the concerns raised and notifying the suspected and actual cases of abuse to the relevant local authority without delay or within **24 hours** of the issue being identified.

Ensure that the relevant local authority practices and processes are followed and ensure that Beyond the Wall responds appropriately to any actions requested of our services as part of the investigation. Beyond The Wall staff should not attempt to resolve the incident without clear agreement on actions with the local authority team.

Ensure that where it is clear that the person has been subject to a serious criminal offence, e.g. rape, serious assault, theft, the organisation should contact the Police directly and ensure the crime number provided by the Police is noted on the incident record form.

Once notified of the suspected case of abuse it is the responsibility of the local authority investigating team to manage the adult protection investigation. It is the responsibility of the Manager to ensure that all actions in relation to the service provided to the individual by Beyond The Wall are recorded

The manager will assist as required with any investigation undertaken by the relevant local authority.

**Inform Trustees**

If the safeguarding incident involves a member of staff, the Trustees will need to be made aware. This will be the responsibility of the designated safeguarding lead. Where a staff member regardless of role is implicated in suspected or alleged abuse, reports of abuse should be escalated to the next level of management.

Where the perpetrator of suspected or alleged abuse is a staff member or volunteer, HR will contact the Local Authority Designated Officer (LADO) within 24 hours. The LADO will work with Beyond The Wall to ensure all correct procedures are followed and advise and assist with regard to what actions should be taken. The disciplinary policy and procedure will also apply.

**It is important to record discussions, interviews and any actions arising**

**See Appendix 5**. Investigators Guide.

**REFERENCE and Appendix 8 The roles of the LADO and the DSAM.**

**Where a safeguarding incident is reported by an external third party after the incident has occurred:**

Where we are notified by a third party of an incident which has occurred which involves or affects a vulnerable person, the same reporting process should be followed and full co-operation with the investigative team offered.

# Consent and the sharing of information

### Consent

Many of the Data Protection issues surrounding the disclosure of information can be avoided if the informed consent of the individual has been sought and obtained. Consent must be freely given after the alternatives and consequences are made clear to the person from whom permission is being sought.

### Informed Consent

Capacity to consent is defined under the Mental Capacity Act 2005 and the two stage test should be used to give guidance as to whether an individual has capacity to consent to this particular decision at this time. Every individual should be assumed to have capacity to consent unless there is clear reason to question it.

Informed consent is demonstrated when an individual (either verbally or non-verbally) indicates what they are willing to do or allow a third party to do this for them.

To give valid consent, people need to be able to access, understand and process information relating to the decision they are making. Informed consent is therefore a fundamental aspect of any form of health or social care. The mental capacity of an individual is at the centre of any issue relating to consent.

**What is capacity?**

This is now defined in law in the Mental Capacity Act 2005 as ‘a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain’.

It is important that consent is given without ‘Undue influence’, this exists when an individual who is stronger or more powerful gets a weaker individual to do something that the weaker person would not have done otherwise. The stronger person uses various techniques or manipulations over time to gain power and compliance. They may isolate the weaker person, promote dependency or induce fear and distrust of others.

**Confidentiality**

The adult at risk should be made aware of our practice and policy and their permission should be sought to share the information with the relevant local authority.

However, there are occasions when it will be necessary to share information with other agencies with or without the permission of, or the knowledge of the person concerned.

This is required where there is consideration of ‘public interest’. So if the potential perpetrator of the abuse is unknown or is known and has contact with any other vulnerable people concerns must be reported even if the potential victim does not consent.

Where the percieved victim and/or the person who may have caused harm are thought to lack the capacity to consent, then the reporting decision must be made on that basis.

Careful consideration should be given in each case when this is felt to be necessary and consultation with the line manager, the relevant when these circumstances arise before any information is released.

### Advocacy

The Care Act Statutory Guidance gives the local authority a duty to provide an independent advocate for anyone who may have substantial difficulty engagaing with any process including Safeguarding that is not based on a person’s capacity.

In agreement with the Manager, alternative local advocacy services can be sourced and engaged

### Whistle-blowing

Beyond the Wall is committed to best practice in its service delivery and policies. In line with this commitment, staff and volunteers with serious concerns about any aspect of their work are encouraged to come forward and voice those concerns.

The Whistle-blowing Policy has been designed to assist, encourage and enable staff to make serious concerns known within the Trust and its Partners.

As part of our commitment to this policy, Beyond The Wall undertakes to respond promptly to any concerns raised about victimisation or disfavourable treatment following a whistle blowing situation.

Furthermore, in respect of issues concerning adult abuse, if anyone suspects fraud, corruption or other malpractice then they must report their concerns to the manager. If it would be inappropriate to report to the manager, or the individual is nervous or worried about doing so, then they should contact a Trustee

**Whistle blowing - where not doing so would leave someone at risk is legally required and a failure to whistle blow will result in disciplinary action.**

# Induction and Training

Staff within the organisation must attend relevant training and ensure they understand how to use this procedure and the full document and their role within the protection of vulnerable adults/safeguarding adults process.

### Awareness Training

All staff/volunteers will undertake awareness training during their induction programme. This may take the form of class room training or online training resources.

**In-Depth Safeguarding Training**

The Manager and nominated Trustee will undertake lead practitioner courses.

Staff must complete identical training within 8 weeks of starting in their roles.

Refresher training will be run annually or as changes in legislation or best practice occur and will be complemented by conflict management training, lone working practice and monthly review of safeguarding at staff supervisions.

New staff should be made aware of these practice guidance and procedures during their induction period.

Managers must ensure that information regarding available training is provided to all staff and ensure senior personnel responsible for adult protection investigations are adequately trained within the protection of vulnerable adults/safeguarding procedures.

Training provided will:

* Discuss the responsibilities of staff in relation to Safeguarding practices, policies and procedures;
* Emphasise Beyond The Wall’s responsibilities in the wider context of safeguarding people;
* Raise awareness of types of abuse, the adult protection process, prevention detection and management of abuse, roles and responsibilities of professionals and organisations in adult protection.

**Support for staff**

Beyond the Wall recognises that dealing with suspected or alleged abuse can impact on its staff members and in addition to the Line Management relationship, will endeavour to offer support in the most appropriate format. Monthly supervisions also provide an opportunity to discuss any concerns that staff members may have, and staff are encouraged not to wait for supervision if they are worried about any issue.

**Monitoring**

The nominated Trustee will maintain a record of all cases of actual and potential abuse reported and investigated and will report at ALL Trustee meetings.

**Policy Review**

This policy and guidance will be reviewed annually by the Trustees.

**Appendix 1**

**Definitions of Abuse**

This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. This section also contains a number of illustrative case studies showing the action that was taken to help the adult stay or become safe.

Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the criteria will need to be met before the issue is considered as a safeguarding concern. Exploitation, in particular, is a common theme in the following list of the types of abuse and neglect.

Abuse may occur in any setting for example where an adult, young person or child:

* Lives alone, with a relative, or other(s);
* Attends care settings, such as residential, day care and nursing care settings for adults or school, youth clubs etc for children and young people;
* Is in hospital or custodial situations;
* Is receiving support services in their own home(supported housing);
* Is in other places previously assumed safe;
* Is in a public place
* Is in education, training or a work place setting;

**LINKS Care and Support Statutory Guidance 2014**

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

### Forms of Adult Abuse

Beyond the Wall takes its definitions from the Care Act 2014 Statutory Guidance 2015 published by the Department of Health in 2015.

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

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

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

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

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

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

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

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to 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.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

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

**LINKS**

**Working Together to Safeguard Children, updated March 2015**

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf>

### Child Abuse

### Physical abuse - Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### Emotional abuse - Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate,or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### Sexual abuse - Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### Neglect - Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

* provide adequate food, clothing and shelter (including exclusion from home or abandonment);
* protect a child from physical and emotional harm or danger;
* ensure adequate supervision (including the use of inadequate care-givers); or
* ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

**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 at a service delivery level to approach reports or incidents or allegations with an open mind.

Where abuse is suspected or alleged, contact should be made with your Line Manager immediately. In the absence of your Line Manager, the relevant nominated county lead should be contacted.

When reviewing seriousness of the incident 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 people;
* What action can be taken operationally to ensure that the individual is protected from further abuse;
* The vulnerability of the person who may have caused harm: Is the perpetrator a vulnerable person? If so what actions are needed to support and protect the person who may have caused harm?
* Has a criminal offence taken place?
* The risk of repeated or increasingly serious acts involving this or other vulnerable people.

**Appendix 2**

**Frequently asked questions**

Q: What if my concerns are just a ‘hunch’ or ‘gut feeling’ and I have no concrete evidence?

A:Regardless of whether your concern is ‘just a hunch’ or ‘gut feeling’, you have the responsibility for discussing these concerns with your line manager and/or the Designated Safeguarding Lead.

Q: How do I protect evidence?

A:Whilst your first concern will be the immediate well-being of the person involved, your efforts to preserve evidence may be vital. When Police involvement is required following suspected physical or sexual abuse, they are likely to be on the scene quickly. To enable the Police to investigate effectively, it is imperative that vital evidence is preserved. For that short time before the Police arrive, what you do or do not do, can make a vital difference. Below is a checklist which may help to ensure that evidence is not destroyed.

In all cases, the following apply:

* Where possible, leave things as and where they are. If anything has to be handled, keep this to a minimum. Do not clean up. Do not touch what you do not have to.
* Leave weapons where they are unless they are handed to you. If you have to receive them, take care not to destroy fingerprints. Do not wash anything or in any way remove fibres, blood etc.
* If you have been given items of possible interest, e.g. a weapon, avoid handling them wherever possible. Keep in a safe, dry place until the Police are able to collect.
* Preserve the clothing and footwear of the victim. Handle these as little as possible to avoid cross contamination.
* Preserve anything used to comfort or warm a victim – e.g. a blanket.
* Note in writing the state of the clothing of both alleged victim and alleged perpetrator. Note injuries in writing. Make full written notes on the conditions and attitudes of the people involved in the incident.
* Note and preserve any obvious evidence such as footprints or fingerprints.
* Secure the room and do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual abuse, the following apply:

* It is crucial for both the victim and the alleged perpetrator to be medically examined for forensic evidence at the earliest opportunity. This examination will always be carried out by an appropriately trained Forensic Medical Examiner.
* Physical contact with the victim or alleged perpetrator should be avoided as cross-contamination can destroy evidence.
* Preserve bedding where appropriate.
* Note and preserve any bloody items.

Q: What do I do if I can’t get hold of my line manager?

A:If you are not able to discuss your concerns with your line manager, then you can contact any of the Designated Safeguarding Lead or a Trustee.

Q: What do I do if I can’t get hold of both my line manager the designated safeguarding lead or a Trustee?

A:If you are not able to report your concerns to either your line manager or designated safeguarding lead, you may seek advice on the incident from the County Safeguarding Team.

**Appendix 3.**

**Code of Practice for Protecting Children.**

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| **Practice to be encouraged** |
| * Treat all children and young people with respect and dignity. * Involve young people in the decisions that affect them. * Always work in an open environment, avoiding private or unobserved situations. * Maintain a safe and appropriate distance with young people (e.g. not sharing tents, shower facilities or having an inappropriate or intimate relationship). * When organising activities/events for children and young people, or their attendance at activities/events, ensure the relevant information/documentation is collected (consent forms, contact details for next of kin, information relating to specific needs). * Use a reporting form to keep a clear note of any incidents or concerns. * If physical contact is necessary (e.g. in an emergency), tell the young person clearly what you are doing and why, seek their permission and give choices where possible. If possible have another worker present. * Every activity, event or session should be risk assessed to maintain the safety of young people. * When working with a mixed gender group there should be staff/volunteers of both genders to manage all activities. |

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| **Practice to be avoided:** |
| * Workers/volunteers should not give lifts in their car to individual children or young people or travel alone with young people. Where not doing this would compromise the Health and Safety Policy (e.g. leaving a young person alone at a venue) you should attempt to phone the parent/guardian of the young person to confirm what you will be doing. You should also ask the young person to sit in the back seat. * Workers/volunteers should not take young people to their home or that of another worker/volunteer. * Workers/volunteers should avoid situations where they are alone with young people. Where a private meeting with a lone child/young person is unavoidable it should be held in an open place in view of others or in a room visible to those outside and where a colleague has agreed to visually monitor the meeting. * If a young person participates in a review of their involvement in a programme as a result of disruptive or unacceptable behaviour, it is advisable that this review is witnessed by a second staff member/volunteer. |
| **Unacceptable practice:** |
| * Invading the privacy of children and young people when they are toileting or showering, changing or dressing. * Inappropriate physical or sexually provocative games. * Making sexually suggestive comments about or to a child or young person, even in fun. * Inappropriate and intrusive touching of any form. * Scape-goating or ridiculing a child or young person. * Allowing inappropriate, foul, sexualised or discriminatory language to remain unchallenged. * Any form of physical punishment. * Illegal use of drugs. * Use of alcohol during an event. * Bullying of any form, including name calling or constant criticism. * ‘Picking on’ a young person because of their family background, manner of dress or physical characteristic. * Racism or sectarianism of any form. * Favouritism and exclusion – all young people should be equally supported and encouraged. * Abusive language or gestures. |

**Appendix 4.**

**Child Protection Policy Statement**

**NB. This should be seen as an addition to Beyond The Wall’s Safeguarding Children and Adults with Care and Support Needs Policy and is designed to highlight the differences or additional information staff who are working or volunteering with children specifically would be expected to be aware of.**

**Introduction**

This policy applies to all staff, Trustees and volunteers of Beyond The Wall and all those whose activities directly affect the business and undertaking of Beyond The Wall. It was originally drawn up with close reference to the guidelines contained in the Home Office document “Safe from Harm” and the National Council for Voluntary Youth Service document “Keeping it Safe”

**This Policy**

This policy recognises the obligations and duty of care on organisations working with children and young people as covered in the Children’s Act 1989. This act defines children and young people as anyone up to the age of 18 years; however, Beyond The Wall recognises that Local Authorities define children and young people as anyone who has not yet reached their 18th birthday (and up to 25 for those with additional support requirements into their adult years; Children and Families Act 2014)**.**

The policy is designed to encourage the development of best practice in order to prevent the neglect, physical, emotional and sexual abuse of young people and children while they are in the care of Beyond the Wall.

This policy stresses the responsibility of workers to be alert to the signs of abuse and provides for a prompt and effective reporting procedure should abuse be suspected, disclosed or discovered, regardless of the setting in which the abuse has allegedly taken place.

**DBS relating to Children**

The new legal definition of regulated activity still excludes family arrangements and personal, non-commercial arrangements. All Beyond The Wall staff, including volunteers, who take positions of responsibility, are, for the purposes of child protection, workers. In terms of what duties they perform, “Regulated activity” relating to children has been as follows;

1. Unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/guidance on well-being, or drive a vehicle only for children;
2. Work for a limited range of establishments (specified places) with the opportunity for contact: for example, schools, children’s homes, childcare premises. Not work by supervised volunteers;
   1. Work under (i) and (ii) is regulated activity only if done regularly
3. Relevant personal care, for example washing or dressing; or health care by or supervised by a professional;
4. Registered childminding; and foster-carers position”

[“Changes to Disclosure and Barring: What you need to know”]

An organisation which knowingly allows a barred person to work in regulated activity will be breaking the law. This means that employees and volunteers undertaking regulated activity must be subject to the **Enhanced check for regulated activity** through theDisclosure and Barring Service (DBS)

**The Sexual Offences (Amendments) Act 2001**

Introduces the offence of abuse of trust. This offence covers sexual relationships between a person over the age of 18 years and a person under that age where the adult is in a ‘position of trust’ in relation to the young person.

**Advice and Referral**

If at any time a member of staff believes that

* A child or young person is at risk of harm or;
* Has been the victim of abuse or;
* Is in need of urgent medical attention or;
* Another person is at serious risk of harm by a disclosure made by or the actions of a child or young person.

the reporting procedure as outlined in the Beyond The Wall Safeguarding Children and Adults with care and support needs Policy must be put into immediate action.

**Recruitment procedure where staff or volunteers are to work with children or young people.**

All staff and volunteers are entitled to be treated in exactly the same way and share the same rights and responsibilities. The term *staff* is therefore used hereafter and applies to all paid and voluntary personnel of Beyond The Wall, including Trustees acting on Beyond The Wall business.

Occasionally individuals may come forward who have ulterior motives for wanting to work with children and young people and we cannot afford to put our young people or the good reputation of Beyond The at risk. In order to minimise these risks, it is essential that the following procedure be applied to the recruitment of all new staff whose work may involve them in regulated activity with young people.

**All prospective new staff will therefore;**

* complete an application form;
* have a clear job or role description that details responsibilities and highlights management reporting structures;
* be interviewed by at least two people;
* provide at least two recent references, one of which should be from their most recent employer and the other from a person outside Beyond The Wall, providing the opportunity for previous experience to be assessed before confirming appointment;
* explain any gaps in employment or residency;
* provide evidence of their identity; at least two items of evidence should be examined and the details recorded in the individual’s employment file;
* disclose all convictions relating to children (even ‘spent’ ones)

**On appointment, all new staff will;**

* receive appropriate induction training in their role including the operation of this policy and the Safeguarding Children and Adults with Care and Support Needs Policy;
* access appropriate continuing training for their role, including risk assessment;
* receive at least one session of supervision from their line manager every six to eight weeks;
* receive an annual personal development review informed by observation of practice with children and young people;
* be subject to a probationary period;
* be subject to an Enhanced check for regulated activity through the DBS.

**Complaints and whistle blowing procedure**

In the event that a member of staff or other party should feel that a member of Beyond The Wall staff or somebody whose activities affect the business of Beyond The Wall has acted in a manner which could be construed as immoral, abusive or unethical, they are required to report this to their manager or safeguarding lead immediately so that the incident can be investigated.

**Consent**

Should Beyond The Wall engage in activities where young people are under the supervision and direction of their staff, consent will always be sought from parents or those with parental responsibility using an adopted consent form from one of its partner members.

These records should only be kept for the duration of the activity and will be destroyed after the activity has been completed. New consent will be sought for other activities.

**The use of photographs or recorded images of children and young people**

Implicit within Safeguarding Children and Adults with Care and Support Needs Policy is the commitment to ensure that all publications and media represent people appropriately and with due respect.

* A photograph or image of a child (including on the website) should not be published without written consent, and personal information of the individual should not accompany the image. If consent is explicit, the name of an individual may be used;
* Care must be taken that images of children or young people who are under a court order are not recorded or published without proper and appropriate permission;
* Simultaneous streaming of images to a website should be avoided as this may provide an opportunity to edit inappropriate images, and an independent server used so that images cannot be accessed, copied or downloaded;
* Parental consent should be sought through the use of an informed consent statement when photographers may be present at a Beyond The Wall event and further consent sought regarding the publication of images.

Photography activity means both still and moving images for the purposes of this policy.

**LINKS.**

1. **Resources for further Safeguarding Information**

* Changes to Disclosure & Barring: What you Need to Know

[Disclosure and barring: information leaflets - Publications - GOV.UK](https://www.gov.uk/government/publications/disclosure-and-barring-information-leaflets)

* Latest Updates from the CRB/DBS

http://www.homeoffice.gov.uk/agencies-public-bodies/crb

* CIPD

[www.cipd.co.uk/subjects/dvsequl/exoffenders/crimrec.htm](http://www.cipd.co.uk/subjects/dvsequl/exoffenders/crimrec.htm)

* NACRO  
  <http://www.nacro.org.uk/>
* Guidance for Safer Working Practice for Adults who work with children and Young People

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

For other issues with regard to the safeguarding please refer to the Papworth Trust’s main Safeguarding Policy

**REFERENCE**

* Risk assessment – see Health and Safety policy statement
* Confidentiality – see Confidentiality policy

**Appendix 5: Guide for staff undertaking safeguarding enquiries**

In some cases, specific roles and responsibilities around safeguarding enquiries will fall to managers and senior staff of Beyond The Wall. These cases will generally be when the accused is a member of Beyond The Wall or a volunteer. Occasionally it will also happen when both the victim and the person who may have caused harm are users of Beyond The Wall.

**PERSONS CARRYING OUT INVESTIGATIONS MUST HAVE COMPLETED INVESTIGATION TRAINING.**

Beyond The Wall undertakes to have an open, honest and balanced approach to all enquiries.

When you are asked to undertake the enquiry, the following process needs to be followed:

1. Gather existing information;
2. Plan the enquiry;
3. Undertake the investigation;
4. Produce a report;
5. Implement an agreed safeguarding plan.

**Gather existing information**

Ensure all information that is already known about the possible victim, person who may have caused harm, service, situation etc. is collated and you are familiar with it.

**Planning the enquiry**

Whatever the level of response, consideration of the following points, prior to commencing the enquiry will help inform the decision making process and ensure the enquiry is conducted in an effective and timely manner. The rationale for any decisions made on these issues must be recorded:

* The possible involvement of the police; if they are already involved in the enquiries, care must be taken not to jeopardise any action they may wish to take;
* The need for medical examinations, and how to obtain consent for this;
* The urgency of the situation and whether an immediate visit to the vulnerable adult is needed and by which agency (agencies);
* Avoidance of repeated questioning by different people unless in a planned interview (see below);
* The degree of risk to the adult with care and support need, including:
  + The risk of repeated or escalating acts involving the adult or other adults;
  + The extent of the abuse ;
  + The length of time abuse has been occurring;
  + The impact on the individual’s wellbeing.
* Who should be interviewed;
* Where will interviews take place;
* The sequence of interviews;
* Who will conduct the interviews?
* The purpose of any interviews;
* The adult’s capacity to make decisions. This should follow Mental Capacity Act guidance. It is important to note that a person may still be able to provide evidence and useful information, even if their capacity is doubtful in other decision-making areas;
* The rights and wishes of those people involved;
* The legal framework under which further enquiries could be pursued;
* Consideration of the need to carry out an enquiry in tandem with other procedures, assessments and investigations. This includes the following:
  + Criminal investigation
  + Mental Health Act Assessment
  + Care Programme Approach Assessment/Review Meeting
  + Complaints Procedures
  + Disciplinary Procedures.
    - Consideration should be given to whether alerting the person who may have caused harm might further jeopardise the safety of the adult or the collection of evidence;
    - Consideration of other sources of evidence, including written records, statements from witnesses, forensic and medical evidence;
    - Decisions about who should be informed about the alleged abuse need to be made; in particular any agencies involved with the adult need to be informed. It will be appropriate, usually, to inform family, or significant adults about the alleged abuse, with the consent of the adult or where they have a legally registered role such as a Court Appointed Deputyship or Power of Attorney;
    - If the person alleged responsible for the abuse is themselves an adult with care and support needs, the enquiry should ensure an assessment of their needs is undertaken.

**Undertaking the enquiry**

This should involve the gathering of relevant current and tangible evidence about the situation/allegation.

This is generally done by interviewing relevant people, victim, witnesses, person who may have caused harm etc. asking for written statements, reading relevant documentation, visiting the setting, looking at historical information and talking to other involved agencies or individuals.

The interviews are generally the most pivotal part of the process.

**Carrying out an interview**

The following information provides guidance on how to carry out an interview as part of an adult safeguarding enquiry or any investigation that does not include criminal considerations.

During an interview, the Investigating Officer should ensure that:

* Information about his/her designation and the agency he/she represents is stated clearly;
* The purpose of the interview is made clear;
* The nature of the allegation is identified;
* How the interview is carried out is explained;
* A relaxed and caring manner is adopted;
* An attempt is made to establish how the alleged abuse occurred;
* Any signs of injury, the explanation given for the cause of the injury, and the general condition of the adult are noted;
* An initial assessment of the needs of the adult together with a social history is made;
* Support networks are in place for the adult;
* The risks are assessed;
* Attention is paid to the indicators of abuse;
* Consideration is given at every stage of the investigation as to whether police involvement and/or medical assessment or treatment is required.

At the end of the interview the Investigating Officer should ensure that the following points are covered:

* A clear review of what has happened;
* A statement that the Investigating Officer is required to consult with the investigating Manager in order to make decisions;
* Clear information about any agencies who will be involved at this stage (e.g. police, doctor);
* The value of any support which can be provided, and if accepted when it will come into effect.

**A suggested framework for carrying out an interview**

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| **Phase 1: Rapport** |
| **Purpose**   * To settle the person and relieve their anxiety * To supplement interviewer’s knowledge of the person, especially their communication style and level, and the scope of their vocabulary * To explain reason for the interview * To remind the person to speak the truth. |
| **Approach**   * Any topic that relaxes the person |
| **To be Avoided**   * Any mention of the alleged incident, staring at or touching the person at any time |
| **Additional Comments**   * This phase may need to be repeated at several points in the interview and an interview should never start without it. |

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| **Phase 2: Free Narrative Account** |
| **Purpose**   * To enable the person to given an account in their own words. |
| **Approach**   * Provide opportunities to talk about alleged incident at the person’s pace * Use a form of ‘active listening’. * Begin by asking the person to tell you about the event in question, without interrupting, or asking for further information. * Use “TED” questions: Tell me; Explain; Describe to prompt if required. * Example: “Tell me about the day X happened” |
| **To be Avoided**   * Questions directed to events not mentioned by the person * Interrupting the person or speaking as soon as person appears to stop * Leading questions such as “Did he touch you on your breast?”. Instead, “what did he do next?” |
| **Additional Comments**   * Be patient If nothing related to alleged offence is mentioned, consider moving to Phase 4. |

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| **Phase 3: Questioning** |
| **Purpose**   * To find out more about alleged incident |
| **Approach** Questions graduating from general to more specific as outlined below 3a-d |
| **To be Avoided**   * Interrupting the person, even to clarify language * repeating a question too soon * using difficult grammar/sentence constructions * asking more than one question at a time |
| **Additional Comments**   * Consider at each stage of questioning whether it is in the interests of the person to proceed further * You should always return to the earlier stages of questioning when possible (i.e. use a TED approach to follow up on a comment, before using a more narrowly focused question). |

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| **Phase 3: Types of Questions**  Open ended questions should always be used whenever possible and you should revert back to these type of questions when moving to a new detail or clarification. |
| **3a) Open Ended Questions**   * These can be used to encourage free narrative or to prompt a person to say more about a particular issues * TED questions (Tell me; Explain; Describe) * Example: “You said you were frightened, tell me more about that” |
| **3b) Specific Closed Questions**   * These questions ask for extension or clarification and close down an interviewee’s response, but in a non-suggestive way. * 5WH questions (Who, What, When, Where, Which, How) * Example: Who was in the room when X happened?” * You should avoid the question “why” as this can be interpreted as apportioning blame |
| **3c) Forced Choice Questions**   * These are questions that provide the interviewee with a limited number of alternative responses. Providing the questions offer a number of sensible and equally likely alternatives they would not be considered leading questions. * Some vulnerable people may find these questions very helpful, but avoid using questions with only two alternatives * Always ensure that there is an option for “none of the above”, otherwise someone may answer because they feel they have to * Example: “was the man’s jacket red, some other colour, or you can’t remember?” |
| **3d) Leading Questions**   * Leading questions are questions that imply the answer or assume facts, (For example, “Where did he hit you?” when the interview themselves has not used the word “hit” previously in the interviewer. * They should be avoided whenever possible, and advice should always be sought from a second interviewer if it is likely they may have to be used. Responses to leading questions have limited evidential value, so all alternatives should be explored before resorting to them * Remember that individuals with limited communication may be able to communicate non- verbally using visual means (such as a picture board) and so these methods can be used to provide forced choice-questions in preference to leading “yes or no” questions. |

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| **Phase 4: Closing the Interview** |
| **Purpose**   * To ensure the person has understood the interview and is not distressed. |
| **Approach**   * Go over relevant evidence in person’s language; * revert to rapport topics * thank person and allow person to ask questions |
| **To be Avoided**   * Summarising in over-complicated language or using jargon that the person does not understand. |
| **Additional Comments** |

##### Enquiry Reports

##### An investigation report should be produced by the Investigator, the report should cover the following areas:

* Details of the initial alert;
* Background to the current situation;
* Outline of the current allegations and any previous allegations;
* An assessment of the seriousness of the alleged abuse;
* Location of the abuse;
* Possible causes of the abuse;
* Background information about the vulnerable adult;
* Issues and opinions relating to consent and capacity;
* Social situation/network of the adult;
* Information about the person alleged responsible (if applicable);
* A description of the investigation process (what was involved) and the level of co-operation received from the various people involved;
* Presentation and evaluation of the evidence;
* A view about future risks;
* Recommendations about future action required.

**Appendix 6:** **Safeguarding and the Mental Capacity Act 2005**

The Mental Capacity Act 2005 and Safeguarding Adults

The Mental Capacity Act 2005 enshrines in statute current best practice and common law principles concerning people who lack mental capacity and those who take decisions on their behalf.

The Act is underpinned by a set of 5 key principles:-

1. A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless proved otherwise.

2. Individuals being supported to make their own decisions - a person must be given all practicable help before anyone treats them as not being able to make their own decisions.

3. Unwise decisions - just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.

4. Best interests - an act done or decision made under the Act for or on behalf of a person who lacks capacity must be done in their best interests.

5. Least restrictive option - anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

The Act sets out a single clear test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a “decision - specific” and time specific test. No-one can be labelled ‘incapable’ simply as a result of a particular medical condition or diagnosis.

Someone is said to lack capacity if they are unable to make a particular decision. This inability must be caused by an impediment or disturbance of the mind or brain whether temporary or permanent.

In order to make a decision, the person needs to be able to:-

• Absorb basic information about the pros and cons of the issue.

• Retain the information for long enough to process it.

• Weigh up the pros and cons against their own value system and arrive at a decision.

• Communicate that decision.

The Act also allows people to plan ahead for a time when they may lose capacity through:-

1) Lasting powers of attorney where someone can appoint a third party to make financial and or health and welfare decisions on their behalf.

2) Advance decisions to refuse medical treatment.

3) Previously written statements detailing a person’s wishes having to be considered by decision matters when deciding what is in that person’s best interest.

An Independent Mental Capacity Advocacy (IMCA) Service is being introduced for people who do not have capacity to assist them in making serious medical decisions, decisions about care home moves, in care home reviews and safeguarding adults cases. (See Safeguarding Adults IMCA Protocol for further details)

The Act re-structures the current Court of Protection (which deals with property and affairs) by combining it with the current High Court jurisdiction (which deals with Welfare including healthcare). The work of the court will be supported by the newly created office of the public guardian.

**Safeguarding Adults**

An assessment of someone’s capacity is an integral part of any safeguarding adults’ assessment.

Initial assessment of a person’s capacity will inform the strategy discussions/meeting.

• What are the person’s wishes?

• Does the person wish to involve the police/other agencies?

• Does the person wish to pursue as a civil matter?

• Does the person consent to information being shared with others?

In some situations, particularly alleged sexual or financial abuse, whether the person had the capacity to consent to the given act or transaction can be crucial in determining whether the situation was abusive or consensual.

Where someone has concerns that someone who may have community care needs is experiencing or may have experienced abuse, they should still raise concerns in the way set out in the Multi Agency Adult Protection Policy and Procedures. Any necessary assessment of the person’s capacity can then be discussed as part of the strategy discussions.

In some cases, where someone is ‘choosing to remain in or return to an abusive situation/relationship, it will be necessary to establish whether they have the mental capacity to make that decision.

If the balance of evidence establishes that the person can meet the requirements set out in the test of capacity, then they have the right to make that decision as long as no-one else is put at risk by their actions (i.e. if there were children or other ‘vulnerable’ people involved, further assessment would be required).

Where an individual does make an informed decision to remain in an abusive situation, this often causes moral/professional dilemmas for workers. In such situations, it is essential to have fully considered and recorded all risk assessments and advice/support offered and given (see Appendix 11- Local Authority Safeguarding Policies).

Where no -one is appointed to act on behalf of someone who may lack capacity it is important that any decision made on their behalf is done in their best interests as defined by the act. In safeguarding adults such decisions are often made by the multi agency professionals and others at the adult protection conference; The chair of the conference will need to ensure that the principles of the act and the code of practice are being followed. Part 4 of the code of practice is particularly helpful and provides a checklist of points for consideration.

Where a person who may have experienced abuse or neglect, or an alleged abuser, lack capacity the Local Authority or NHS body may instruct an IMCA to represent the person concerned if it is satisfied that it would be of benefit to the person to do so. ( See Leicestershire, Leicester and Rutland Safeguarding Adults and the Use of IMCAs Protocol.)

The Act also creates a new criminal offence of “ill treatment or wilful neglect” of a person who lacks capacity. This offence carries a prison sentence of up to 5 years.

For further information please refer to:-

**LINKS**

**Mental Capacity Act Code of Practice**

Guidance booklets for Legal practitioners

Social care professionals

Healthcare professionals

Family & friends

People with learning disabilities

Planning ahead.

All available on the Department for Constitutional Affairs website: [www.dca.gov.uk](http://www.dca.gov.uk).

**Appendix 7**: **Incident Report Form Template.**

FORM A

**Initial SOVA report**

* ***Have you ensured that the client is safe/comfortable with support and in no immediate danger?***

**PART 1**

**Details of person making report** - either you witnessed the incident or the incident was disclosed to you:

|  |  |  |  |
| --- | --- | --- | --- |
| Name : |  | Position: |  |
| Department: |  | Date: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is the abuse: | Suspected |  | Name of victim: |  | D.O.B |  |
|  | Alleged |  | Name of perpetrator |  | D.O.B |  |
|  | Actual |  |

**What happened** - details of the incident:

|  |  |  |  |
| --- | --- | --- | --- |
| Date of disclosure: |  | Time of disclosure: |  |
| Person making disclosure: |  | | |
| Where was disclosure made: |  | | |
| Details of disclosure: |  | | |
| Date of incident: |  | Time of incident: |  |
| Who was involved in the incident: |  | | |
| Who witnessed/ was present at the incident: |  | | |
| Location of incident: |  | | |
| Details of incident : |  | | |
| Is the incident resolved or rectified?  How?  What is the outcome? |  | | |
| Has the client been informed that you are passing this information to your line manager or SOVA lead? | Yes/No | | |
| If yes – is this person able to consent to this? |  | | |
| Do they have a named representative? |  | | |

**Have the police been notified or involved? Yes/No**

If ‘yes’ please complete part two of the form

**PART 2**

**Police report details:**

If a crime has been committed then an alert must be reported to the Police; always report to the local authority and where relevant CQC. If in doubt ask the Police for advice.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have the Police been notified/ involved? | | Yes | No | Incident number issued: |  | |
|  |  | Time police called: |  | |
| Did the Police attend the incident: | | Yes | No | Name/ Number of Police contact: |  | |
|  |  |
| Did the incident involve  a member of staff? | | Yes | No |  | | |
|  |  |
| Signature: |  | | | | Date |  |
| Managers signature: |  | | | | Date |  |

**Advice note:**

* Email or hand this form to your Manager and/or your Safeguarding Lead
* Ensure you receive a response within 24 hours
* Shred paper copies

FORM B

**PART 1**

**Follow-up management initial SOVA report form –** you must notify the Safeguarding county lead who can inform the Safeguarding local authority and put on Beyond The Wall’s Safeguarding log within 24 hours of being taken forward

|  |  |  |  |
| --- | --- | --- | --- |
| **Person at risk** |  | **Date of Report** |  |
| **Service Accessed** |  | **Name of Person making initial SOVA incident report (FORM A)** |  |
| **Name of Line Manager completing**  **FORM B** |  | **Name of County Lead reported to:** |  |

|  |  |
| --- | --- |
| **Is the abuse** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Incident** |  | **Time of Incident** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alleged Perpetrator** | | | |
|  | Spouse |  | Partner |
|  | Relative |  | Friend |
|  | Neighbour |  | Stranger |
|  | Employer |  | Service user |
|  | Staff member |  | Not known |
|  | Agency staff |  | Other *please state* |

**If a staff member is involved** – you must notify HR and Head of Service (PART 3) within 24 hours

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Who witnessed/was present** | | | | | |
|  | Spouse | |  | | Partner |
|  | Relative | |  | | Friend |
|  | Neighbour | |  | | Stranger |
|  | Employer | |  | | Service user |
|  | Staff member | |  | | Not known |
|  | Agency staff | |  | | Other |
| **Location of incident** | | | | | |
|  | Own home |  | | Carers home | |
|  | Residential housing |  | | Supported housing | |
|  | Place of work |  | | Day centre | |
|  | Beyond The Wall site |  | | Other please state | |
|  | G P surgery |  | |  | |

|  |
| --- |
| **Details of incident** *(cut and paste from form A)* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of abuse** | | | |
|  | Physical |  | Sexual |
|  | Psychological |  | Financial/material |
|  | Neglect or acts of omission |  | Discriminatory |
|  | Domestic abuse or violence |  | Professional |
|  | Institutional |  | None |

|  |  |
| --- | --- |
| Resolved / Rectified | **GO TO PART 3** |

**PART 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was a criminal offence committed? | | | Yes | |
| Have the Police been notified / involved? | Yes | No | Incident number issued: |  |
|  |  |
| Time Police called: |  |
| Did the Police attend the incident? | Yes | No | Name/number of Police contact: |  |
|  |  |
| Are the Police taking the lead? | | | Yes / No | |

**PART 3** *– for completion by Safeguarding lead*

|  |  |
| --- | --- |
| Was a member of staff involved? |  |
| Date log updated |  |
| This form must been forwarded to HR and Head of Service - within 24 hours *Please state name and date when given to HR* |  |
| Are there any operational actions required? | Yes / No  *If ‘yes’ please complete section below* |

**PART 4** *– for completion by Safeguarding lead*

|  |  |  |
| --- | --- | --- |
| Responsible Local Authority |  | |
| Has incident been reported? |  | |
| If no, why has it not been reported? |  | |
| Who was the incident reported to |  | |
| When was incident reported | Date |  |
|  | Time |  |
| Did the Local Authority request any actions |  | |

|  |  |  |
| --- | --- | --- |
| **Details of Actions Requested** *– including any timescales* | | |
|  | | |
| Notify the line manager of any procedural changes/ lessons learnt within 5 days | Date notified |  |
| Time |  |

**ADVICE**

* Where to store on PASSWORD PROTECTED staff computer file]
* Shred paper copies

**Appendix 8**

**Safeguarding Lead Tel. No. 07802 626121**

**Designated Trustee Tel. No. 01379 898210**

**LADO Tel No. 0300 123 2044**

**Local Police Tel No. 101**

**MASH Tel No. 0345 606 1499**

**Customer First Tel No. 0808 800 4005 (for immediate referral)**

**The roles of the LADO (Local Authority Designated Officer)and Designated Adult Safeguarding Managers**

**LADO**

The role of the LADO is set out in Working Together to Safeguard Children (2015) and is governed by the Authorities duties under section 11 of the Children Act 2004 This guidance outlines procedures for managing allegations against people who work with children who are paid, unpaid, volunteers, casual, agency or anyone self employed.

The LADO must be contacted within one working day in respect of all cases in which it is alleged that a person who works with children has:

* behaved in a way that has harmed, or may have harmed a child;
* possibly committed a criminal offence against or related to a child; or
* behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

There may be up to three strands in the consideration of an allegation:

* a police investigation of a possible criminal offence;
* enquiries and assessment by children’s social care about whether a child is in need of protection or in need of services;
* consideration by an employer of disciplinary action in respect of the individual.

The LADO is responsible for:

* Providing advice, information and guidance to employers and voluntary organisations around allegations and concerns regarding paid and unpaid workers.
* Managing and overseeing individual cases from all partner agencies.
* Ensuring the child’s voice is heard and that they are safeguarded.
* Ensuring there is a consistent, fair and thorough process for all adults working with children and young people against whom an allegation is made.
* Monitoring the progress of cases to ensure they are dealt with as quickly as possible.
* Recommending a referral and chairing the strategy meeting in cases where the allegation requires investigation by police and/or social care.

The LADO is involved from the initial phase of the allegation through to the conclusion of the case. The LADO is available to discuss any concerns and to assist you in deciding whether you need to make a referral and/or take any immediate management action to protect a child.

**Designated Safeguarding Adults Manager**

The Care Act Guidance 2015 sets out a requirement on Safeguarding Adults Board (SAB) members to establish a Designated Adult Safeguarding Manager (DASM) role.

Each SAB should establish and agree a framework and process for any organisation under the umbrella of the SAB to respond to allegations and issues of concern that are raised about a person who may have harmed or who may pose a risk to adults. The framework should have clear recording and information-sharing guidance and explicit timescales for action and be mindful of the need to preserve evidence. This will be whether the allegation or concern is current or historical.

Each organisation should have a Designated Adult Safeguarding Manager (DASM) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid.

DASMs should keep in regular contact with their counterparts in partner organisations. They should also have a role in highlighting the extent to which their own organisation prevents abuse and neglect taking place.

The DASMs will work with care and support providers and other service providers e.g. housing and NHS trusts to ensure that referral of individual employees to the DBS and, or, Regulatory Bodies (e.g. CQC, HCPC, GMC, NMC) are made promptly and appropriately and that any supporting evidence required is made available.

The DASMs will ensure that systems are in place to provide the employee with support and regular updates in respect of the adult safeguarding investigation. Particular care must be taken to not breach the right to a fair trial in Article Six of the 2 European Convention on Human Rights as incorporated by the Human Rights Act 1998.

DASMs should ensure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of adult safeguarding allegations against the person alleged to have caused the harm or risk of harm and ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements. The local authority DASM will need to work closely with the children’s services Local Authority Designated Officer (LADO) and other DASMs and LADOs for both adults and children in the region or nationally to ensure sharing of information and development of best practice.

There may be times when a person is working with adults and their behaviour towards a child or children may impact on their suitability to work with or continue to work with adults at risk. This may be referred to the DASM from a LADO, if it is not, then information should be shared with the LADO. Each situation will be risk assessed individually. There may also be times when a person’s conduct towards an adult may impact on their suitability to work with or continue to work with children. All these situations must be referred to the LADO.

Unless it puts the adult at risk or child in danger, the individual should be informed that the information regarding the allegation against them will be shared. Responsibility lies with the person receiving the information to obtain the consent of the individual to share information. The person with the allegation against them should be offered a right to reply, wherever possible seek their consent to share, and be informed what information will be shared, how and who with. Each case must be assessed individually as there may be rare cases where informing the person about details of the allegations may increase the risks to the adult or child.

**Appendix 9**. **Preventing Abuse Risk Assessment**

**Date:**

**Name of customer.**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Date of Birth:** | **Sex:** |
| Current Address: | | |
| Telephone Number: | | |
| Relevant ID: | | |

|  |
| --- |
| **Are there factors which may mean the alleged victim is more vulnerable to abuse?** |
| Initial assessment of capacity. Physical disability. Level of emotional dependency. Level of financial dependency. Communication needs. Social or cultural isolation. Deprivation of Liberty Implications. High levels of carer’s stress. Lifestyle choices |

|  |
| --- |
| **Are these risk factors positive aspects of an individual’s lifestyle choice?** |
|  |

|  |
| --- |
| **Are there risk factors areas that could be changed?** |
|  |

|  |
| --- |
| **Are there issues which mitigate the risk? Protective factors?** |
| Support services in place? Relationship with family, friends, neighbours which do not present a risk? Awareness of personal safety. Access to mainstream and/or specialist services? Awareness of how to raise concerns? Awareness of what constitutes abuse? |

|  |
| --- |
| **What are the adult’s, child’s or young person’s views?** |
| Is the person aware of the risk? If so what is their view? Do they understand the risks involved? Do they want aspects of their life to change? Are the views of family members or carers also needed? Has the person consented to information being shared? |

|  |
| --- |
| **What is the abuse prevention plan? (To be agreed with the individual, managers and LA commissioners)** |
|  |

**Completed by………………………………………………**

**Position……………………………………………………….**

**Safeguarding Risk Assessment**

**Date:**

**Alleged Victim**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Date of Birth:** | **Sex:** |
| Current Address: | | |
| Telephone Number: | | |
| Relevant ID: | | |

**The Alleged Abuse**

|  |
| --- |
| **What is the nature of the alleged abuse?** |
| What risks have been identified? How was the risk identified? When was it identified and by whom? What supporting evidence is there? |

|  |
| --- |
| **What is the extent of the alleged abuse?** |
| What is the actual or potential harm caused by the alleged abuse or risk of abuse? What is the worst possible outcome from this abuse or risk of abuse? |

|  |
| --- |
| **Assessment of the seriousness of the alleged abuse** |
| How long has it been occurring? Have there been previous concerns? The impact on the individual? |

**Risk Assessment**

|  |
| --- |
| **Are there factors which may mean the alleged victim is more vulnerable to abuse?** |
| Initial assessment of capacity. Physical disability. Level of emotional dependency. Level of financial dependency. Communication needs. Social or cultural isolation. Deprivation of Liberty Implications. High levels of carer’s stress. |

|  |
| --- |
| **Assessment of the risk of abuse recurring** |
| The risk should be considered high if: there is reason to believe someone’s life may be in danger. Major injury or serious physical or mental illness could result. The incidents are increasing in frequency or severity. The abusive behaviour is persistent or deliberate.  Also consider:  Does the alleged perpetrator still have access to the victim? What was the intent of the perpetrator, was this a deliberate act or a lack of awareness? What is the attitude of the alleged perpetrator? Are there supportive and monitoring measures in place or can they be put in place? |

|  |
| --- |
| **What are the wishes of the alleged victim?** |
| Is the person aware of the alleged abuse? If so what is their view of what has happened? Do they understand the risks involved? Do they want to remain in current environment? Does the person wish to involve the police or other agencies? Are the views of family members or carers also needed? Has the person consented to information being shared? |

|  |
| --- |
| **Are there issues which mitigate the risk? Protective factors?** |
| Support services in place? Relationship with family, friends, neighbours which do not present a risk? Awareness of personal safety. Access to mainstream and/or specialist services? Awareness of how to raise concerns? Awareness of what constitutes abuse? |

|  |
| --- |
| **What is the immediate protection plan? (to be agreed with managers)** |
| Does the person need to move to be safeguarded? Are there others who may need safeguarding? Do monitoring and supportive measures need to be put in place in the current environment? Who else needs to be informed? What other measures need to be immediately put in place? Timescales? |

|  |
| --- |
| **What is the ongoing plan? (To be agreed with managers and LA commissioners)** |
|  |

**Completed by………………………………………………**

**Position……………………………………………………….**

**Appendix 10**- **Temporary addition. Glossary of previous and current terminology.**

|  |  |  |
| --- | --- | --- |
| **TERMINOLOGY** | **REPLACES (where relevant)** | **DEFINITION** |
| Safeguarding concern | Alert | Levels no longer apply. Nature of concern / risk and outcomes the adult wants to achieve informs what is the most appropriate and proportionate response to the concern e.g. causing an enquiry to be made by another organisation / agency. |
| Three key tests in the Care Act | N/A | Three key tests in relation to adults covered by the safeguarding procedures.  The safeguarding duties apply to an adult who:   * has needs for care and support (whether or not the local authority is meeting any of those needs); and * is experiencing, or is at risk of, abuse or neglect; and * as a result of those care and support needs is unable to protect themselves from the risk or experience of abuse or neglect.   Once the local authority has reasonable cause to believe an adult meets this test its Section 42 duty is triggered. The local authority may still decide to undertaken an enquiry where the three tests in the Care Act are not met  NB. Carers are also covered by the procedures where they meet the three tests set out above. |
| Safeguarding enquiry | Investigation | An 'enquiry' is any first action taken in response to a safeguarding concern to establish whether the local authority's Section 42 duty has been triggered, i.e. the three tests in the Care Act have been met.  There is a move away from investigations (except by the police and where disciplinary investigations are undertaken by employers). |
| Section 42 enquiry | Investigation | The local authority must make or cause other agencies or organisations to make enquiries when it's Section 42 duty is triggered, i.e. when it has reasonable cause to believe that the three tests in the Care Act have been met. |
| Initial Enquiry, First Response | N/A | Any first responses made under the local authority's Section 42 duty to make enquiries / cause enquiries to be made.  NB. A conversation with the adult should always be the first response (or one of the first, responses, if they have not already been spoken with). |
| Conclusion of an enquiry | N/A | The local authority's Section 42 duty of enquiry continues until it has decided what action is necessary to protect the adult, and by whom, and has ensured that this action has been taken. |
| S 42 enquiries stage 1 and 2 | N/A | If the issue cannot be resolved through the actions taken in the initial response to the safeguarding concern the local authority's duty under Section 42 continues until it decides what action is necessary to protect the adult, and by whom, and ensures itself that this action has been taken. |
| Responsible Manager (EM) | Investigation Manager | A suitably trained and experienced practitioner employed by the local authority with responsibility for decision making in relation Section 42 enquiries. |
| Lead Enquiry Officer (EO) | Investigating Officer | A suitably trained and skilled practitioner undertaking an enquiry or aspects of an enquiry. |
| Designated Adult Safeguarding Manager (DASM) | N/A (this is a new role) | The local authority and each member of the Safeguarding Adults Board (SAB) should have a DASM responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid, who may have harmed or who may pose a risk to adults. The DASM provides advice and guidance within their organisation, liaising with other agencies as necessary and monitors the progress of cases to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process. |
| Safeguarding adults review (SAR) | Serious case reviews | Safeguarding Adults Boards must arrange a SAR when an adult in its area dies as a result of, or has experienced serious abuse or neglect (known or suspected) and there is concern that partner agencies could have worked more effectively together. The aim of the SAR is to identify and implement learning from this. |
| The person(s) or service thought to be the cause of risk, or 'cause of risk' | Person / service alleged responsible | A person, organisation or service who may have some relationship to the cause of risk or issue of concern for the adult. |
| Types of abuse | Categories of abuse | These are types of abuse identified in the Care Act guidance. In addition to the existing types of abuse, these now include domestic violence, modern slavery and self-neglect. |
| Organisational abuse | Institutional abuse | Includes neglect and poor practice within an institution or specific care setting, eg in a hospital or care home or in relation to care provided in a person's own home. This may rage 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. |
| Modern slavery | N/A | Includes slavery, human trafficking, forced labour, and domestic servitude, including inhumane and abusive treatment. |
| Domestic abuse | N/A | Note: safeguarding adults procedures are concerned with people aged 18 and over. Domestic violence includes young people aged 16 years and over, however young people are covered by Child Protection procedures. |
| Self-neglect | N/A | Self-neglect is now included as a type of abuse under the safeguarding adults procedures. See guidance for working with people who self-neglect. |
| Safeguarding meeting | Strategy meeting and case conference | Safeguarding adults work and a 'making safeguarding personal'(MSP) approach starts from a point that the adult / their representative will always be included in any discussion or meeting that relates to them. |
| Adult | Adult at risk, Vulnerable Adult | A person who meets the three key tests set out in the Care Act. |
| Harm |  | A negative or detrimental impact on an adult's emotional, physical or mental well-being. |
| Making Safeguarding Personal |  | 'Making safeguarding personal' means it should be person-led and outcomes focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety. (See MSP Practice Guidance and Toolkit). |
| Safeguarding plan |  | Actions / arrangements agreed with the adult to support them in maintaining their safety. These should be incorporated into the adult's support / care plan where they have one. It should include clear information regarding roles and responsibilities of all those involved and the arrangements for monitoring and reviewing the effectiveness of this plan.  Where there are actions that relate to the Local Authority and / or other agencies, rather than the individual adult, these should also be recorded.  While the local authority's Section 42 duty will be discharged once it has determined that the adult has been protected and / or the actions required have been taken, it must ensure that any actions taken as a result of this process are monitored and kept under review.  The local authority and other organisations must ensure they have arrangements in place for the effective monitoring and review of these actions.  This may include actions for agencies and organisations where the adult does not wish to have a safeguarding plan in place. |
| Agencies responsible for commissioning / commissioners |  | The term 'commissioning' or 'commissioners' refers to any agency, service or team with a responsibility for commissioning care and support service, including social care, health, housing etc. It includes any commissioning and quality assurance functions, and teams with this function. |

Appendix 11 - **Local Authority Safeguarding Policies.**

1. [**Safeguarding Children, Young People & Vulnerable Adults ...**](http://www.south-norfolk.gov.uk/leisure/media/Safegauarding_children_young_people_vulnerable_adults_policy_and_guidelines.pdf)

www.south-**norfolk**.gov.uk/leisure/media/Safegauarding

1. [**Safeguarding | Suffolk County Council**](https://www.suffolk.gov.uk/adult-social-care-and-health/keeping-you-safe/safeguarding/)

https://www.**suffolk**.gov.uk/.../keeping-you-safe/**safeguarding**