

Policy: Safeguarding Adults

1. POLICY STATEMENT

Safeguarding means protecting a person's right to live in safety, free from abuse and neglect. Julian House aims to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.

- 1.1. Safeguarding is Everybody's Business – Everyone who works with adults in need of support has a responsibility for keeping them safe. They must know how to identify, and report concerns about abuse and neglect so that those concerns can be addressed quickly and appropriately.
- 1.2. Doing nothing is not an option – If we know or suspect that an adult in need of support is being abused or neglected, we will do something about it and ensure our work is properly recorded and work together with others to prevent and minimise abuse.
- 1.3. Julian House works in partnership with Local Authorities to safeguard adults who are experiencing, or at risk of abuse and neglect according to the Care Act 2014 and Mental Capacity Act 2005.
- 1.4. Unless otherwise established every adult has the right to make their own decisions and will be assumed to have capacity to do so.

2. SCOPE AND PURPOSE

- 2.1. Local Authorities have a duty to act where there is reasonable cause to suspect an adult has
 - needs for care and support (whether or not the authority is meeting any of those needs),
 - is experiencing, or is at risk of, abuse or neglect, and
 - as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
- 2.2. This policy provides guidance for staff to identify a safeguarding concern and the process to respond, record and report it.
- 2.3. Safer recruitment is covered in a separate policy.
- 2.4. This policy applies to all staff, volunteers, student placements trustees and contractors of Julian House and sets out the role and responsibilities as individuals within the organisation.
- 2.5. The statutory guidance enshrines the six principles of safeguarding:

1. Empowerment - presumption of person led decisions and informed consent; making safeguarding personal
2. Prevention - it is better to take action before harm occurs
3. Proportionality - proportionate and least intrusive response appropriate to the risk presented
4. Protection - support and representation for those in greatest need
5. Partnerships - local solutions through services working with their communities
6. Accountability - accountability and transparency in delivering safeguarding.

3. DEFINITIONS

3.1. Safeguarding Adults means protecting a person's right to live in safety, free from abuse and neglect (section 42-47 The Care Act 2014).

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

- an older person
- a person with a physical disability, a learning difficulty or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder
- a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.' (Adult Safeguarding Practice Questions, SCIE, July 2018)¹

Consideration of this need for care and support must be person-centred (for example, not all older people will be in need of care and support but those who are 'frail due to ill health, physical disability or cognitive impairment' may be. **The above is not an exhaustive list, and it must be considered alongside the impact of needs on the individual's wellbeing.**

4. TYPES AND INDICATORS OF ABUSE AND NEGLECT

4.1. Categories of abuse include

- Domestic Abuse – including psychological, physical, sexual, financial, emotional abuse including controlling and/or coercive behaviour; so called 'honour' based violence.
- Financial abuse – theft, fraud, internet scamming and pressurising an adult with care and support needs to part with money, benefits, property or possessions.
- Physical abuse – including slapping, pinching, rough handling, misuse of medication, denying food or drink, inappropriate physical sanctions.

¹ <https://www.scie.org.uk/safeguarding/adults/practice/questions>

- Sexual abuse – this can include, inappropriate looking or touching, sexual teasing, exposing someone to pornography or indecent acts, non-consensual or pressured sexual acts including rape or unwanted touching.
- Psychological abuse – threats, insults, intimidation, harassment, cyber bullying, deprivation of contact, unreasonable and unjustified withdrawal of services or supportive networks or invasion of privacy. Repeatedly making someone feel unhappy or humiliated. Denying someone the right to vote or forcing them to live somewhere they don't want to.
- Modern Slavery and trafficking exist in the UK and includes exploitation in the sex-industry, forced labour, domestic servitude in the home and forced criminal activity.
- Discriminatory abuse - someone being treated unfairly, harassment, slurs or other similar treatment because of race, religion or culture, disability, gender, gender identity, age or sexual orientation
- Neglect or acts of omission – ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, withholding medication, nutrition or heating.
- Self-neglect – including behavioural neglect to personal hygiene, health or surroundings such as hoarding.
- Organisational abuse - A culture of poor practice within an institution or care setting; through neglect or poor professional practice, as a result of structures, policies, processes and practices within an organisation. It can occur in a care home, nursing home, acute hospital or in-patient setting.

4.2. Note: Historical abuse is not included in the Care Act 2014, however relevant action may need to be taken with relevant agencies such as Police and Children and Young Peoples Services. The person may wish to report the matter to the police themselves and may need support to do so. If children are believed to be currently at risk from the alleged perpetrator a report must be made to the police or local children's services.

4.3. Prevent – is part of the governments counter-terrorist strategy, aiming to stop people becoming terrorists or supporting terrorism. Staff need to be aware of safeguarding adults from radicalisation.

4.4. Deprivation of Liberty: The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act and came into effect on 1 April 2009. The Safeguards were introduced to ensure that care home residents and hospital patients are only deprived of their liberty when it is in their best interests and necessary to provide care or treatment and prevent harm.

4.4.1. The DoLS scheme applies to people who are:

- Cared for in a hospital or a registered care home
- Aged 18 or over
- Have a mental disorder as defined by the Mental Health Act 1983, such as dementia or a learning disability
- Lack the capacity to consent to their placement or hospital admission

4.4.2. It is the responsibility of all staff and managers to report any occasions where a client is deprived of their liberty without proper authority. Some examples of deprivation of liberty could be:

- Restricting a client to the home and whom they see.
- Forcibly giving medication against a person's will,
- Making decisions about an individual's choices including assessment, treatment, visitors etc.

4.4.3. Where the concern relates to your Line Manager, reporting must be through the Safeguarding Lead who is part of the Senior Management Team. The Safeguarding Lead will then contact the local Adult Safeguarding Team to make an immediate written report.

4.4.4. Training for staff around DOLS is contained within the Safeguarding Adults Training provision.

5. ROLES AND RESPONSIBILITIES

5.1. Role of Safeguarding Leads Lead and Deputy Safeguarding Advisors.

5.1.1. The named lead safeguarding advisors at Julian House are the Client Services Director, Kaniz Malekin (overall lead) and Holly Flewitt & Jenny Milsom, Senior Regional Managers (deputy leads).

5.1.2. The Client Services Director is responsible for:

- Providing the strategic lead on all aspects of Julian House's contribution to safeguarding adults with care and support needs;
- Providing professional advice on adult protection matters;
- Ensuring each service has a specified link to the Local Safeguarding Adults Board. These are listed in Appendix C;
- Collaborating with the Local Safeguarding Adults Board/s and operational nominated adult protection adviser in other departments / services / in reviewing Julian Houses' involvement in Safeguarding Adult Reviews;
- Ensuring the training needs of staff are addressed by promoting, influencing and developing relevant training;
- Prioritising the promotion of adults with care and support needs welfare and safeguarding in Julian House's internal and inter-agency strategic planning;

- Ensuring the needs of adults with care and support needs are kept to the fore whenever services are being reviewed, planned, developed and / or commissioned.
- Ensuring a 'Think Family' approach is promoted across services and there a strategic and operational link between adults and children's services
- Reporting data and relevant information to the Julian House Board of Trustees
- Promote and raise awareness and understanding of safeguarding across the organisation

5.1.3. The named safeguarding advisor(s) will take on the following responsibilities:

- Source of advice and expertise on safeguarding adults with care and support needs.
- Initial point of contact for all safeguarding adults with care and support needs;
- Supervise and monitor reports made to Adult Social Care by named staff member(s);
- Promote good practice and effective communication on all matters relating to Safeguarding adults with care and support needs within Julian House;
- Conduct internal case reviews, where agreed/appropriate.
- Ensuring a 'Think Family' approach is promoted across services and there is a strategic and operational link between adults and children's services

5.2. Role of the Line Manager

5.2.1. Once the allegation or suspicion of abuse has been raised with the Line Manager s/he must decide without delay on the most appropriate course of action. It is the responsibility of the Line Manager to:

- Ensure the victim of the alleged abuse is safe;
- Ensure that any necessary emergency medical treatment is arranged;
- Ensure that no forensic evidence is lost;
- If the alleged perpetrator is also an adult with care and support needs, ensure that a member of staff is allocated to attend to their needs and ensure that other clients are not put at risk.

5.2.2. It is the responsibility of the Line Manager to clarify:

- The facts stated by the member of staff but do NOT in any circumstances discuss the allegation of abuse with the alleged perpetrator or, if possible, the victim;

- That the circumstances fall within the safeguarding adults' procedures i.e., meeting the definition of abuse as defined in this Policy and Procedure;
- Issues of consent and confidentiality – reference to Julian House Confidentiality Policy & Procedure.

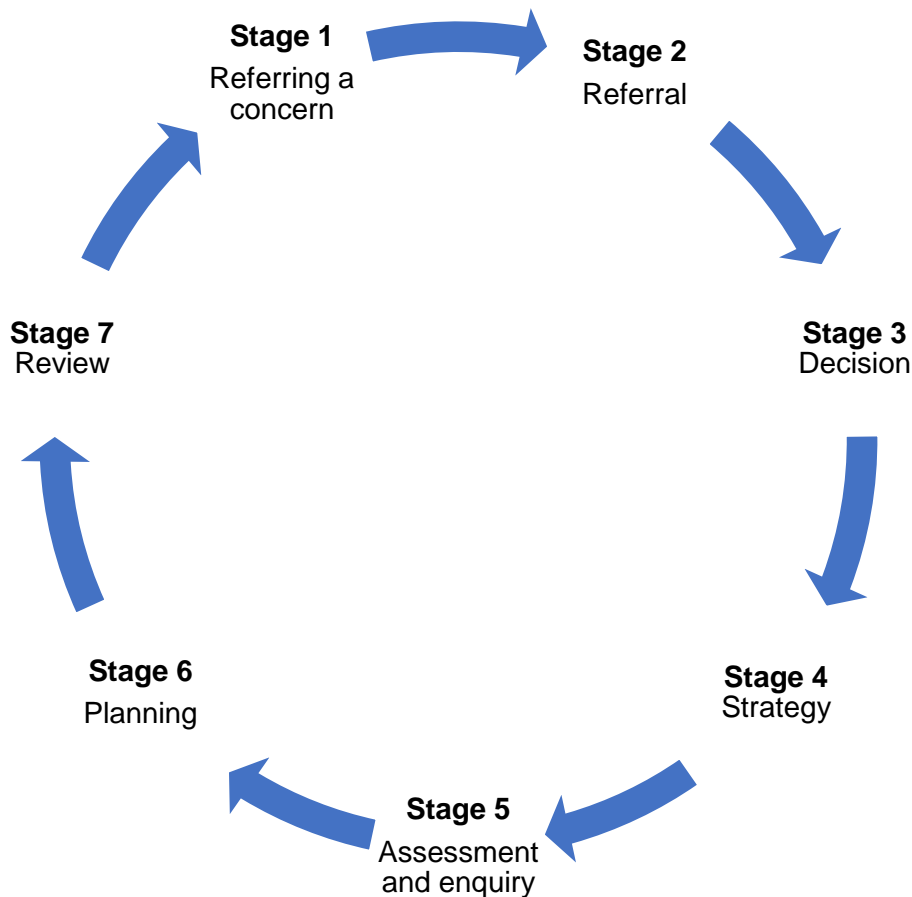
5.3. Role of all staff:

- 5.3.1. Follow both internal and local multi-agency safeguarding policies and procedures at all times, particularly if concerns arise about the safety or health and well-being of an adult at risk.
- 5.3.2. Participate in safeguarding adults training and maintaining current working knowledge.
- 5.3.3. Become familiar with local Safeguarding Adults Multi-agency policy and procedures and contribute toward the implementation of these in services.
- 5.3.4. Discuss any concerns about the health and well-being of an adult at risk with their Line Manager
- 5.3.5. Contribute to actions required including information sharing and attending meetings, this includes convening or attending Multi-Agency Risk Management (MARM) meetings.
- 5.3.6. Work collaboratively with other agencies to safeguard and protect the health and well-being of clients.
- 5.3.7. Remain alert at all times to the possibility of abuse
- 5.3.8. Recognising the impact of diversity, beliefs & values of people
- 5.3.9. Co-operate with any local authority enquiries

6. REPORTING A SAFEGUARDING CONCERN

6.1. Stages

- 6.1.1. There are a number of key steps and decision points to the Safeguarding Adults procedure. At each stage key decisions are made as to whether to progress to the next stage of the procedure.
- 6.1.2. All decisions made with respect to reporting an alert, progressing the referral, developing a strategy, assessing and investigating the suspected abuse and planning and reviewing to ensure the adult with care and support needs, suspected of being abused is safe, is recorded along with the justification for that decision.
- 6.1.3. If a decision is made not to proceed with a referral or to record an investigation as closed with no further action to be taken, a clear rationale needs to be recorded. The following flow chart clearly defines the procedure from Alert to external review:



6.2. Reports of Abuse

6.2.1. The Alert

6.2.2. Alerting is the responsibility of any member of staff or volunteer from any agency if they suspect that abuse or neglect of an adult may have taken place or is likely to take place – in the first instance speak to your Line Manager who will consult one of the Safeguarding Advisors.

6.2.3. A concern that an adult with care and support needs or child is, or could be, abused may have arisen either from:

- A direct disclosure by the adult, a complaint or expression of concern by another member of staff, a volunteer, another client, a carer, a member of the public or relative.
- An observation of the behaviour of the adult with care and support needs by the volunteer, member of staff or carer.

6.2.4. There are two people who have responsibilities at the alert stage of an incident. These are the person first made aware of the issue and their Line Manager.

6.2.5. If staff are unsure about whether to raise an enquiry they can discuss their concerns with the Julian House Safeguarding Advisors who will consult with a delegated Local Authority Safeguarding Lead to assist in the decision.

6.3. Responsibility of the person first aware of the situation (Appendix A):

6.3.1. It is the responsibility of the person first becoming aware of a situation where there may be an adult with care and support needs subject to, or at risk of, abuse to

- make sure the person is safe:
- Deal with the immediate needs of the person
- Take reasonable steps to ensure the adult is in no immediate danger;
- Seek medical treatment if required as a matter of urgency.
- Not to disturb or destroy articles that could be used in evidence and where an assault of some kind is suspected do not wash or bath the person unless this is associated with the first aid treatment necessary to prevent further harm.
- If the allegation is about a staff member or volunteer of any organisation, ensure that the allegation is properly managed. The staff member or volunteer is entitled to support at this stage.

6.3.2. Inform:

- Their Line Manager immediately or one of the Safeguarding Advisors if their Line Manager is implicated in the allegation;
- Raise an Alert to the Local Authority Safeguarding Team the same day if agreed as appropriate by the Line Manager.
- Contact the Out of Hours safeguarding team if Out of Hours.
- Contact the police if it is thought a crime has just been committed;
- It is good practice to seek consent to make a referral of concern about abuse/neglect to agencies outside the organisation. Adults should be asked to consent to both referral and information sharing. However, if the adult's life or wellbeing is at risk and they refuse consent then you need to refer the matter anyway and tell them you have done so, unless telling them places them at further risk e.g., the victim will tell the perpetrator who may threaten or harm them further to stop them talking about the abuse.

6.3.3. Record:

- Record details of the allegation on In-Form or in paper form if not appropriate

- The allegations or concerns, including; the date and time of the incident, what the adult with care and support needs said about the abuse and how it occurred or what has been reported to you;
- The appearance and behaviour of the victim including physical and mental health;
- Any injuries observed.

6.4. Decision

6.4.1. Refer: A decision on whether or not the alert becomes a formal referral must be made on the same day as the alert is raised wherever:

- The crime has been, could have been, or yet could be committed;
- There is a suspicion that an abuse has taken place;
- The allegation involves a member of staff or paid carer;
- Other adults with care and support needs are at risk;
- The alleged perpetrator is an adult with care and support needs;
- They are unsure the abuse has taken place.

6.4.2. Referrals should be made:

- To Adult Services in the local authority area in which the abuse has taken place.
- To the police if you think a crime may have been committed.
- Contact Children's Services immediately if a child is also at risk. Refer to the Safeguarding Children Policy for further Procedural guidance.

6.4.3. Where a decision is made NOT to refer, the alert must be recorded, with the reasons for the decision not to refer. It is good practice to inform the Local Authority Safeguarding Adults Coordinator that an alert has been considered.

6.5. Referral

6.5.1. The referral stage involves bringing the concern regarding alleged abuse or potential abuse formally to the attention of Adult Services and other relevant Authorities. Any individual who has been alerted to the possibility of abuse having occurred or being likely to occur should make a referral.

6.5.2. **It is the responsibility of the referrer** to make a thorough, written referral to Adult Social Care in the local authority area in which the abuse has taken place.

6.5.3. The person making the referral should ideally have the following information available; however, the lack of any of this information should **not** delay the referral:

- The name of the adult with care and support needs.
- Date of birth and age.
- Address and telephone number;

- Why the adult is considered an adult with care and support needs.
- Whether consent has been obtained for the referral, and if not the reasons e.g., the adult with care and support needs lacks mental capacity (ref to Mental Capacity Act) or there is an over-riding public interest (e.g., where other adult with care and support needs are at risk);
- Whether there are any concerns or doubts about the mental capacity of the adult with care and support needs
- Whether the police are aware of the allegation, and whether a police investigation is underway.

6.5.4. Other information which might be useful:

- Names and addresses of carers, significant family members and next of kin;
- What arrangements have been made for the protection of the adult with care and support needs
- Reason for concern/details of the alleged abuse including any injuries and dates;
- Who can be contacted to gain access to the adult with care and support needs?
- How the information was obtained;
- Whether the referrer can be used as a source of information;
- What the person being referred wants to happen next
- What the person being referred is worried about
- Who else can be contacted for further information?
- Whether there are any personal safety issues that anyone making a visit should be aware of;
- Which police station is dealing with the case?
- Details of any medical treatment that has been arranged;
- Name of GP and other services involved;
- Gender, language, race, cultural background and whether an interpreter will be required;
- Details of physical and/or mental disability or illness;
- Details of any communication difficulties the adult with care and support needs has due to sensory or other impairments (including dementia or other cognitive impairment);
- Details of the alleged perpetrator, including whether the perpetrator is also an adult with care and support needs;
- If a crime has been committed, what steps have been taken to preserve evidence?
- If the matter has been referred to the police give the crime number in referral information too

Early intervention and communication with the client being referred and with their immediate support network e.g. family and friends is at the heart of Making Safeguarding Personal (MSP). The approach to MSP will be considered and advised upon by our safeguarding advisors when referral consideration is being made and using this guidance: [Making Safeguarding Personal](#).

7. MONITORING AND REVIEW

- 7.1. The Chief Executive and Client Services Director will monitor and review this policy and associated procedures. Changes to it are informed by consultation with staff and clients. Results of consultation are provided to the Senior Management Team who can agree amendments to the policy.
- 7.2. All staff and clients are encouraged to give feedback at any time on any difficulties they have in operating the policy. Any issues can be raised with line management which will ensure they are considered, and appropriate action taken.
- 7.3. Ensure safeguarding cases are reviewed so lessons are learned, changes to practice are implemented and safeguarding is managed within a culture of continuous improvement.

8. EQUALITIES AND DIVERSITY

- 8.1. Julian House works within the Equalities Act 2010 to ensure that no-one receives less favourable treatment on the grounds of age, disability, gender reassignment, marriage or civil partnership (in employment only), pregnancy and maternity, race, religion or belief, sex, sexual orientation as defined within the Act.

9. RELEVANT LEGISLATION

- 9.1. The Care Act 2014
- 9.2. Youth Justice and Criminal Evidence Act 1999 – special measures for ‘vulnerable’ and/or ‘intimidated’ witnesses. Intermediaries for those with difficulty giving their evidence.
- 9.3. Deprivation of Liberty Safeguards 2009
- 9.4. Mental Capacity Act 2005 including criminal offences under S.44 around ill-treating and/or wilfully neglecting someone without capacity
- 9.5. Data Protection Act 2018
- 9.6. Equalities Act 2010 (as amended)
- 9.7. Homelessness Act 2002
- 9.8. Homelessness Reduction Act 2018
- 9.9. Modern Slavery Act 2015
- 9.10 Mental Health Act 2007
- 9.10 Domestic Violence Crime and Victims Act 2022

APPENDIX A: Alerting – Good Practice Guidelines

- Assure the person making the complaint or allegation that they will be taken seriously;
- If an adult with care and support needs is making a disclosure listen carefully to what they are saying, stay calm, clarify the facts of the abuse but **avoid** detailed investigation at this stage;
- Do not be judgmental or jump to conclusions;
- Reassure the person that you will take steps to protect them from further abuse;
- Do not give any promises of complete confidentiality. The wishes of the adult with care and support needs will be respected but they must be informed that the information given to an individual member of staff is not confidential to that member of staff and that there is a duty to report their concern to their Line Manager or direct to Adult Services and/or the Police;
- Explain that you have a duty to report what you have been told to your Line Manager and their concerns may be shared, especially if other adults with care and support needs are at risk;
- The records kept should be factual. However, if the record does contain an opinion or an assessment, that should be supported with factual evidence. Opinion should be stated as such, and facts differentiated from hearsay, which is something that has not been seen or heard first hand by a witness;
- If the victim of abuse is taken to hospital because she or he needs emergency medical treatment and there is the possibility that a crime has been committed, the hospital examination should be carried in line with locally agreed protocols;
- If medical treatment is not immediately required, medical examinations should NOT be arranged until the investigation by the police or adult services have started. Adult services or the police will then arrange an examination if this is considered appropriate;
- If physical or sexual assault is alleged or suspected, advise the person not to wash (unless for urgent first aid) or remove clothing until the police have been contacted and advise how to proceed. Preserve clothing and footwear and handle them as little as possible;
- Secure the room, if appropriate and do not allow anyone to enter;
- Preserve any evidence using a clean bag or envelope being careful not to contaminate it;
- If the alleged perpetrator is an employee, the Line Manager will need to discuss with the Human Resources Business Partner and refer to internal operational policies so that action is taken in line with operational and disciplinary procedures. Action to protect the adult with care and support

needs from abuse under these procedures should not be halted while other internal investigations and disciplinary procedures are being undertaken – some ref to Staff Code of Conduct, especially the Disciplinary Policy & Procedure;

- Regulated services must notify the relevant regulatory bodies (e.g. CQC)
- Immediately inform the appropriate Adult Services Department if there is a child or young person living in the same household.