Safeguarding Adults Policy and Procedure

Responsible Officer	Housing Services Manager
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1 Purpose

Retail Trust believes that living a life that is free from harm and abuse is a fundamental right of every person. All staff members have a legal responsibility to prevent the abuse of adults at risk from abuse, harm or neglect (including self-neglect) and to report concerns promptly and appropriately.

This policy sets out the roles and responsibilities of Retail Trust's staff and volunteers, working together with other professionals and agencies in promoting adult's welfare and safeguarding them from abuse and neglect.

(It is important to note that as this is a policy document it does not contain details of all legislation regarding Safeguarding Adults. It is meant to be an accessible document that sets out an overview of what safeguarding is; what is regarded as adult abuse; what we will do to safeguard adults at Retail Trust).

The purpose of this policy is to:

- Explain the responsibilities Retail Trust, its staff and volunteers have in respect of safeguarding vulnerable adults.
- Provide an effective procedure that will be implemented where vulnerable adult safeguarding issues arise.
- Ensure that all staff at Retail Trust are familiar with definition of safeguarding, the different types of abuse and how to recognise and minimise the risk of abuse
- Ensure a multi-agency approach is followed when dealing with safeguarding adult issues or alleged incidents
- Ensure that procedures are in place, to safeguard Retail Trust's residents and service users by preventing and protecting them from abuse.

2 Aim

This policy applies to all Retail Trust's staff. Any staff who have a suspicion of safeguarding issues are responsible for implementing these policies and procedures, in association with their managers and with other agencies.

Related policies and procedures:

The following policies and procedures may also be applicable:

- Grievance policy and procedure. Covers grievances relating to employment including other employees.
- Disciplinary procedure. Covers misconduct by staff which could include abuse of tenants by staff.
- Professional Boundaries/Staff Code of conduct. Sets out standards of conduct including that within relationships with residents.
- Harassment procedure. Specifically covers harassment of staff by staff.
- Harassment procedure (general). Covers harassment of anyone who is singled out by the perpetrator. In some cases, a judgement will need to be made whether an act between residents should be dealt with through Safeguarding procedures, Harassment procedures or a combination of both. Key to this decision is the vulnerability of the adult experiencing or at risk of, abuse or neglect
- Whistleblowing procedure.
- Data Protection Act
- Equal Opportunities Policy
- Dealing with a potential/actual media crisis
- Diversity and equality policy

3 Policy element

Safeguarding Adults Legislation

Safeguarding Adults in all home nations is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:

- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018

The practices and procedures within this policy are based on the relevant legislation and government guidance.

- England - The Care Act 2014
  Care and Support Statutory Guidance (especially chapter 14) 2014
- Wales - Social Services and Well Being Act 2014 Wales Safeguarding Procedures 2019
- Scotland - Adult Support and Protection Act 2007
  Adult Support and Protection (Scotland) Act 2007 Code of Practice 2014
- Northern Ireland - Adult Safeguarding Prevention and Protection in Partnership 2015

Key principles

The Care Act 2014 (England) states that the safeguarding duties apply to an adult who:

- Has needs for care and support
- Is experiencing, or at risk of, abuse and neglect
- Is unable to protect themselves from abuse and neglect

There are six key principles of safeguarding adults as defined by the Care Act 2014. These are:

- Empowerment – people being supported and encouraged to make their own decisions and provide informed consent
- Prevention – informing people about abuse, what to look for and how to report it and staff taking positive action to address suspicions of abuse or neglect
- Proportionality – person centred approach to safeguarding, ensuring services act proportionately to the risk that is identified
- Protection – providing support and representation when an allegation of abuse is made
- Partnership – local services working together in the prevention and detection of abuse
- Accountability – accountability, responsibility and transparency in delivering safeguarding

Social Services and Well Being Act 2014 (Wales) states the key principles are:

- Responsibility - Safeguarding is everyone's responsibility.
- Well-being - Any actions taken must safeguard the person's well-being.
- Person-centred approach - Understand what outcomes the adult wishes to achieve and what matters to them.
- Voice and control - Expect people to know what is best for them and support them to be involved in decision making about their lives.
- Language - Make an active offer of use of the Welsh language and use professional interpreters where other languages are needed.

- Prevention - It is better to take action before harm occurs.

Adult Support and Protection Act 2007 (Scotland)

The overarching principle underlying Part 1 of the Act is that any intervention in an individual's affairs should provide benefit to the individual and should be the least restrictive option of those that are available which will meet the purpose of the intervention. This is supported by a set of guiding principles which, together with the overarching principle, must be taken account of when performing functions under Part 1 of the Act. These are:

- The wishes and feelings of the adult at risk (past and present);
- The views of other significant individuals, such as the adult's nearest relative; their primary carer, guardian, or attorney; or any other person with an interest in the adult's well-being or property;
- The importance of the adult taking an active part in the performance of the function under the Act;
- Providing the adult with the relevant information and support to enable them to participate as fully as possible;
- The importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation; and
- The adult's abilities, background and characteristics (including their age, sex, sexual orientation, gender, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage).

Adult Safeguarding Prevention and Protection in Partnership 2015 (Northern Ireland) states the key principles are:
A Rights-Based Approach – To promote and respect an adult's right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.

- An Empowering Approach – To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.
- A Person-Centred Approach – To promote and facilitate full participation of adults in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest safety and well-being.
- A Consent-Driven Approach – To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.
- A Collaborative Approach – To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand

Definitions
Safeguarding Lead

The Safeguarding lead is the person who has the duty to ensure a company's safeguarding policy is followed by all members of staff in the setting. Please see below safeguarding leads for Retail Trust.

Position	Safeguarding Lead
Organisational safeguarding lead	Director of Supporting Living

Overall Wellbeing team safeguarding lead	Director of Wellbeing Services
Wellbeing team safeguarding lead	Wellbeing Services Manager
Overall estate safeguarding Lead	Managing Director of Property and Supporting Living
Safeguarding lead (Glasgow)	Estate Manager (Glasgow)
Safeguarding lead (Derby)	Estate Manager (Derby)
Safeguarding lead (Millhill)	Estate Manager (Millhill)
Safeguarding lead (Salford)	Estate Manager (Salford)
Safeguarding lead (Liverpool)	Estate Manager (Liverpool)

Definition of an Adult at Risk

The Safeguarding Adults legislation creates specific responsibilities on Local Authorities, Health, and the Police to provide additional protection from abuse and neglect to Adults at Risk. When a Local Authority has reason to believe there is an adult at risk, they have a responsibility to find out more about the situation and decide what actions need to be taken to support the adult. In Scotland and Wales, the Local Authority can gain access to an adult to find out if they are at risk of harm for example, if that access is being blocked by another person.

Abuse and Neglect

Abuse is a violation of an individual's human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance.

There are different types and patterns of abuse and neglect and different circumstances in which they may take place.

Safeguarding legislation in each home nation lists categories of abuse differently however, they all include the following types of abuse:

- Physical
- Sexual
- Psychological
- Neglect
- Financial

Abuse can take place in any relationship and there are many contexts in which abuse might take place; e.g. Institutional abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyber bullying, Scams. Some of these are named specifically within home nation legislations.

- Safeguarding Adults means protecting an adult'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, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances (Care Act 2014).

- Financial or material abuse such as theft, fraud or exploitation, pressure in connection with wills, property, or inheritance, misuse of property, possessions or benefits

- Physical abuse, such as hitting, pushing, pinching, shaking, misusing medication, scalding, restraint, hair pulling.

- Psychological/emotional abuse such as threats of harm or abandonment, being deprived of social or any other form of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, being prevented from receiving services or support.

- Neglect and acts of omission such as ignoring medical or physical care needs and preventing access to health, social care or educational services or withholding the necessities of life such as food, drink and heating

- Sexual abuse such as rape, sexual assault, or sexual acts to which the adult at risk of abuse or neglect has not or could not have consented, or to which they were pressurised into consenting.

- Discriminatory abuse such as that based on race or sexuality or a person's disability and other forms of harassment or slurs.

(see Appendix 1 for further definitions of types of abuse)

Human Rights and safeguarding

The Care Act 2014 (sections 42-46) complements the Human Rights Act 1998. This includes the right not to be subject to torture, inhuman or degrading treatment (article 3) and a right to enjoy private, family and home life without unjustified interference from public authorities (article 8).

Making safeguarding personal

It is essential that adults at risk are as involved as possible in the whole safeguarding process. With some exceptions, safeguarding enquiries should only take place with the consent and engagement of the person concerned.

In safeguarding cases, there can be a difficult balance between protecting people from harm and empowering people to make their own informed decisions. This can mean respecting a person's choice even though this can put them at risk of harm. A person's mental capacity should be considered before making a decision.

The concept of 'Making safeguarding personal'/'Making Safeguarding Personal' means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety.

Organisations work to support adults to achieve the outcomes they want for themselves. The adult's views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector.

Safeguarding and Mental Capacity

The person you are concerned about may lack mental capacity to consent to a safeguarding enquiry or proposed arrangements made as a result. If so, their views are still important and must be taken into account, but the decision about

whether and how to proceed must be made by the local authority on the basis of what is in their `best interests' as defined by the Mental Capacity Act 2005.

Each home nation also has legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves.

- England and Wales - Mental Capacity Act 2005
- Scotland - Adults with Incapacity Act 2000
- Mental Capacity (Northern Ireland) 2016
- There are specific offences applying to the mistreatment of and sexual offences against adults who do not have Mental Capacity and specific offences where mistreatment is carried out by a person who is employed as a carer: e.g. wilful neglect and wilful mistreatment.

Mental Capacity and Decision Making

We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can't. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.

We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Most adults have the ability to make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.

Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called "lacking mental capacity".

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves.

For example:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

Mental Capacity is important for safeguarding for several reasons. Not being allowed to make decisions one is capable of making is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer won't allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.

Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions'.

Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.

Each home nation has legislation that describes when and how we can make decisions for people who are unable to make decisions for themselves. The principles are the same.

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
- If the decision can wait, wait – e.g. to get help to help the person make their decision or until they can make it themselves.
- If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
- If the action we are taking to keep people safe will restrict them then we must think of the way to do that which restricts to their freedom and rights as little as possible.

Many potential difficulties with making decisions can be overcome with preparation. A person needing support to help them make decisions whilst taking part in a sports organisation will ordinarily be accompanied by someone e.g. a family member or formal carer whose role includes supporting them to make decisions.

It is good practice to get as much information about the person as possible. Some people with care and support needs will have a 'One-page profile' or a 'This is me' document that describes important things about them. Some of those things will be about how to support the person, their routines, food and drink choices etc. but will also include things they like and don't like doing. It's also important to have an agreement with the person who has enrolled the adult in the sports activity about how different types of decisions will be made on a day to day basis.

If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority, and this should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support, they need to make decisions.

There may be times when a sporting organisation needs to make decisions on behalf of an individual in an emergency. Decisions taken in order to safeguard an adult who cannot make the decision for themselves could include:

- Sharing information about safeguarding concerns with people that can help protect them.
- Stopping them being in contact with the person causing harm.

Local authority safeguarding duties

There are three specific legal duties in the Care Act 2014:

- A local authority has a duty to make enquiries where there is reasonable cause to suspect an adult with care and support needs is being abused or neglected or is at risk of being abused or neglected and as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it (section 42 – Care Act).
- Each local authority must set up a safeguarding adult board (SAB). Which is a multi-agency body to protect adults in its area.
- Safeguarding adults' boards have a duty to arrange for a safeguarding adults review (SAR) where there has been a serious safeguarding incident (section 44 – Care Act)

What if a crime has been committed?

If it is suspected that a crime has been committed, the Police must be informed and should investigate. Early involvement of the Police is likely to have benefits in many cases, particularly in obtaining and preserving any evidence.

Whilst the Police investigation takes priority over other enquiries, a multi-agency approach must also be agreed to ensure all the interests and views of the person are considered throughout and an appropriate plan is agreed and implemented.

Safeguarding – The Hugh Fraser retirement Estate

Safeguarding legislation in Scotland is governed by the Adult Support and protection (Scotland) Act 2007. Which is designed to protect adults who are unable to safeguard their own interests and are at risk of harm because they are affected by:

- Disability
- Mental Disorder
- Illness
- Physical or mental infirmity

The act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights. It has also set up multi-agency Adult Protection Committees (APC's) in every council area. The committee monitors and reviews what is happening locally to safeguard adults. It is made up of senior staff from the council, NHS and the Police.

APC's have a range of duties, including:

- Reviewing adult protection practices
- Improving co-operation
- Improving skills and knowledge
- Providing information and advice
- Promoting good communication

References:

1. SCIE: Safeguarding Adults September 2017
2. Action on Elder Abuse (AEA) is a charity working to protect, and prevent the abuse of, vulnerable older adults. http://www.elderabuse.org.uk
3. Protecting Vulnerable Groups. www.scotland.gov.uk
4. Care Act 2014 (sections 42-46)
5. Safeguarding Older People from Abuse and Neglect – December 2019
6. Adult Support and Protection (Scotland) Act 2007 www.scotland.gov.uk
7. The Human Rights Act 1998
8. Mental Capacity Act 2005

4 Policy requirements

Managing/Minimising Risk

Responsibilities of all staff (and Volunteers)

All members of staff have a duty to report any incident of alleged suspected or witnessed abuse. They do not have the option of not acting.

Retail Trust follows policies and guidance in relation to the Safeguarding of Vulnerable Adults in each of the local authority areas in which they work.

All permanent and contracted staff working with Retail Trust's residents and clients must:

- Follow the Safeguarding Policies and Procedures at all times, particularly if concerns arise about the safety or welfare of a resident or client.
- Participate in safeguarding adults training and maintain current working knowledge.
- Make an accurate written record of the allegation, or suspect abuse.
- Recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to residents and clients.
- Contribute as necessary to all stages of Safeguarding and protection processes.
- Discuss any concerns about the welfare of an adult at risk of abuse or neglect with their line manager.
- Work collaboratively with other agencies to Safeguarding and protect the welfare of people who access the Trust's services.
- Remain alert at all times to the possibility of abuse.

Manager's Responsibilities:

Managers must ensure that all staff and volunteers within their team are familiar with Retail Trust's Safeguarding Adult policy & procedure.

They have the responsibility of ensuring that every member of staff or volunteer is trained, supervised and supported to be able to identify and report cases of abuse or neglect and ensure that the correct procedures are followed.

Do the necessary referral to the appropriate agencies/ relevant Adult Safeguarding team in the local Social Services department.

The manager must ensure a proper written / computerised record is made of the allegation.

Managers will ensure all residents/clients, advocates, relatives and carers have appropriate information explaining abuse and how to report it.

Retail Trust's Responsibilities Includes:

- Ensuring that it fulfils its responsibilities to work jointly with others to safeguard and promote the welfare of all residents and clients.
- Monitoring compliance with the policy
- Ensuring that procedures, advice and guidance work effectively and are revised as needed
- Responding appropriately when abuse has or is suspected to have occurred.

- Providing support, advice and resources to staff about responding to safeguarding adult issues.
- Taking action to identify and prevent abuse from happening.

Ensuring staff have access to appropriate consultation and supervision regarding safeguarding adults.

- Ensuring that all employees who come in contact with vulnerable adults have a DBS check in line with the requirements of the Independent Safeguarding Authority Vetting and Barring Scheme.
- Coordinating the implementation of the policy and procedures and associated staff training/briefings
- Regularly reviewing Safeguarding policies (every 3 years minimum).

Staff Training:

Retail Trust will make sure all staff are familiar with the steps that may be taken to prevent abuse. New members of staff in Supported Living and Wellbeing Services are given training on Safeguarding Adults within 3 months of employment. All Board members, staff, officials and volunteers understand their role and responsibility for safeguarding adults and have completed and are up to date with safeguarding adult training and learning opportunities appropriate for their role

Compliance with Safeguarding Procedures

All support staff will work to the local Safeguarding Procedure, implementing advice as agreed within multi Agency Guidelines.

Support:

Where allegations of abuse are made, support will be available to staff, adult experiencing or at risk of, abuse or neglect & alleged abuser.

Disclosure and Barring Service Checks

We carry out enhanced Disclosure and Barring Service checks for all Retail Trust's staff, volunteers and their managers, who work within the Supported Living and Wellbeing Services , this is renewed every three years with the DBS. Where any offence is disclosed by the DBS and/or ISA, we will investigate this fully, having consideration of the Rehabilitation of Offenders Act 1974, and may withdraw an offer of employment or move to dismiss a current employee where necessary.

Disciplinary Process

Escalated disciplinary process will apply where an employee is suspected and/or accused of, or deemed to have acted in contravention of the Safeguarding Policy. Additionally, the policy may apply where a family member or an acquaintance of a Retail Trust employee is implicated in, suspected and/or accused of a matter related to abuse of a client r where there is evidence that the employee had knowledge of the activity and did not take action.

Confidentiality Policy and Data Protection Policy

Confidentiality is central to the work of Retail Trust, and the attention of all staff and volunteers is drawn to the Confidentiality and Data Protection Policies. All staff must keep accurate records with due regard for confidentiality. All documentation will be kept in line with Retail Trust's policy and procedure on records keeping.

4.1 Safeguarding procedures

All complaints, allegations or suspicions must be taken seriously and dealt with swiftly, effectively and in ways which are proportionate to the issues and where the adult in need of protection stays (as much as possible) in control of the decision making.

Step 1: Reporting
Person responsible: staff member

If abuse is reported to, suspected, alleged or witnessed by any member of staff, that staff member must speak to a line manager immediately, (unless they suspect that the line manager is implicated – in such circumstances the whistle blowing policy should be followed). Staff should always let the resident / client know that they are obliged to pass on any information regarding abuse to a more senior person within Retail Trust and possibly to Adult Social Care Services. If at the time of the report staff have reason to believe the vulnerable person is in immediate and serious risk of harm or that a crime has been committed, they must call the police. Staff must record their general concerns plus any action taken in writing.

If the abuse (or alleged abuse) is reported by a resident/client or a person outside of Retail Trust, it is important that staff make it clear that information will be disclosed to other staff members or professionals only to ensure the safety and wellbeing of the resident/service user.

Residents/service user may not want a Safeguarding concern/referral to be made, their wishes should be respected but this does not remove the staff's responsibility to report concerns

Wellbeing service specific requirements:

If a safeguarding issue is identified / suspected by any member of wellbeing team this must be recorded within the client record on CRM. This should be done by ticking the "Safeguarding Risk" field within the Counselling notes section of the SR.

Once selected the member of staff completing the notes should indicate:

- The perceived level of risk (from None – High) • The reason for the safeguarding flag:
- Alcohol / substance
- Behaviour – risk to others
- Behaviour – risk to self
- Homicide
- Suicide
- Work safety
- Overview of the risk and key information relating to the client which may need to be disclosed to third party organisations.

Once recorded in CRM an automated email will be sent to the Clinical Team Leader and Wellbeing Services Manager after which they are required to review the SR. After reviewing the SR, the manager who has reviewed the SR is required to tick the "Safeguarding Review Completed" field.

Following this any further action including the onward referral to local safeguarding teams is the responsibility of the manager conducting the review.

Ongoing review

All Safeguarding reports including any outstanding incidents (where the reviews are yet to be completed by the manager) are shown on the PowerBI "risk management" sheet. This should be regularly reviewed by service management to ensure all outstanding safeguarding incidents are managed in accordance with this policy.

Any member of staff who has concerns about an adult safeguarding issue can contact Social Services for initial clarification or advice without formally initiating a Safeguarding referral.

Step 2: Referral

Person responsible: Staff member / Estate Manager / Wellbeing Services Manager / Clinical Team Leader Timing:

Within 24 hours

Once the concern has been raised with the Line Manager, the manager must decide without delay on the most appropriate course of action which may include:

- Making an immediate evaluation of the risk to the resident / client.
- Carrying out an informative investigation for discussion with Senior Manager
- Taking reasonable and practical steps to safeguard the adult at risk as appropriate.
- Referral to the police if the suspected abuse is a crime
- Referral to the relevant adult care services if there is a need for an immediate protection
- Making sure that other residents / clients are not at risk.
- Suspending staff member/s suspected of abusing residents/ clients, in line with Retail Trust's disciplinary procedures

The Line Manager and another staff member will interview the resident/client who has made an allegation or to the adult at risk. To do this, the manager should consider:

- speaking to them in a private and safe place and informing them of any concerns
- getting their views on what has happened and what they want done about it
- giving them information about the Safeguarding Adults process
- supporting them to ask questions about issues of confidentiality
- explaining how they will be kept informed and supported
- discussing what could be done to ensure their safety

Consent and Information Sharing

Recording and Information Sharing

Retail Trust must comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR).

Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.

Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know.

Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a 'need to know'.

This does NOT automatically include the persons spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know in order to help keep the person safe.

The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation. For example:

- Anyone who has a concern about harm can make a report to an appropriate person within the same organisation
- Case management meetings can take place to agree to co-ordinate actions by the organisation

There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly personal information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. This may be because they fear repercussions from the person causing

harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information.

The circumstances when we need to share information without the adult's consent include those where:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.
- you believe they or someone else is at risk, including children.
- you believe the individual is being coerced or is under duress.
- it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.
- the individual does not have mental capacity to consent to information being shared about them.
- the person causing harm has care and support needs.
- the concerns are about an individual at risk living in Wales or Northern Ireland (where there is a duty to report to the Local Authority).

When information is shared without the consent of the individual this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

If you are in doubt as to whether to share information seek advice e.g. seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.

Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.

There are cases where the individual concerned will refuse their consent for the police or social services to be contacted, or for any safeguarding action to be taken. Their wishes should be respected wherever possible, however, decisions about whether to act in accordance with the person's wishes must take into account the level of possible risk to both the individual and others, and the capacity of the resident/service user to understand the decision to be made and its consequences.

It may be necessary to override their wish not to proceed, but such a decision and the reasons for it should be clearly explained and accurately recorded.

Staff have a professional responsibility to share relevant information about the safeguarding of vulnerable adults with other professionals, particularly investigative agencies and adult social services.

Clear boundaries of confidentiality must be communicated to all and all personal information regarding an adult at risk of abuse or neglect must be kept confidential. Ensure all written records are kept in a secure area for a specific time as identified in data protection guidelines.

(INFORMATION PASSED ON MUST BE RELEVANT, NECESSARY AND UP TO DATE. ALSO, YOU MUST CONFIRM IN WRITING INFORMATION GIVEN VERBALLY WITHIN 24HRS)

Step 3: Following Social Services inter-agency guidelines.

Person responsible: Staff member / Estate Manager / Wellbeing Services Manager /Clinical Team Leader

Social services departments have been designated as the lead agencies with the responsibility for co-ordinating a response to allegations or concerns of abuse.

Managers have the responsibility of informing the relevant social services department of concerns over the abuse or neglect of vulnerable adults. Detailed referral arrangements may differ between localities and, therefore, managers should ensure that they have up-to-date referral information for their area.

Managers should work within the following timescales for reporting allegations or suspicions of abuse:

- Immediate if the vulnerable person is at risk of serious physical harm, or a serious criminal act has taken place, and evidence will need to be kept safe
- Within 24 Hours if it relates to a specific incident which is, or may be still going on, or may happen again

- Within 7 Days if it is a more general concern, which does not indicate immediate harm.

The Manager must telephone and report the matter to the appropriate local Adult Social Services department. A written record of the date and time of the report should be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

The referral to Social Services should include:

- personal details of the resident (name, address, age, ethnic origin, gender, religion, type of accommodation, family circumstances, support networks, physical and mental health, any communication difficulties)
- the referrer's job title and involvement
- substance of the allegation
- details of care givers
- details of the person alleged to have caused harm and current whereabouts and likely movements within the next 24 hours if known
- details of any specific incidents e.g. dates, times, injuries, witnesses, evidence such as bruising
- background of any previous concerns

Once a referral has been made to Social Services, the department will then work within their own inter-agency guidelines on abuse of vulnerable adults. Staff should co-operate with Social Services and, if they are involved, the police and/or doctors, in accordance with these guidelines. The inter-agency guidelines may include the referrer's continued involvement through:

- assistance with any communication difficulties (e.g. sensory impairment, language or speech problems)
- verbal or written clarification and amplification of initial referral details
- request for further monitoring
- attendance at a case conference
- discussions with police
- request to be a key worker

In rare circumstances, staff may feel that Social Services are being inappropriately inactive. In such circumstances the staff member should discuss with the Deputy Head of Supported living Services whether Retail Trust should take the initiative, for example by chasing up the Social Services social worker, contacting a more senior officer at Social Services or arranging a meeting.

Step 4: Exploring alternative courses of action.

Person responsible: Staff member / Estate Manager in consultation with the Deputy Head of Supported Living Services/ Wellbeing Helpline Manager in consultation with the Head of Wellbeing

In all instances where an investigation is not pursued, the reasons for this decision, the personnel involved and any contrary advice should be noted. The file note should be countersigned by the line manager and a copy forwarded to the Director of Supported Living Services / Director of Wellbeing Services.

The decision not to proceed under the Adult Safeguarding Procedures does not necessarily mean that there are no issues about the adult's welfare. These may be addressed by other types of intervention; e.g. referral for an assessment of the individual and/or their carer, utilising services provided by other agencies. It is important to record details of any intervention provided or offered on the resident's/client's record and the situation monitored and reviewed continually by the front-line worker and their line manager.

Other course of action could be to enable adults at risk to recognise and protect themselves from abuse (i.e. taking a risk enabling approach within services and ensuring that residents/clients have genuine choice both of and within the services).

Step 5 - On-going work with vulnerable adult.

Person responsible: Staff member/Estate Manager in consultation with the Deputy Head of Supported Living Services or Director of Supported Living Services/ Wellbeing Services Manager in consultation with the Director of Wellbeing

Staff should agree with their manager a framework for working with the vulnerable adult, whether or not the referral to Social Services has been made or accepted, and their support plan and risk assessments should be reviewed. Within this framework, staff should continue to support and ensure the safety of the adult at risk of abuse or neglect as well as work with other agencies towards the elimination of the abuse.

Where the person alleged to have caused harm is another adult at risk of abuse or neglect

Duty of care obligations continues for the person alleged to have caused harm and they may need the same or greater support as was available before the allegation. A thorough risk assessment should be carried out with the person alleged to have caused harm to establish the likelihood of further abuse of the alleged adult experiencing or at risk of, abuse or neglect or other service users. Clear interventions for reducing risk must be agreed and communicated to all staff providing support to the alleged perpetrator, adult experiencing or at risk of, abuse or neglect and other client.

The Manager and staff must also liaise closely with Social Services in order to develop a revised support plan which aims to ensure that the alleged perpetrators support needs are met. Where there is an on-going risk to the alleged adult experiencing or at risk of, abuse or neglect and other service users that cannot be managed within the service, Social Services must be contacted to provide crisis intervention services/accommodation pending a long-term solution.

Step 6 - Keeping line management informed.

Person responsible: All Staff and Managers

In situations of suspicion of serious abuse or a series of possibly related incidents, for example a number of thefts from residents, staff must report these to their line manager. They in turn should report the incidents to the Director of Supported Living Services/ Deputy Head of Supported Living/ Director of Wellbeing services who needs to inform the Chief Operating Officer and Chief Executive as soon as possible.

(N.B. In the event of a serious situation, which is likely to excite media interest, the procedure for dealing with a

potential/actual media crisis must be followed. Any approach from the press or other media must be referred directly to the relevant Senior Manager.)

Step 7: Further Guidance

Person responsible: Managers & Senior Staff

Managers and Senior Staff should think about how they will disseminate this policy and procedure to ensure staff are aware of its contents. There are a number of ways to do this such as, having it as an item in team meetings, include some aspects of it in staff newsletters and discussing it (checking understanding) at 1-2-1s. A poster or brief leaflet telling staff, volunteers and clients about the basics of adult abuse and how to report it can also be produced.

Managers could also plan how they are going to put this policy into practice, including carrying out any equality impact assessment, and when and how you will review it.

Information about safeguarding cases and how they were dealt with should be monitored. Areas to focus on should include quality of information recorded; outcomes of safeguarding process and whether any incident highlighted training issues or a need to amend current procedures.

4.2 Summary

In summary if an act of abuse or neglect of an adult at risk of abuse or neglect is identified or suspected it is staff's primary responsibility to protect the adult at risk of abuse or neglect if they are at risk and it is their duty to take action.

Actions you must take

- If someone is in immediate danger call the Police on 999
- If someone needs immediate medical attention call the ambulance
- If a crime is being or has just been committed call the Police
- Take any other action within your remit to ensure immediate safety of the resident or client • Preserve evidence
- Use the Safeguarding Procedure
- If you do not have confidence that your Manager/Team Leader will act appropriately or if they fail to do so once you have made a report, please contact a more senior manager.
- Record what happened and actions you have taken.

Do

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to your manager for support and guidance • Explain the procedure to the individual making the allegation
- Remember the need for on-going support.

Don't

- Confront the person alleged to have caused harm
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic

Useful Addresses

Action for Elder Abuse PO Box 60001 Streatham London SW16 9BY Help and information to protect and prevent abuse of older people. Tel 020 8835 9280 Helpline 080 8808 8141 Monday - Friday 10.00 am - 4.30 pm Website: http://www.elderabuse.org.uk	Practitioner Alliance Against Abuse of Vulnerable Adults Victoria House Victoria Street Taunton Somerset TA1 3JA Works in partnership with other organisations engaged in protection of vulnerable adults. Tel: 01823 351630 Website: www.pasauk.org.uk
Age UK 83 Leather Lane London Offices throughout the UK. Information and advice for the elderly. Tel Freephone 0800 169 6565 Website: www.ageuk.org.uk	Carers UK 20 Great Dover St London SE1 4LX Tel 020 7348 4999 Carers Scotland The Cottage 21 Pearce Street Glasgow G51 3UT Tel: 0141 445 3070 Information and advice for carers. Tel Helpline 0808 808 7777 Website: http://www.carersuk.org
Relatives and Residents Association 25 The Ivories 6 – 18 Northampton Street London N1 2HY Help and advice for older people living in residential care, and their relatives. Tel 020 7359 8148 Monday – Friday, 9.30am – 4.30pm Helpline: 020 7359 8136 Website: www.relres.org Email: info@relres.org	Counsel and Care 6 Avonmore Road Kensington Olympia London W14 8RL Advice and information for the elderly on welfare, benefits and other issues. Tel 0845 300 7585 (local rates) Monday - Friday, 10.00am - 4.00 pm Website: http://www.counselandcare.org.uk Email: advice@counselandcare.org.uk
Alzheimer's Society 43-44 Crutched Friars London EC3N 2AE Alzheimer's Scotland 22 Drumsheugh Gardens	Public Concern at Work 3rd Floor Bank Chambers 6 – 10 Borough High Street London SE1 9QQ

Edinburgh EH3 7RN Information and advice about dementia. Helpline 0845 300 0336 (local rates) Monday - Friday, 8.30 am - 6.30 pm Website: http://www.alzheimers.org.uk Website: http://www.alzheimer@alzscot.org	An independent authority which seeks to ensure concerns regarding malpractice are properly raised and addressed in the workplace. Tel 020 7404 6609 – Whistleblowing advice line Monday - Friday, 9.00 am - 6.00 pm Website: http://www.pcaw.co.uk Email: whistle@pcaw.co.uk
The Clinic for Boundaries Studies (formerly known as POPAN) Delta House 175-177 Borough High Street London SE1 1HR Help and advice for people who have been abused by health and care workers. Tel 0845 450 0300 - Helpline Monday 4.30pm – 7pm and Thursday 10am – 12.30pm Website: www.professionalboundaries.org.uk	Ann Craft Trust Centre for Social Work; University of Nottingham University Park Nottingham NG7 2RD Protection from abuse for children and adults with learning disabilities. Provide training in this field. Tel 0115 951 5400 Monday - Thursday, 8.30am – 5pm Friday 8.30am – 2pm Website: http://www.anncrafttrust.org Email: ann-croft-trust@nottingham.ac.uk
Voice UK Rooms 100 – 106 Kelvin House RTC Business Centre London Road Derby DE24 8UP Supply supporting information for people of all ages who have a learning disability. Tel 01332 345 346 Helpline 0808 802 8686 Monday - Friday, 10am – 4pm Website: www.voiceuk.org.uk Email: voice@voiceuk.org.uk	Vulnerable Adult Support Octavia House 50 Banner Street London EC19 8ST Vulnerable Adult Support Scotland 15/23 Hardwell Close Edinburgh EH8 9RX Support for witnesses and victims of crime. adult experiencing or at risk of, abuse or neglect Support line Tel 0845 30 30 900 (local rates) Monday - Friday, 9.00 am - 9.00 pm Saturday & Sunday, 9.00 am - 7.00 pm www.victimsupport.org.uk Email: contact@victimsupport.org.uk

This policy is to be reviewed annually. Next review date: October 2024

Appendix 1: Types of abuse

- **Physical abuse** - including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

- **Sexual abuse** - including rape and sexual assault or sexual acts to which the adult at risk of abuse or neglect has not consented or could not consent 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, isolation or withdrawal from services or supportive networks.

- **Financial or material abuse** - including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

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

- **Discriminatory abuse** - including race, sex, culture, religion, politics, that is based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment, hate crime.

- **Institutional abuse** - Institutional abuse although not a separate category of abuse in itself, requires specific mention simply to highlight that adults placed in any kind of Care Home or Day Care establishment are potentially vulnerable to abuse and exploitation. This can be especially so when care standards and practices fall below an acceptable level as detailed in the contract specification.

- **Multiple forms of abuse** - Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

Appendix 2: Identification of abuse

Physical abuse signs:

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- Excessive consumption of alcohol which is unusual
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

Sexual abuse signs:

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing
- fear or aggression to one particular person.
- Behaviour of others towards the adult at risk of abuse or neglect

Psychological/emotional signs:

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

Neglect signs:

- Physical condition poor
- Clothing in poor condition

- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Financial or material signs:

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the
- vulnerable person's assets

Discriminatory signs:

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

Other signs of abuse:

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between staff and residents / clients

STRICTLY CONFIDENTIAL **SAFEGUARDING ADULTS MONITORING FORM**

Initials of Victim……Gender (M/F) …… Date of Birth……

Address (excluding house/room number)

……

……

……

Suspected Abuse ☐ Alleged Abuse ☐ Actual Abuse ☐

Reported By: (Give full name and relationship – e.g. carer, partner, friend, staff etc.)

…… on (date)……

Full details of Situation

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(continue overleaf if necessary)

Referred to Social Services: Yes/No……

Other people/agencies involved (Names)……..

……

Form Completed by ……..

Name of Estate / Service …… Date.....

Once completed this form must be must be added to the residents / clients notes.