



# Safeguarding Adults Policy and Procedure

## September 2020

<b>This document is relevant to:</b>	
Staff	✓
Volunteers	✓
Trustees	✓

<b>Policy Owner</b>	Chair of Trustees
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### *Change History*

Version	Date	Author	Reason
1.1	Sept 20	Sheridan Hammond	Major amendments to be compliant with current legislation
1.2	October 6	Steve Inett	Included reference to the Kent & Medway Adult Safeguarding Protocols

### *Reviewers*

Name	Position
Steve Inett	Interim CEO



# Safeguarding Adults Policy and Procedure

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## Introduction

Living a life that is free from harm and abuse is a fundamental right of every person. All of us need to act as good neighbours and citizens in looking out for one another and seeking to prevent isolation, which can easily lead to abusive situations and put adults at risk of harm.

When abuse does take place, it needs to be dealt with swiftly, effectively and in ways which are proportionate to the issues and where the adult in need of protection stays as much in control of the decision-making as is possible. The right of the individual to be heard throughout this process is a critical element in the drive towards more personalised care and support.

All staff, volunteers and trustees, in whatever setting, have a key role in preventing harm or abuse occurring and in taking action where concerns arise. The policy and procedures set out here are designed to explain simply and clearly how we should work together to protect adults at risk.

South Kent Mind's Safeguarding Lead is the CEO. The procedure to follow if you have a safeguarding concern is provided as Appendix 1 at the end of this policy.

For safeguarding in relation to Children or Young People under the age of 18 years, please see South Kent Mind's Safeguarding Children Policy.

The procedures outlined aim to make sure that:

- South Kent Mind promote the wellbeing of adults with care and support needs
- the needs and interests of adults at risk are always respected and upheld
- the human rights of adults at risk are respected and upheld
- proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- all decisions and actions are taken in line with the Mental Capacity Act (MCA) 2005, including Deprivation of Liberty (DOLs). The procedures also aim to ensure that each adult at risk maintains:
  - choice and control with their chosen outcomes at the heart of safeguarding
  - safety
  - health
  - quality of life
  - dignity and respect.

As an organisation, we are committed to working together with partner agencies to:

- prevent and protect adults at risk from abuse
- empower and support people to make their own choices
- record and report suspected abuse or neglect
- support adults at risk who are experiencing abuse, neglect and exploitation.

According to the Care Act 2014 the local authorities have the lead role in co-ordinating work to safeguard adults. However, section 6 of the Act is also clear that the local authority and the other relevant partner agencies, of which South Kent Mind is one have duties to co-operate with each other and this will require multi-agency and multi-disciplinary working.

### **Adult(s) at risk and adult abuse Definition**

The term 'adult at risk' has been used to replace the term 'vulnerable adult' in this Policy and Procedure. An adult at risk is defined as a person aged 18 or over who is in receipt or who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

### **Abuse**

For the purpose of the Safeguarding Adults policy and procedures the term 'abuse' is or the purpose of the Safeguarding Adults policy and procedures the term 'abuse' is defined as 'a violation of an individual's human and civil rights by any other person or persons which may result in significant harm'.

Abuse may be:

- a single act or repeated acts
- an act of neglect or a failure to act
- multiple acts (e.g. an adult at risk may be neglected and financially abused).

Abuse is about the misuse of the power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place. Intent is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual. Abuse can take place anywhere: a person's own home, day or residential centres, supported housing, educational establishments, nursing homes, clinics and hospitals. A number of abusive acts are crimes and informing the police must be a key consideration.

### **Who might abuse?**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult at risk. A wide range of people may harm adults. These include:

- a member of staff, owner or manager at a residential or nursing home
- a professional worker such as a nurse, social worker or general practitioner (GP)
- a volunteer or member of a 'community group' such as a social club or place of worship
- another service user
- a spouse, partner, relative or friend
- a carer
- a neighbour, member of the public or a stranger
- a person who deliberately targets adults at risk in order to exploit them.

### **Significant harm**

'Significant harm' refers to:

- ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- the impairment of, or an avoidable deterioration in, physical or mental health, and/or
- the impairment of physical, intellectual, emotional, social or behavioural development.

The importance of this definition is that, in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm. Seriousness of harm, or the extent of the abuse, is not always clear at the point of the alert or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under the Safeguarding Adults Policy and procedure.

The following factors to be considered when making an assessment of the seriousness of risk to the person:

- vulnerability of the person
- nature and extent of the abuse or neglect
- length of time the abuse or neglect has been occurring
- impact of the alleged abuse on the adult at risk
- risk of repeated or increasingly serious acts of abuse or neglect
- risk that serious harm could result if no action is taken
- illegality of the act or acts.

Abuse can be viewed in terms of the following categories (although this is not an exhaustive list):

- physical
- sexual
- psychological/emotional
- financial and material
- neglect and acts of omission
- discriminatory
- institutional

Many abusive behaviours constitute a criminal offence. All suspected abuse must be investigated. Many situations may involve more than one type of abuse. Consider the definition of each category in turn, together with their indicators. Be aware that the lists given below are only an indication that abuse is happening and disclosure from an individual may also be offered.

The presence of one or more of these signs does not confirm abuse. However, the presence of one or a number of these indicators may suggest the potential for abuse and a safeguarding alert must be made.

### **Physical abuse**

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators are:

- Unexplained or inappropriately explained injuries.
- Person exhibiting untypical self-harm.
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia.
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body.
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance.
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body.

- Medical problems that go unattended.
- Sudden and unexplained urinary and/or faecal incontinence.
- Evidence of over-/under-medication.
- Person flinches at physical contact.
- Person appears frightened or subdued in the presence of particular people.
- Person asks not to be hurt.
- Person may repeat what the alleged abuser has said (e.g. 'Shut up or I'll hit you').
- Reluctance to undress or uncover parts of the body.
- Person wears clothes that cover all parts of their body or specific parts of their body.
- A person without capacity not being allowed to go out of a care home when they ask to.
- A person without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

## Sexual abuse

Sexual abuse includes rape and sexual assault or sexual acts that the adult at risk has not consented to or could not consent to, or was pressured into. It includes penetration of any sort, incest and situations where the alleged abuser touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse.

Possible indicators are:

- Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.
- Person appears unusually subdued, withdrawn or has poor concentration.
- Person exhibits significant changes in sexual behaviour or outlook.
- Person experiences pain, itching or bleeding in the genital/anal area.
- Person's underclothing is torn, stained or bloody.
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

## Sexual exploitation

The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Sexual exploitation can occur through the use of technology without the person's immediate recognition this can include, being persuaded to post sexual images on the internet/a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

## Psychological abuse

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), and isolation or withdrawal from services or support networks. Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Possible indicators are:

- Untypical ambivalence, deference, passivity, resignation.
- Person appears anxious or withdrawn, especially in the presence of the alleged abuser.
- Person exhibits low self-esteem.
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance).
- Person is not allowed visitors/phone calls.
- Person is locked in a room/in their home.
- Person is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.)
- Person's access to personal hygiene and toilet is restricted.
- Person's movement is restricted by use of furniture or other equipment.
- Bullying via social networking internet sites and persistent texting.

### **Financial or material abuse**

This includes theft, fraud, exploitation, pressure in connection with wills or property and the misappropriation of property or benefits. It also includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs. Staff/volunteers borrowing money or objects from a service user is also considered financial abuse.

Possible indicators are:

- Lack of money, especially after benefit day.
- Inadequately explained withdrawals from accounts.
- Disparity between assets/income and living conditions.
- Power of attorney obtained when the person lacks the capacity to make this decision.
- Recent changes of deeds/title of house.
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money.
- Service user not in control of their direct payment or individualised budget.
- Mis-selling/selling by door-to-door traders/cold calling.
- Illegal money-lending.

### **Neglect and acts of omission**

These include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves. Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a person's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators are:

- Person has inadequate heating and/or lighting.
- Person's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing).
- Person is malnourished, has sudden or continuous weight loss and/or is dehydrated.

- Person cannot access appropriate medication or medical care.
- Person is not afforded appropriate privacy or dignity.
- Person and/or a carer has inconsistent or reluctant contact with health and social services.
- Callers/visitors are refused access to the person.
- Person is exposed to unacceptable risk.

### **Self-neglect**

Self-neglect does not come under the scope of these procedures, which relate to circumstances where there is a person or agent, other than the adult at risk, who is causing significant harm. However, some local authorities will apply their safeguarding procedures to protect individuals who self-neglect where there is not a person alleged to have caused harm. Practitioners should refer to local procedures relating to this issue.

### **Discriminatory abuse**

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse

Possible Indicators are:

- Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.
- A person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices.
- A person making complaints about the service not meeting their needs.

### **Institutional abuse**

Institutional abuse is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals in a setting or service where the adult at risk lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults at risk. Institutional abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that institutional abuse is most likely to occur when staff:

- receive little support from management
- are inadequately trained
- are poorly supervised and poorly supported in their work
- receive inadequate guidance
- 

Such abuse is also more likely where there are inadequate quality assurance and monitoring systems in place.

Possible indicators are:

- Unnecessary or inappropriate rules and regulations.
- Lack of stimulation or the development of individual interests.

- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership.
- Restriction of external contacts or opportunities to socialise.

### **Other areas of abuse**

Below is a list of other areas of abuse.

- Hate crime
- Domestic abuse
- Honour-based violence
- Female genital mutilation
- Forced marriage
- Human trafficking
- Exploitation by radicalisers who promote violence

### **Abuse by another adult at risk**

Where the person causing the harm is also an adult at risk, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (e.g. a day centre). In this situation it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person allegedly causing harm. It may be necessary to reassess the adult allegedly causing the harm. This will involve a meeting where the following could be addressed:

- the extent to which the person causing the harm is able to understand his or her actions
- the extent to which the abuse or neglect reflects the needs of the person causing the harm not being met (e.g. risk assessment recommendations not being met)
- the likelihood that the person causing the harm will further abuse the victim or others. The principles and responsibilities of reporting a crime apply regardless of whether the person causing harm is deemed to be an adult at risk.

### **Responsibilities for Staff & Volunteers**

The first priority of all staff and volunteers must always be to ensure the safety and protection of the adult at risk. All staff and volunteers should be aware of the multi-agency and local safeguarding policy and procedures and have a responsibility to be aware of issues of abuse, neglect or exploitation.

All staff and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult who is at risk is being, or is at risk of being, abused, neglected or exploited and to ensure that the situation is assessed and investigated.

### **Concerns about suspected abuse**

Any suspicion that a service user has been abused by either a member of staff or a volunteer should be reported to a Manager or the Safeguarding Lead who will take such steps as considered necessary to ensure the safety of the service user in question and any other person/s who may be at risk.

The manager or Safeguarding Lead should refer to the latest version of the Multi-Agency Safeguarding Adults Policy, Procedures and Practitioner Guidance for Kent and Medway found here: <https://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-safeguarding/national-adult-protection-legislation#tab-1,2>



If a Manager is the subject of the suspicion/allegation, the report must be made to the Safeguarding Lead or another senior member of staff.

## Disclosure Guidance

### Acting in an emergency

In a situation where there is immediate risk of harm or need for treatment, all staff in all agencies should call the police and/or ambulance service without referring to a manager, if not doing so would cause unnecessary delay in protecting the adult or others from crime or injury. In fact, not making urgent contact may later be construed as negligent or failing in the duty of care. Staff need to be made aware of this and should be aware they would not be subject to any consequent sanctions or to disciplinary action, unless there was malicious intent.

### Responding to initial disclosure

Although staff are encouraged to be alert to the signs and signals which may indicate that someone is being abused, many incidents will only come to light because the person discloses this themselves.

Bear in mind that a disclosure may take place many years after a traumatic event or when someone is afraid, and this should not cast doubt on the person's truthfulness.

The person to whom a disclosure is made may not necessarily be the person to take an enquiry forward, especially in a care setting. So, if you are told about abuse, you must respond sensitively and professionally and pass the information on to your line manager/senior manager as soon as possible but within 24 hours - unless you suspect that they themselves may be implicated.

If someone discloses abuse to you, you should:

- a) stay calm and try not to show shock or disbelief
- b) listen carefully to what they are saying
- c) be sympathetic ('I am sorry that this has happened to you')
- d) be aware of the possibility that medical evidence might be needed.

Tell the person that:

- e) they did the right thing to tell you
- f) you are treating the information seriously
- g) the alleged abuse was not their fault
- h) you have to inform the appropriate person
- i) you/the service will take steps to protect and support them
- j) report to your line/senior manager, if appropriate,
- k) as soon as possible, record factually what was said, use exact wording and phrases, not your opinion
- l) describe the circumstances in which the disclosure came about
- m) note the setting and anyone else who was there at the time
- n) Be aware that your report may be required later as part of a legal action or disciplinary procedure.

You must not:

- a) start an enquiry/investigation on your own – it is vital not to tamper with a potential police enquiry
- b) press the person for more details
- c) interrupt when a person is freely recalling significant events; (e.g. don't say 'Hold on we'll come back to that later') as they may not say it again
- d) ask leading questions that could be interpreted as putting words or suggestions forward (for example 'Did you mean....?')
- e) promise to keep secrets because this information cannot be kept a secret but can be managed confidentially

- f) make promises you cannot keep (such as: 'This will never happen to you again')
- g) contact or confront an alleged abuser
- h) be judgmental (for example 'Why didn't you run away?')
- i) pass on the information to anyone other than those with a legitimate 'need to know,' such as your line manager or other appropriate person.

### **The Line Manager's responsibility when initially advised of a disclosure**

If you think, from the information you have received, that that an allegation of abuse exists, you must contact the local authority to discuss and report the concerns. Ensure the listed advice above has been followed.

### **Pre-referral consultation process**

If you are uncertain whether or not to refer a matter to the Local Authority, you can consult with professionals, who are there to help. This consultation may be anonymous with regard to the identity of the caller and any other people involved.

For Kent phone 03000 41 61 61, for Medway phone 01634 334466 and state that you want to consult about an adult safeguarding concern. The timeframe for a consultation should ideally not exceed 24 hours.

If it becomes clear during the consultation with the Local Authority, that an adult(s) with care and support needs have or may have been abused or is at risk of abuse or neglect a referral to the local authority must be made.

It is essential that following consultation, clarity exists regarding the Local Authority decision to make enquiries or not and that this decision is recorded according to local policy. Good practice would be to confidentially share the record of the consultation with the person who made the request.

### **Recording outcomes of a consultation**

The information provided to the Local Authority will be recorded in the duty recording system together with a note of any advice given along with the recommendation(s) for any further actions and or referrals that may be necessary.

Staff from other organisations should ensure that accurate records are made of the identified concerns and of all consultations made, recording details of the people consulted, decisions made, and recommendations given.

## **Guidance for completing the Safeguarding Consultation & Reporting Form**

The Manager or Safeguarding Lead must refer to the latest version of the Multi-Agency Safeguarding Adults Policy, Procedures and Practitioner Guidance for Kent and Medway found here: <https://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-safeguarding/national-adult-protection-legislation#tab-1,2>

### **The role and responsibility of the manager**

- to ensure the alleged victim is made safe and to preserve any evidence relating to the abuse
- to ensure that any member of staff or volunteer who may have caused harm is not in contact with the alleged victim, other service users or others who may be at risk (e.g. 'whistleblowers').
- to ensure that safeguarding alerts are raised as appropriate
- to ensure that appropriate information is provided in accordance with local policy guidance and timeframes. The primary responsibility for co-ordinating information in response to a Safeguarding Adult concern is vested in the local authority managing officer, but the investigation/assessment may be undertaken by another organisation (e.g. the police or a

health trust). All managers in all organisations have a key role to play. All managers should ensure that they:

- make staff aware of their duty to report any allegations or suspicions of abuse to their line manager, or if the line manager is implicated, to another responsible person or to the local authority, and the procedure for doing so
- meet their legal responsibilities, particularly under the Care Act 2014, Mental Capacity Act 2005 (including DOLs) and Human Rights Act 1998 and ensure compliance with registration, outcomes and guidance on compliance, quality, safeguarding and safety standards
- operate safe recruitment practices and routinely take up and check references
- adhere to and operate within their own organisation's 'whistleblowing' policy and support staff who raise concerns
- ensure all staff receive training in safeguarding adults consistent with their job roles and responsibilities.

## The Safeguarding Lead

South Kent Mind has designated the CEO as the Adult Safeguarding Lead who will:

- Be available for consultation in the absence of a Manager
- Be responsible for the Safeguarding Adults Policy & Procedure
- To ensure that the organisation is compliant with local and national Safeguarding Policy
- To review safeguarding practice within the organisation
- To coordinate completed safeguarding cases and relevant paperwork South Kent Mind's current Safeguarding Lead is the CEO

## Other Information

South Kent Mind will fulfil their legal obligations under the Safeguarding Vulnerable Groups Act (SVGA) 2006, and the Vetting and Barring Scheme as administered by the Disclosure and Barring Service (DBS). The CEO will have a responsibility for making checks on and referring staff and volunteers who have been found to have harmed an adult at risk or put an adult at risk at risk of harm. As an organisation, South Kent Mind will ensure that:

- Safeguarding Adults is considered in all appropriate HR strategies, systems, policies and procedures
- national safe recruitment and employment practices are adhered to, including the guidelines issued by the Disclosure & Barring Service (DBS)
- staff and volunteers in contact with adults at risk have regular supervision and support, and appropriate training to help them identify and respond to possible abuse and neglect.