

# Adult Safeguarding Policy



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# **ADULT SAFEGUARDING STATEMENT & POLICY**



## **1. Purpose**

Tuntum Housing Association is committed to ensuring that all vulnerable adults are protected and kept safe from harm whilst engaged in services organised and provided by us. Tuntum Housing Association will also safeguard the welfare of vulnerable adults who use our services by protecting them from abuse.

## **2. Statement**

Tuntum Housing Association recognises its responsibilities under relevant legislation to make arrangements for ensuring that its functions are discharged having regard to the need to safeguard and promote the welfare of vulnerable adults. Tuntum Housing Association operates on a zero tolerance basis to abuse and neglect within our organisation.

This policy applies to all situations within the Tuntum Housing Association operation, which could potentially involve vulnerable adults, from vulnerable adults in a reception area to home visits where vulnerable adults are present. Good Practice guidelines will be provided for staff, to protect vulnerable adults and to protect staff from allegations of abuse.

The policy affects every Tuntum Housing Association board member, staff member, volunteer and anyone working on behalf of and/or representing Tuntum Housing Association.

This policy should be read in conjunction with the following publications:-

- No Secrets (DoH)
- 'Safeguarding adults: sharing information' Social Care Institute for Excellence
- Safeguarding Adults (NHS Midlands & East)
- Nottingham & Nottinghamshire Safeguarding Vulnerable Adults Guidance – 2018
- Derby & Derbyshire Safeguarding Adults Policy & Procedure - 2017

## **3. Introduction**

This policy on Safeguarding Adults has been devised following the guidance of the Care Act 2014. The definition of safeguarding is:

*“Safeguarding 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 Tuntum. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances”*

The Care Act identifies six key principles that should underpin all adult safeguarding work:

- Empowerment – People being supported and encouraged to make their own

decisions and informed consent.

*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*

- Prevention – It is better to take Tuntum before harm occurs.

*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*

- Proportionality – The least intrusive response appropriate to the risk presented.

*"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*

- Protection – Support and representation for those in greatest need.

*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*

- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*

- Accountability – Accountability and transparency in delivering safeguarding.

*"I understand the role of everyone involved in my life and so do they."*

This policy is designed to allow for the prevention, investigation and action, on a multi agency basis, in respect of allegations of abuse against adults at risk. It should therefore be read and acted upon in conjunction with the **Multi-agency Policies and Procedures on Working to Safeguard Adults**, as issued by each local Safeguarding Adults Board. Tuntum operates various internal audit processes (annual internal service audit, safeguarding spot audits) to identify and improve accountability internally.

For the purposes of clarity, all the clients of Tuntum over the age of 18 are considered to be adults at risk. The adult at risk concerned could also be someone other than a Tuntum client, such as a relative, friend or neighbour, or even an employee.

The policy serves three purposes:

- to help identify when abuse may be occurring
- to allow for the reporting of such concerns by offering practical ways in which to report concerns
- where possible we prevent abuse rather than react to it

#### **4. Policy Principles**

The policy meets Tuntum's responsibilities laid out in the Public Interest Disclosure Act 1998 and the Human Rights Act 1998. It also links to the ASB, Crime and Policy Act 2014, which identifies a more local approach to ASB and puts victims first.

Tuntum expects every member of staff, volunteer and Board member to not only carry out their duties in a manner consistent with the six principles of the Care Act, but also to report incidents or behaviour where they feel this is being compromised, be that as a result of:

- a Tuntum policy,
- a member of staff,
- a result of another agency practice,
- behaviour of staff from another agency,
- a family member or relative,
- or some other person.

#### **5. Confidentiality (GDPR) and Capacity**

The protection of all confidential information is recognised as good practice, but public interest can override the duty of confidentiality. It is difficult for a single agency to know if an adult may be at risk. The alleged perpetrator may have been involved in other cases etc and staff may decide to discuss concerns with relevant "others" such as the Safeguarding Adults team in each area or possibly the Public Protection Police Unit to determine if safeguarding action is required.

The principles of confidentiality are:

Information should only be shared on a "need to know" basis when it is to protect the vital interests of the Client. However it may be appropriate to discuss concerns with Social Services and possibly identify a serial abuser.

Confidentiality should not be confused with secrecy.

Assurances of absolute confidentiality should not be given to any client as it is never guaranteed that abuse will not occur. In circumstances where abuse is a criminal act or other vulnerable people are at risk, the information must be disclosed to the relevant authorities.

Informed consent should be obtained wherever possible. Care should be taken to check that each vulnerable person has the capacity to make decisions about sharing confidential information and the consequences of not doing so.

In some cases concerns must be shared against the wishes of the individual concerned. This is when there is an immediate and / or clear risk to either the individual themselves or another person, and failure to share concerns will likely lead to further abuse taking place. In all of these cases staff and volunteers should endeavour to speak with their line manager or a member of the management team first; however, in some circumstances this may not be possible and the safety of individuals is the first priority.

## 5.1 Capacity, Consent and Decision Making

Staff should adhere to the following principles where concerns arise regarding capacity:

The consideration of capacity is crucial at all stages of Safeguarding Adults Procedures. For example determining the ability of an adult at risk to make lifestyle choices, such as choosing to remain in a situation where they risk abuse; determining whether a particular act or transaction is abusive or consensual; or determining how much an adult at risk can be involved in making decisions in a given situation.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect adults at risk who may not be able to make their own decisions. It makes it clear who can take decisions in which situations and how they should go about this. It enables people to plan ahead for a time when they may lose capacity.

The whole Act is underpinned by a set of five key principles:

1. A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
2. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
3. That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
4. Best interests - anything done for or on behalf of people without capacity must be in their best interests; and
5. Least restrictive intervention - anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

## 5.2 Independent Mental Capacity Advocate (IMCA)

The purpose of the Independent Mental Capacity Advocacy Service is to help particularly vulnerable people who lack the capacity to make important decisions about serious medical treatment and changes of accommodation, and who have no family or friends that it would be appropriate to consult about those decisions.

The role of the Independent Mental Capacity Advocate (IMCA) is to work with and support people who lack capacity, and represent their views to those who are working out their best interests.

The Department of Health has extended the Act through Regulations to cover circumstances where a Safeguarding Adults allegation has been made. The Regulations specify that Local Authorities and the NHS have powers to instruct an IMCA if the following requirements are met:

- where safeguarding measures are being put in place in relation to the protection of adults at risk from abuse; and
- where the person lacks capacity

## 6. Vulnerable Adult Risk Management – VARM's

VARM is a process that provides professionals with a framework to facilitate effective multi-agency working with adults at risk who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services. In cases such as self-neglect, risk taking behaviour and refusal of services there is no abuse perpetrated by a third party, so the referrals do not meet the threshold for the Safeguarding Adults process; however they do need to be considered and risk assessed via another process.

The VARM does not replace established processes such as MAPPA or MARAC; these will take priority.

In order to consider a person for a VARM meeting **all** the following criteria should apply:

- A person **must have capacity** to make decisions and choices regarding their life
- There is a **risk of serious harm or death** by self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted by the local community, is the victim of Hate Crime or Anti-Social Behaviour or the victim of sexual violence and they do not meet the criteria for Safeguarding
- There is a **public safety** interest
- There are a high level of **concerns from partner agencies**

Serious harm means death or injury (either physical or psychological) which is life threatening and/or traumatic and which is viewed to be imminent or very likely to occur.

Any agency can initiate a VARM meeting. The expectation is that the appointed VARM champion will exercise professional judgement when referring a case to this process.

It should be noted that the provision of a VARM is not statutory for local areas, therefore the area in which you operate may not have an existing process. However, even if it is not established in your locality, if you feel there is the need for this to take place it should be discussed with a manager as to the best way of taking it forward.

### 6.1 MATE crime

A growing area of concern is Mate crime, based on Hate crime. Hate crime is defined as:

‘Any criminal offence which is perceived, by the victim or any other person to be motivated by a hostility or prejudice based on a personal characteristic’

Mate crime as:

'People with learning disabilities are often befriended by people who then exploit them. These are groups and individuals who pretend to be friends but who are really taking advantage of people'

## 6.2 Inherent Jurisdiction

This term, in the context of working with adults at risk, refers to someone who is deemed to have capacity but requires protection for whatever reason, and a Court has 'inherent jurisdiction' to make orders that will protect that individual even if it is against their wishes. For example, if an adult who is deemed at risk wishes to maintain contact with a family member despite the fact that contact invariably leads to severe deterioration in mental health. In this case the Court could prevent contact between the adult at risk and the family member. It is important to be aware of inherent jurisdiction when working with adults at risk if the statutory services deem them to have capacity but you feel there is clear evidence that a certain behaviour or situation is detrimental to their wellbeing.

## 7. Identification of Forms of Abuse

The Care Act identifies ten forms of abuse:

- **Physical Abuse**  
Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
- **Domestic Abuse** including psychological, physical, sexual, financial, emotional abuse and honour based violence
- **Sexual Abuse**  
Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting. This includes Child Sexual Exploitation that started when they were a child, but has carried on into adulthood.
- **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, internet scams
- **Modern Slavery**  
Encompasses slavery, human trafficking; forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- **Discriminatory Abuse**  
Including racist, sexist, that based on a person's disability and other forms of harassment, slurs or similar treatment

- **Organisational Abuse** (previously known as institutional abuse). It may take the form of isolated incidents of poor practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. It can occur when the routines, systems, communications and norms of an institution compel individuals to sacrifice their preferred lifestyle and cultural diversity to the needs of that institution.
- **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
- **Self Neglect** covers a wide range of behaviours - neglecting to care for one's personal hygiene, health or surroundings including hoarding. It should be noted that whilst self-neglect may not prompt a section 42 enquiry, it should still be referred and assessed on a case by case basis
- **Violent Extremism** Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause.

## 7.1 Prevent

Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity. Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity.

The Prevent Programme is designed to safeguard people in a similar way to safeguarding processes to protect people from gang activity, drug abuse, and physical and sexual abuse.

- The 2011 Prevent strategy has three specific strategic objectives:
  - respond to the ideological challenge of terrorism and the threat we face from those who promote it;
  - prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
  - work with sectors and institutions where there are risks of radicalisation that we need to address.

*Note: these examples are not an exhaustive list of actions or behaviours that will constitute abuse*

## **7.2. Who May Be The Abusers?**

Adults at risk may be abused by a wide range of people that come into contact with them, including;

- Relatives and family members
- Professional staff
- Paid care workers
- Volunteers
- Other Clients
- Neighbours, friends and associates
- Strangers

## **8 Information**

Every Client will be supplied with information about adults at risk and who to contact if they have questions or concerns. In addition, a poster on the protection of adults at risk and how to report concerns will be displayed at each office, in reception areas. Files for clients that have been involved in safeguarding issues should be retained for 20 years as per the data protection guidance.

## **9 Training**

Training on the protection of adults at risk will be covered in staff induction. Further, all support staff and support volunteers will attend the relevant Local Authority Multi-agency Safeguarding Adults training at a level suitable to their position, at first availability. This will be provided as a rolling programme and all staff and volunteers will refresh their knowledge by attending training every two years.

## **10 Summary of Tuntum's Policy**

- Every member of staff, volunteer and trustee has the responsibility to identify and bring to attention any incident, behaviour or action(s) which they feel is unacceptable in terms of the physical and psychological wellbeing of any of the clients within our care, or of another adult at risk including staff (in unusual circumstances, this could include organisational or management arrangements which are believed to be harming the delivery of acceptable support/service provision).
- Anyone who is told of, or suspects abuse of any adult at risk, should report the incident or concerns in line with the guidance and take the appropriate steps to prevent continuation of the abuse occurring.
- The result of reporting concerns under any of the options outlined will be an investigation into the case, as per the requirements of the multi-agency policies and procedures to safeguard adults from abuse.
- In all cases, the individual reporting the concern will be kept informed of progress and any outcomes to such investigations.

## 11 Appendix 1 - 'Safeguarding Adults' referral form

### **POLICY REVIEW**

This policy will be reviewed every two years, in accordance with broader guidance and legislation, and taking into account feedback from staff and service users.

Tuntum Housing Association's Board of Management will ultimately be responsible for ensuring that the policy is reviewed, although they may wish to delegate the review process.

Any changes to the policy will need the authorisation of the Tuntum Housing Association Board of Management. Until such authorisation is given the existing policy will continue to apply unless the existing policy contradicts any new legal requirements or responsibilities.

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## Tuntum Safeguarding Adults Policy - Appendix 1

This pro forma is to assist you in gathering all of the relevant details prior to making a referral to Adult Social Care. You do not need to send it anywhere; however you may find it useful to complete a copy for your records and for ease when referring.

### Details of Vulnerable Adult

Name  Date of Birth   
Address

Service User ID/  
Episode ID  Gender  M  F

Date of Referral

Has a referral been made about this vulnerable adult before?  Y  N

Has a referral been made about this service/provider before?  Y  N

Has a referral been made about the alleged perpetrator before?  Y  N

### *Clients Ethnic Origin*

- Black African  Black Caribbean  Mixed White and Asian  
 Bangladeshi  Chinese  Mixed White and Black African  
 Indian  Pakistani  Mixed White and Black Caribbean  
 White British  White Irish  Mixed White and Chinese  
 Other Asian  Other Black  Other Mixed background  
 Other White  Other Ethnic group

### *Vulnerable Adults Client Group*

- Over 65s  Learning Disability  Physical Disability  
 Mental ill Health Issues  Substance Misuse  Deaf  
 Blind  HIV/Aids  Carer

### Is the Vulnerable Adult known to other agencies:

Yes If yes please provide details:   
 No

### Is the Vulnerable Adult from another District / Authority:

Yes If yes please provide details:   
 No

**Details about the Allegation of Abuse**

*Source of Alert*

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Partner    | <input type="checkbox"/> Main Family Carer  | <input type="checkbox"/> Other Family Member             |
| <input type="checkbox"/> Paid Carer | <input type="checkbox"/> Other Service User | <input type="checkbox"/> Vulnerable Adult themselves     |
| <input type="checkbox"/> Friend     | <input type="checkbox"/> Formal Advocate    | <input type="checkbox"/> Acute Hospital (including A&E)  |
| <input type="checkbox"/> GP         | <input type="checkbox"/> Service Provider   | <input type="checkbox"/> Independent Healthcare Provider |
| <input type="checkbox"/> Volunteer  | <input type="checkbox"/> General Hospital   | <input type="checkbox"/> Healthcare Commission           |
| <input type="checkbox"/> Police     | <input type="checkbox"/> Social Services    | <input type="checkbox"/> Specialist/Community Hospital   |
| <input type="checkbox"/> Other PCT  | <input type="checkbox"/> Neighbour          | <input type="checkbox"/> Alleged Perpetrator             |
| <input type="checkbox"/> Complaints | <input type="checkbox"/> Prison/Probation   | <input type="checkbox"/> Domestic Violence Unit          |
| <input type="checkbox"/> CSCI       | <input type="checkbox"/> Voluntary Agency   | <input type="checkbox"/> Counsellor/Therapist            |
| <input type="checkbox"/> Anonymous  | <input type="checkbox"/> Member of Public   | <input type="checkbox"/> Other (please specify):         |

*Location of Abuse*

Residential Home	Independent Healthcare
General Hospital	Sheltered Accommodation
Nursing Care Home	Supported Accommodation
Acute Hospital	Day Centre/Service
Public Place	College/Adult Education/Work
Vulnerable Adults' Own Home	Vulnerable Adults' Parents Home
Vulnerable Adults' Relatives Home	Alleged Perpetrators' Home
Specialist/Community Hospital	Adult Placement Scheme
	Other (please specify):

*Type of Abuse*

Discriminatory

Psychological

Sexual

Financial

Physical

Neglect and Acts of Omission

Date and time of Incident:

Brief description of the allegation / abuse:

**Details about the alleged perpetrator**

Name

Telephone

Address

*Age*

<input type="checkbox"/> -18	<input type="checkbox"/> 18-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60	<input type="checkbox"/> 61-70	<input type="checkbox"/> 71-80	<input type="checkbox"/> 80+
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*Gender*

M

F

*Alleged Perpetrator*

Partner

Main Family Carer

Other Family Member

Friend

Stranger

Other Service User

Neighbour

Unknown

Volunteer/Befriender

Institution staff (residential home, domiciliary, nursing home, prison, secure units etc)

Other Professional (Nurse, GP, Social Worker etc)

Actions against the alleged perpetrator (suspension etc):

**Details of the Referrer**

Name

Telephone

email