

## Safeguarding Policy and Procedure for Adults at Risk

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## 1. Introduction

The aim of this policy is to ensure that everyone working for the Society is aware of and works within the multi-agency protocols, which ensure that adults at risk are protected from abuse.

People working with adults at risk should:

- Recognise that abuse takes many forms and occurs in differing circumstances.
- Understand that it is important not to see abuse in every situation but be open to the possibility that abuse may have occurred.
- Ensure that incidents of abuse are responded to in a planned, constructive, and supportive manner.
- Provide a responsive atmosphere in which people at risk can be secure about their safety and that their personal dignity is respected.
- Support people at risk to exercise their rights and be reassured that their feelings are valued.
- Ensure everyone is able and knows how to raise concerns
- Ensure that employees know about the Pan London multi-agency policy and procedures to safeguard adults from abuse.
- Ensure that families and carers are informed and supported throughout the process.
- Ensure that all possible steps are taken to prevent abuse
- That the wellbeing of adults at risk is improved

The Westminster Society is committed to following the guidelines within the Safeguarding Adults Multi Agency Policies and Procedures and therefore we instruct all teams to read the document as part of their training and in the event of an allegation.

It is our aim to ensure that current best practice is followed at all times. The policy can also be found on our intranet.

## **2. Policy Statement**

The people we support should be supported to receive services in an environment, which is free from prejudice and safe from abuse ensuring their human rights are protected.

The Westminster Society is committed to preventing abuse, reducing the risk of, and increasing the detection of abuse, through:

- Effective staff recruitment which ensures full pre-employment checks including references, right to work, Disclosure and Barring, fit for work and clarification of gaps in employment
- Robust values based selection and monitoring procedures
- The provision of training, raising awareness and enabling team members to use proactive approaches in the delivery of safe, respectful and responsive services
- The development of robust policies and procedures which outline good practice, adhere to the law and are commensurate with our mission and values
- Effective implementation of multi-disciplinary practice including adherence to the Deprivation of Liberties legislation and the Mental Capacity Act and Pan London guidelines

Where abuse is suspected the Westminster Society will provide a service, which is:

### **Prompt**

In situations where there is any doubt about the person's immediate health and safety.

### **Sensitive**

To vulnerable adults and their representatives / carers / families.

### **Effective**

In providing or negotiating solutions which aim to prevent the risk of further abuse and the abuse recurring.

### **Balanced**

Team members must exercise responsibilities and duties appropriately, avoiding unwarranted intervention into people's lives.

### **Aware**

Does not discriminate against a person because of their religion, cultural beliefs, age, disability, gender, race, or sexuality.

The Society will implement robust recruitment and selection procedures, deliver training and supervision, promote safe working practices, and work within the law.

We require that all staff and volunteers work towards supporting people to reduce the risk of abuse by supporting the person to:

- Make decisions about their own safety (and considering ways to maximise their mental capacity)
- Have good physical and mental health
- Communicate effectively as far as possible, with the right equipment / support to do so.
- Be as independent as possible in their daily lives, or where they need support, for this to be self-directed.
- Build upon positive former life experiences
- Increase their self-confidence and build their self-esteem
- Be feel safe and able to make complaints

Staff and volunteers should support people to have opportunities for:

- Good family relationships
- Active social life and a circle of friends
- Able to participate in the wider community
- No stigma and discrimination
- Good knowledge and access to the range of community facilities
- Remaining independent and active
- Access to sources of relevant information such as Abuse is Wrong (available on the Intranet as a plain English easy read document on Abuse for people with learning disabilities)
- Are fully involved in any Safeguarding enquiries

### 3. Rights & Values

Allegations of abuse raise many dilemmas and conflicts of interest. In guiding team members through the range of decisions and judgments outlined, it is important to recognise that the following rights are central to the services we provide and are reflective of our Organisation Values

Such rights can be summarised as including:

- To live in environment without fear of domestic violence from their caregivers or from other people using the service.
- To have their money, goods and possessions treated with respect.
- To move freely about the community without fear of violence or harassment regardless of their age, gender, sexual orientation, disability race, ethnicity or cultural background.
- To engage in sexual activities and relationships which are and understood without being exposed to exploitation or violence.
- To be given information about keeping themselves safe and healthy and ensuring that they have access to independent advice and medical attention.
- To receive appropriate social and sex education and counselling in order to be able to make choices about their lives, including their relationships and sexual options.
- To be accorded respect and support when making a complaint or seeking help because of abuse.
- To be supported in making their own decisions about how they wish to proceed in the event of abuse, to whom they wish to confide and to know that their wishes would only be overridden if it were considered necessary for their safety or the safety of other vulnerable adults or children.
- To receive, if they have been abused: support, education, counselling, therapy treatment and possible redress, in accordance with their needs, regardless of whether the case went to court or led to disciplinary action against a specific individual.
- To be listened to and to have people around them who are aware of non verbal signals of abuse
- To be able to take informed risks

- To receive support from competent well trained staff who are sensitive to issues surrounding abuse and follow safeguarding policies and procedures.

#### 4. Definitions of Abuse

“Abuse is a violation of an individual’s human and civil rights by any other person or persons” and may result in significant harm to, or exploitation of, the person subjected to the abuse.

It may be physical, verbal, or psychological, it may be an act of neglect, or an omission to act or it may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent to.

Harm may be caused by direct acts, or by failure to provide adequate support / care It may be systematic and repeated, or may consist of a single incident.

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it”. (No Secrets Guidance DoH, 2000)

It is recognised that there are a number of types of abuse as follows:

- a) Physical Abuse
- b) Sexual Abuse
- c) Financial or Material Abuse
- d) Psychological / Emotional Abuse
- e) Discriminatory Abuse
- f) Organisational Abuse
- g) Neglect or Acts of Omission
- h) Modern Slavery and Exploitation
- i) Self-Neglect
- j) Other Forms of abuse

##### **a) Physical Abuse**

Is where there is concern that another person has inflicted injury intentionally or through lack of care to vulnerable adult, or by those who have responsibility for their care and support. Physical abuse includes injuries, which are not explained satisfactorily.

The following list is not exhaustive but outlines other types of physical abuse:

- Hitting, slapping, pushing, kicking, restraint.
- Withholding food, drink, and warmth
- Unauthorised use of control and restraint, punishment or seclusion, including the use of unauthorised or unsupervised “time out” procedures.
- Withholding medicine
- Refusing assistance with tasks, ignoring a person's need for care / support,
- Inappropriate restraint or imprisonment
- Misuse of medication
- Deprivation of, or misuse, of physical aids and adaptations

- Neglect of personal care

**Indicators of Physical Abuse are:**

- Injuries inconsistent with the account of how they happened
- Lack of explanation as to how injuries happened
- Injuries inconsistent with the lifestyle of the victim
- Bruising or multiple bruising
- Clusters of injuries
- Marks on the body
- History of unexplained falls/ minor injuries
- Burns
- Induced or fabricated illness
- Medication misuse
- Unexplained loss of hair
- Cuts
- Subdued behaviour especially in presence of a particular person
- Being left in soiled clothing
- Malnutrition
- Late presentation for medical appointments or no shows.
- Presence of several injuries which appear to be of a variety of ages
- Injuries that have not received medical attention
- A person being taken to many different places to receive medical attention
- Pressure sores and skin infections
- Dehydration or unexplained weight changes
- Medication being lost or “misaid” :
- Locks to doors and windows which the person cannot use
- Wheelchair incapacitated and or tyres deflated.
- Change of behaviour in presence of another.

**b) Sexual Abuse**

Is defined as the involvement of vulnerable adults in sexual activities or relationships which either:

They do not want and cannot consent to or where consent resulted from pressure via force or coercion

The signs that a person is experiencing psychological abuse and or sexual abuse are often similar. This is due to the emotional impact sexual abuse can have on a person's sense of identity. In such circumstances, the perpetrator may apply emotionally manipulative behaviour in order to "groom" the person they plan to abuse sexually.

**Sexual Abuse may involve physical contact such as:**

- Rape (heterosexual, gay or lesbian), oral sex
- Kissing and unwanted touching
- Being coerced into physical activity such as masturbating the perpetrator or carrying out sexual acts for which others pay the perpetrator

**Non-contact Sexual Abuse can include:**

- Being forced or coerced to be photographed or filmed, to allow others to look at their body or to watch them masturbate
- Being forced or coerced into looking at sexualized photographs or films
- Being forced or coerced into watching the sexual activity of others
- Being sexually harassed verbally via the use of sexually explicit and or sexually suggestive language or through the sending of unwanted gifts and or invitations.

**Some sexual activity is defined as abuse because a person cannot legally consent to the activity and includes:**

- Incest
- Sexual intercourse or sexual acts with vulnerable adult who has not consented to, or could not consent to, or was pressurised into such acts.
- Sexual acts with a vulnerable adult in a care-giving situation such as a psychiatric hospital / care home.

**Indicators of Sexual Abuse include:**

- Bruising and or bleeding, pain or itching in genital area
- Foreign bodies in genital or rectal openings
- Pregnancy in a woman who is unable to consent to sex
- Unusual difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Bruising to thighs and upper arms
- Incontinence
- Significant change in sexual behaviour or attitude
- Overt sexual behaviour
- Withdrawal
- Sleep disturbance
- Excessive fear / apprehension of, or withdrawal from relationships
- Fear of staff or other carers
- Reluctance to left alone with someone
- Refusal to accept support
- Self-harming.
- Signs of sexual activity such as sexually transmitted diseases or pregnancy
- Signs that someone is trying to take control of their body or body image, such as head banging, self-harm, putting on or losing a lot of weight, anorexia or bulimia
- Behaviour that indicates that the person is afraid of the another person, or a change of behaviour in presence of them



- It may be that the perpetrator is observed to have an overly familiar or sexualised relationship with the person experiencing abuse

Support teams should adopt a clear and open approach to the sexuality and sexual needs of the people they support or care for. It is therefore helpful to have an understanding of the alleged victims attitude and orientation to sexual matters when assessing risk.

Where physical injury has occurred, a medical practitioner must be responsible for assessing any injuries and their causes.

**c) Financial or Material Abuse**

Financial abuse includes the misuse or misappropriation of property, benefits, and possessions. Includes, direct theft of money or possessions, misappropriation of funds or the entry of the person into contracts or transactions, which s/he does not understand and has not or could not consent to.

**Indicators of financial abuse include;**

- Unexplained withdrawals from the bank
- A unexplained change in normal spending patterns and behaviours
- Unexplained loss of possessions and or property
- Unusual activity in the bank accounts
- Unpaid bills
- Unexplained shortage of money
- Reluctance on the part of the person with responsibility for the funds to provide basic food etc.
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal from accounts or bank account activity
- Power of attorney obtained without consent
- Failure to register an enduring power of attorney
- Signs of financial hardship in cases where the financial affairs are being handled by a receiver or an attorney whether that is an ordinary power or an enduring power that has been registered
- Money being withheld
- Recent changes of deeds or title of property
- Unusual interest shown by family or others in the vulnerable adult's assets
- Person managing the financial affairs is evasive or uncooperative
- Lack of clear financial accounts held
- Misuse of personal money by person managing the finances
- Informal carers moving into a person's home without rent being paid
- Items on receipts not being accounted for
- Receiving 'gifts' from a vulnerable adult.

**d) Psychological / Emotional Abuse**

Includes the use of threats, fear, or bribes to deny the right to vulnerable adults to make informed choices. The abuse can also take the form of the withdrawal of access to information and the deprivation of contact with others

**Psychological Abuse may include:**

- Humiliation and ridicule
- Intimidation and threats
- Racial, sexual or homophobic abuse
- Harassment, coercion and extortion
- Being isolated from people other than the abuser and from other sources of information.
- Being made to say or do things, or think in ways prescribed by the abuser
- Being deprived of sleep
- Being kept exhausted and debilitated
- Misuse of medication
- Isolation or withdrawal from services or supportive networks
- Denying choice
- Deprivation of privacy and other human rights
- Lack of access to activities

**Indicators of Psychological Abuse includes:**

- Denied access to medical care, or appointments with other agencies
- Anxiety and lack of confidence.
- Increased urinary or faecal incontinence
- Sleep disturbance
- Decreased ability to communicate
- Communication which reflects language that the perpetrator could say
- General lack of consideration for the needs of the vulnerable adult
- Privacy denied in relation to care, feelings or other aspects of their life
- Denial of freedom of movement, e.g. locking person in a room, tying them to something
- Low self esteem
- Insomnia
- Agitation
- Change of appetite / Weight loss / gain
- Behaviour that show resistance to the perpetrator
- Defence or Submission to the perpetrator
- The person acting or feeling like they are being watched all of the time

### **Discriminatory Abuse**

Includes harassment or abuse from support services and staff, other people using the service or any other person

Abuse because of the service user's disability, race, ethnic/cultural background, sexual orientation, age, religion or gender, This can be using stereotypes, excluding someone based on their differences, intimidation, use of language etc.

#### **This may include:**

- Negative statements based on an individual's gender, race, disability, faith, culture or sexual orientation
- Detrimental treatment which is based upon an individual's gender, race, disability, faith, culture or sexual orientation
- Denial of religious / cultural needs
- Racial, sexual or homophobic abuse
- Harassment, coercion and extortion

#### **Indicators of Discriminatory Abuse include:**

- Lack of respect shown to the individual
- Signs of a substandard service offered to an individual
- Repeated exclusion to exercise rights
- Tendency for the person to be withdrawn and isolated
- Anger, frustration, fear and anxiety
- Denial of a person's communication needs by others.
- Low self esteem
- Anxiety and lack of confidence
- Deference or submission to another

### **e) Organisational Abuse**

This may take the form of isolated incidents of poor or unprofessional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other.

Neglect and poor professional practice can often develop into organisational abuse.

#### **Organisational Abuse includes:**

- Poor care standards
- Lack of positive responses to complex needs
- Rigid routines
- Inadequate staffing and an insufficient knowledge base within the service
- No flexibility in bed time routine and/or deliberate waking
- Inappropriate care of possessions, clothing and living area
- Un-homely or stark living environments
- Inappropriate use of medical procedures and or medication
- Illegal confinement or restrictions
- People referred to, or spoken to with disrespect

- Inflexible services based, on convenience of the provider rather than the person receiving services

**Indicators of Organisational Abuse include:**

- Inadequate staffing levels
- No opportunity for drinks / snacks
- Inappropriate use of restraint
- Sensory deprivation
- Loss of possessions / personal clothing
- Lack of adequate procedures
- Loss of dentures / glasses and a failure to replace them
- Failure to ensure privacy and dignity / Lack of respect shown
- Poor professional practice
- Denial of visitors or to make telephone calls
- Interference with mail
- Lack of social opportunities
- Public discussion of personal matters

**f) Neglect or Acts of Omission**

Includes ignoring medical or physical needs, failure to provide access to appropriate health, social care, or educational services. The withholding of necessities of life such as adequate nutrition, clothing, heating, fluid intake etc.

Unauthorised administration or withdrawal of prescribed medication, including either the over administration of medication, irregular administration of medication or refusal to abide by approved treatment on the part of the team or individuals within the team.

Negligence in the face of unacceptable risk taking behaviour, including:

- The failure to intervene in behaviour which is dangerous to the person or to others.
- The failure to use agreed risk taking procedures and consultation processes.
- Supporting the person to abuse alcohol or drugs either on their own initiative or under the influence of others.

**Neglect and Acts of Omission may also include:**

- Failure to provide the elements necessary for life or to avoid harm
- To treat people carelessly
- To pass people by without notice
- To fail to people give due care and attention.

**Indicators of Neglect and Acts of Omission include:**

- Malnutrition
- Rapid or continuous weight loss
- Complaints of hunger
- Dehydration
- Lack of personal care
- Pressure sores
- Sensory deprivation / isolation (such as the lights or the television being left on constantly)

- Inadequate or inappropriate clothing
- Inadequate or excessive heating
- Dirty clothing or bedding
- Person being left wet or soiled
- Untreated medical problems
- Too much or too little exercise or social activity
- Signs of medication over or under use
- Not having access to necessary physical aids and adaptations.
- Withholding or failure to provide care, clothing or heating
- Physical condition of the person is poor
- Inadequate physical environment
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care agencies
- Failure to engage in social interaction
- Poor personal hygiene
- Inadequate or delayed response to medical matters or other matters
- Missing documents
- Rooms being locked within the home
- Absence of individual care plans.

Neglect and poor professional practice can often develop into Institutional Abuse.

**g) Self-Neglect**

Self-neglect is where an individual fails to take care of him or herself to an extent that their behaviour causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets. In such circumstances, the abuse lies in the failure of authorities and or providers to assess risk and attempt intervention and provide alternative lifestyle choices and options.

Self-neglect includes behaviours such as hoarding and every effort must be made to work with the individual to understand the motivation and potential remedies.

Due to the nature of the responsibilities of those involved, most cases of self-neglect will not result in a Section 42 enquiry.

**Signs that neglect is occurring include**

- Signs of self-neglect may be the same as neglect by others.

**h) Modern Slavery and exploitation**

Modern slavery is an offence where:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or

- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

Someone is in slavery if they are:

- Forced to work - through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found cases of slavery where homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains.

### **Exploitation by radicalisers who promote violence**

Inspire new recruits, embed their extreme views, and persuade vulnerable individuals of the legitimacy of their cause and behaviours.

#### **i) Other forms of Abuse**

##### **Domestic Violence**

Any incident of threatening behaviour, violence, or abuse between adults who are, or have been, intimate partners or family members, regardless of gender. Involves the misuse of power and the exercise of control by one adult over another adult person. Most frequently, the victim is female.

##### **Honour-based Violence**

When families feel that dishonour has been brought to the family by the actions of another family member. In some circumstances, there is a degree of collusion from family members and/or the community in the abusive and or violent behaviour.

##### **Forced Marriage**

A marriage in which one or both of the parties is married without their consent or against their will. (Not same as arranged marriage)

##### **Abuse by children**

Child or children cause harm to a vulnerable adult at risk.

## 5. Suspecting Abuse

Some abuse is recognised through very practical and straightforward ways. For example, high or higher than usual withdrawal from someone's Bank account or unexplained bruises or injuries of which will alert team members to the possibility of abuse, etc.

However, abuse is not always apparent to those involved. It may be sexual abuse, or types of physical abuse, which do not leave marks.

Sexual abuse usually happens in secret, and people with disabilities are particularly vulnerable to sexual abuse. This may be due to communication difficulties and not being taken seriously. It is therefore important to start thinking in different ways to register the signs and signals that people communicate which may be about their individual circumstances if they are experiencing abuse or the abuse of another.

It is important not to 'see' abuse in every situation but being open to the possibility is essential. It can be difficult to acknowledge that a person may be being abused especially when it is possible that the perpetrator is a colleague. The capacity to try and think about the unthinkable is invaluable.

Marked changes in a person's interactions or functioning probably indicates that something is happening in their life, this may or may not include abuse.

With some people, it is the increase or acceleration of behaviours / incidents that is important to note. For example, someone may always have had difficulties learning new things and been withdrawn however, if these two factors become markedly stronger, then something is being communicated. Often it is helpful to think about a number of signs becoming apparent or increasing.

The indicators of abuse outlined above are not exhaustive and are intended to outline a number of indicators that could suggest abuse.

If you are concerned about the possibility of a person being abused, then you must immediately speak to your team leader / manager or a senior manager as further enquiries may be required.

## 6. Duty of Care / Whistleblowing

Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence, or ignorance.

Regardless of motivations, abuse must be reported and recorded, under our Duty of Care.

The Society expects that its employees, Board members and Volunteers carry out their roles to a standard considered reasonable for someone in their position to do so. Reasonable conduct may be thought of as that which is 'acceptable, average, equitable, fair, fit, honest, proper, right, tolerable or within reason'.

All staff, Board members, and volunteers have an individual responsibility to safeguard people from harm or suspected harm, by making known their concerns about abuse in order that full consideration can be given to whether or not further action is needed.

Failing to raise a concern about the possibility of adult abuse

- Means that nothing is done to improve or change the situation.
- Places the person/s at further risk.
- Allows the alleged perpetrator to carry on unchallenged.
- Increases the possibility of abuse happening to others.
- Could be seen as condoning the action.
- Means that the alleged perpetrator does not receive the help they need.
- Person unable to access criminal justice where the abuse is also a criminal offence. In this respect, vulnerable adults are entitled to the protection of the law in the same way as any member of the public.

Should a team member suspect that abuse is occurring, it is important to discuss this with your line manager immediately. Discussing a suspicion is often difficult, however being open to the possibility of abuse allows for an examination into the factors causing the concern, and will initiate further enquiries.

If the concerns are about another team member and you are unable to raise your concerns directly with a manager you should refer to the Society's "Whistleblowing Policy". What is important in this incidence is that the people we support should be treated with respect, and receive services, which are free from harassment / abuse. It is the team member's responsibility to work with the whole organisation to ensure a respectful and abuse free service is provided to the vulnerable people we support.

Staff failing to report concerns may find themselves facing disciplinary action.



## **7. Responding to Acts of Abuse**

Reports or suspicions of abuse are likely to come from a number of sources: from the person who has been abused, from other people (third parties) such as family, from another person using the services or other team members. Sometimes abuse may be suspected through observation of changes in the person that are physical, emotional, or behavioural.

Saying you have been or are being abused can be a frightening and difficult experience for an individual. It is important that your initial response to the person's indications is supportive and that this continues throughout the process.

Although the language used throughout the procedure following seems to focus on people who are able to communicate verbally, it is important that whatever form of communication the person uses to indicate that they have been abused is accepted as valid.

Teams should discuss how individuals they work with might indicate that they have been abused, and consider how they might respond in a way that is both supportive and meaningful.

### **Initial Response**

- You must take immediate action. You must not allow a situation to continue in which a vulnerable person may be being abused.
- You must evaluate the risk and take steps to ensure that the person is in no immediate danger.
- Where appropriate, dial 999 if the person needs emergency medical treatment,
- If a crime has been or may have been committed, the police may need to be called.
- No one should disturb or move articles that could be used in police evidence. The scene of the alleged abuse must be secured (e.g. lock door to a room and do not allow anyone in). It may still be possible for the police to obtain forensic evidence.
- It is important that the person does not wash, bath, eat or drink until after a medical examination. If possible, the person should be informed of the reason for not doing these things. However, in this situation, the person's own wishes must be respected.
- If possible, make sure that other vulnerable people are not at risk.
- Your line manager and other managers must be informed as soon as practicable.

## 8. Responding to a Disclosure

### **You must not:**

- Be judgemental or jump to conclusions
- Ask too many questions or ask leading questions at this stage.
- Give promises of complete confidentiality.
- Discuss the allegation with the alleged perpetrator.

### **You must:**

- Assure them that you are taking them seriously.
- Listen carefully to what they are telling you.
- Stay calm.
- Get as clear a picture as you can, use questions starting with “who”, “when”, “where”, “what” to clarify the basic facts of the suspected abuse or grounds for suspicion.
- Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them.
- Reassure them that they will be involved in decisions about what will happen next.
- Explain that you will try to take steps to protect them from further abuse or neglect.
- Contact a senior manager as soon as possible
- If necessary arrange for emergency medical treatment and or police attendance.
- Where they have specific communication needs, provide support and information in a way that is most appropriate to them.
- If possible, make a detailed record of what you have been told. This must be sent to the line manager within 24 hours, they in turn will contact the relevant Head of / Director of Department and the person's Case Manager / Duty Manager.
- In some instances the alleged perpetrator may be another service user who you are also responsible for providing support. In this circumstance it will be important that you discuss their support needs with your manager and alternative support provided.

**Record the following:**

1. The date and time of the incident
2. Exactly what the adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
3. Appearance and behaviour of the adult at risk
4. Any injuries observed
5. The appearance and behaviour of relevant people
6. If you witnessed the incident, write down exactly what you saw.
7. The record should be factual. However, if the record does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.
8. The name and signature of the person making the record.

Remember, a front line workers role is supporting the person, not carrying out an investigation.

Family members or carers may need to be contacted. This should be discussed with a senior manager who will make a decision based on the nature of the allegation, the timing of the allegation made, any risks to contaminating evidence, the relationship and involvement with the family members.

## **9. Medical Examinations**

It should be agreed as soon as possible whether or not a medical examination is necessary if this was not conducted immediately and or as part of emergency medical treatment.

The need for a medical examination should be decided as part of the initial discussions with the person, the line manager, the Head of Department, and the person's Case Manager.

The purpose of the medical examination is twofold:

- To assess the extent of the abuse or injury with a view to the person receiving the appropriate medical treatment or advice.
- To assess the extent of the person's abuse or injury with a view to making an informed decision in relation to protective action.

A medical examination should not be arranged against the person's wishes. The person may be more able to make an informed decision him or herself if they receive support and/or counselling from a person that they trust.

A medical examination may be particularly harrowing for the person if they have been abused, as the examination itself may be seen by the person to be a repetition of their abuse. It is essential that the person receives emotional support before, during, and after the examination. A person should be identified who will offer this support.

The examination itself should be conducted in an as sensitive a manner as possible. It may be necessary to discuss these issues with the person conducting the examination beforehand. In considering what is in the best interests of the person it is important to consult with those people who may be able to offer advice and support, such as sexual health specialists.

## 10. Police Involvement

The police must investigate any allegation of sexual, physical, or financial abuse or any incident that is deemed a criminal offence.

The view of the individual concerned must be considered throughout the investigative process.

The information gathered would then be passed on in the form of any evidence to the Crown Prosecution Service for a decision as to whether charges will be pressed. If the alleged perpetrator is a person with a learning disability s/he is legally required to have an "appropriate" adult with him / her at all times when they are with the Police.

Where there is a concern that a criminal offence has occurred the need for immediate protection must be considered, whether the vulnerable adult is at immediate risk.

The Community Safety Unit of the local Police Area or Domestic violence unit can advise.

If the vulnerable adult does not wish for contact to be made with the Police, the following points must be considered:

1. The vulnerability of the person, if no action is taken.
2. The capacity of the vulnerable adult to make the decision for police not to be involved.
3. How to further advise and support the person.
4. The vulnerability of others.
5. The seriousness of the offence/s, if there has been:
  - Threat of violence
  - Use of violence / force
  - Verbal intimidation
  - Degree of influence and power over the victim

If the vulnerable adult specifically asks for no Police involvement, a discussion should be had with the line manager and Case Manager if possible in order to consider this request.

In some circumstances it may be necessary to contact the police and emergency services immediately as especially if a serious crime has been committed and there is a need to protect the individual and others. No assurances should be given that the Police will not be involved.

The Police will make a judgement on the available information and take the lead on the next steps to be taken they will consider if an investigation is necessary and whether or not to use Achieving Best Evidence Guidelines.

A police investigation will take precedence over any other investigation.

The Society will be expected to comply with any legal requirements, including where the Crown Prosecution Service could consider a possible case of abuse, as a criminal act.

Anyone wilfully neglecting a vulnerable person could in certain circumstances be open to prosecution under the Mental Capacity Act, which created the criminal offences of ill-treatment or wilful neglect (under Section 44). The offences can be committed by anyone responsible for that person's care.

### **Internal Enquiries.**

The Westminster Society has a duty of care to the people who use its services. It is therefore necessary for all those employees involved in supporting a person who has made an allegation of abuse to cooperate fully with any enquiry.

In some cases, the police will take the lead in an enquiry. Their enquiry will always take priority over any other investigation.

## 11. Strategy Meeting

A strategy meeting must always be held when there are suspicions, concerns, or allegations of abuse. This meeting will be co-ordinated by a Safeguarding Adults Manager within the Care Management Team. This strategy meeting should aim to happen within 5 days of the person's initial concern. It can be via telephone initially.

The meeting should not go ahead until the views of the adult at risk have been sought. In addition the adult at risk should be supported to attend the meeting.

### **Purpose of the Strategy Meeting is:**

1. To gather information on the allegation and consider intervention strategies.
2. To assess the degree of risk to which the person using the service is subject.
3. To work out clearly all prospective roles and agree on who will do what.
4. To consider a protection plan includes legal options in event of the allegation/ indications being confirmed by further evidence.
5. To decide if further assessment is necessary, who will co-ordinate this, and who will take on the investigation / interviews.
6. To recognise the importance of seeking support and co-operation from the parents/ next of kin. If the parent/ next of kin is unwilling to agree to the person using the service being part of the enquiry the care manager will seek legal advice. If the person using the service is able to give informed consent, the views of the parent/ next of kin need not be sort.
7. Should a person at risk have no next of kin, the SAM should identify an appropriate advocate.
8. To be aware of the needs of a person using the service from a black or ethnic family, and to be racially and culturally sensitive. It is important, in the light of this information, to consider who is the most appropriate person to be involved in the interview of the person using the service.
9. To consider support for parent/next of kin and identify where this support should come from.
10. To consider support for the team/s who work with the person using the service and identify where this support should come from.

## 12. Case Conference

The Case Conference would be called for the following reasons:

- There are suspicions that the person is being abused and the enquiry confirms this.
- The enquiry indicates that the person is at risk of further abuse.
- There is concern that the person is likely to be abused, for example, where a known abuser has connection or uses the service.
- The person attempts to commit suicide or causes or tries to cause deliberate harm to him/herself, and there are indications that this may relate to the person having been abused.
- A number of incidents appear suspicious, for example, several unexplained injuries have occurred, there is unexplained sexualised behaviour, or behaviour associated with previous abuse is displayed.

**The purpose of the Case Conference is:**

- For information sharing.
- To identify capacity of the person at risk to be involved in the process of the enquiry and any family or advocate involvement that could be supported.
- To consider the evidence and determine whether the allegation has been substantiated.
- Consider what support the person themselves needs, and allocating the necessary resources.
- Consider the support other people using the service may need and allocating necessary resources.
- Consider what support family carers may need, and allocating the necessary resources.
- Consider what support the team within the person's service may need, and allocating the necessary resources.
- Identify who will take responsibility for specific tasks.
- Consider what legal action or redress is indicated.
- Assess any continuing or future risks to the person.
- To formulate an adult protection plan and determine who will monitor and co-ordinate the plan.
- To determine what additional information needs to be shared, with whom, on a 'need to know bases.
- To set a date for review if there are continued concerns. This should not be more than 3 months from the date of the original Case Conference.

### **Retracted Allegations.**

Even if the person retracts their allegation, a Case Conference must still be held. Allegations of abuse are often retracted. The person may do this if they feel under pressure or unsupported. It is essential that all those involved with the person understand that a retraction does not mean that the person was not abused. The reason for the retraction will be complex and it is important that the person continue



to receive support. It is also important that a retracted allegation is not used as a reason to prevent further reports being made to the Police, or being taken seriously.

### **Closing the Enquiry.**

At the end of an enquiry a reconvened Case Conference review should ensure that:

- All reports are completed
- The Case Conference or Review has been held and all agree it can be closed.
- Case records contain all necessary information and forms
- All those involved know to re-refer if there are any renewed concerns
- All evidence and decisions are recorded
- The reasons for closing the enquiry are recorded

The case may remain open to Case Management, in which case future reviews will be conducted under their procedures.

## **13. Providing Support**

The abuse of an adult at risk can result in a number of other individuals and or agencies being affected during the investigatory process. In these circumstances, it is important that the right support is provided to the person concerned but the support needs of others who might be affected must also be considered.

### **Person who has been abused.**

Support should be provided for the person during and after the investigation by people identified within the Case Conference, such as the person's link worker, their advocate or a person experienced in working with the trauma of abuse.

Opportunities for the person who has been abused to discuss their needs must be provided where possible. The person should have some choice as to who provides this support to them, when it is provided, and where it is provided. This may take into consideration gender or culture issues. Counselling or specialist support may need to be provided and the details of this should be agreed at the Case Conference.

Possible needs that the person may have at this time include:

- The need to talk / communicate about what has happened.
- The need to understand that s/he was abused and that s/he had no responsibility for what happened: The need to learn about the issues of consent and abuse.
- The need to protect themselves from future abuse.
- The need to express and explore his/her feelings about being a survivor of abuse.
- The need for medical treatment (see medical treatment section).

### **Families.**

It is essential to remember the needs of family carers throughout this process as well as the restrictions of confidentiality and conflict with Police investigations. To hear that a loved one has allegedly been abused or is the abuser is traumatic and consideration to support provided must be included as part of the managing the safeguarding process.

The Society will ensure that the following takes place:

- Identified confidentiality with families at the earliest instance
- Contact will be made to the agreed next of kin and any additional family members agreed within the care plan by a manager in person or by phone within a reasonable timescale.
- Letters will be sent with updates, which keep people informed of actions while maintaining confidentiality.
- Offers of meetings with key people.
- Informing Case managers of contact with families and any information they wish to be handed on.
- Promoting the rights of families to represent or support their family member if there is identified lack of capacity or it is in the best interest of the process.
- Confidentiality of any third parties including alleged perpetrators will be maintained at all times

### **Team Members**

Staff members are also likely to be affected by allegations made and will need additional support at this time.

Support will be identified through the HR team and Service Management team based on observations and feedback. Support may be offered through debriefings, team meetings, supervisions, and access to counselling where appropriate.

Team members should also be signposted to the Employee Assistance Programme which can provide confidential external support.

Confidentiality must be remembered and maintained.

### **The alleged perpetrator**

- It may be required to liaise with the police regarding the management of risks involved.
- If a member of staff is the alleged perpetrator, an immediate decision has to be made to suspend them. A senior manager makes this decision with consultation with HR.
- If the alleged perpetrator is another service user, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met whilst ensuring no one else is at risk.
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with service users and others who may be at risk, for example, whistle-blowers.

## 14. Reviews & Monitoring

A further Review Meeting should be arranged to monitor the outcomes of the planned support that has been made for all those involved in the investigation.

At the end of the Case Conference, this policy should be reviewed, and any recommendations for improvement to the policy and/or its implementation should be written and sent to the Head of Department / Director.

In support of these procedures are recording and reporting forms such as the accident and incident reports, injury record sheets / body charts as well as complaints and whistleblowing procedures. This procedure works alongside all of these and is subject to review as legislation changes or improvements in practice are identified.

Gabby Machell (CEO) takes overall responsibility for safeguarding and Board reporting, she is also responsible for ensuring robust and responsive safeguarding procedures and practice across the organisation.

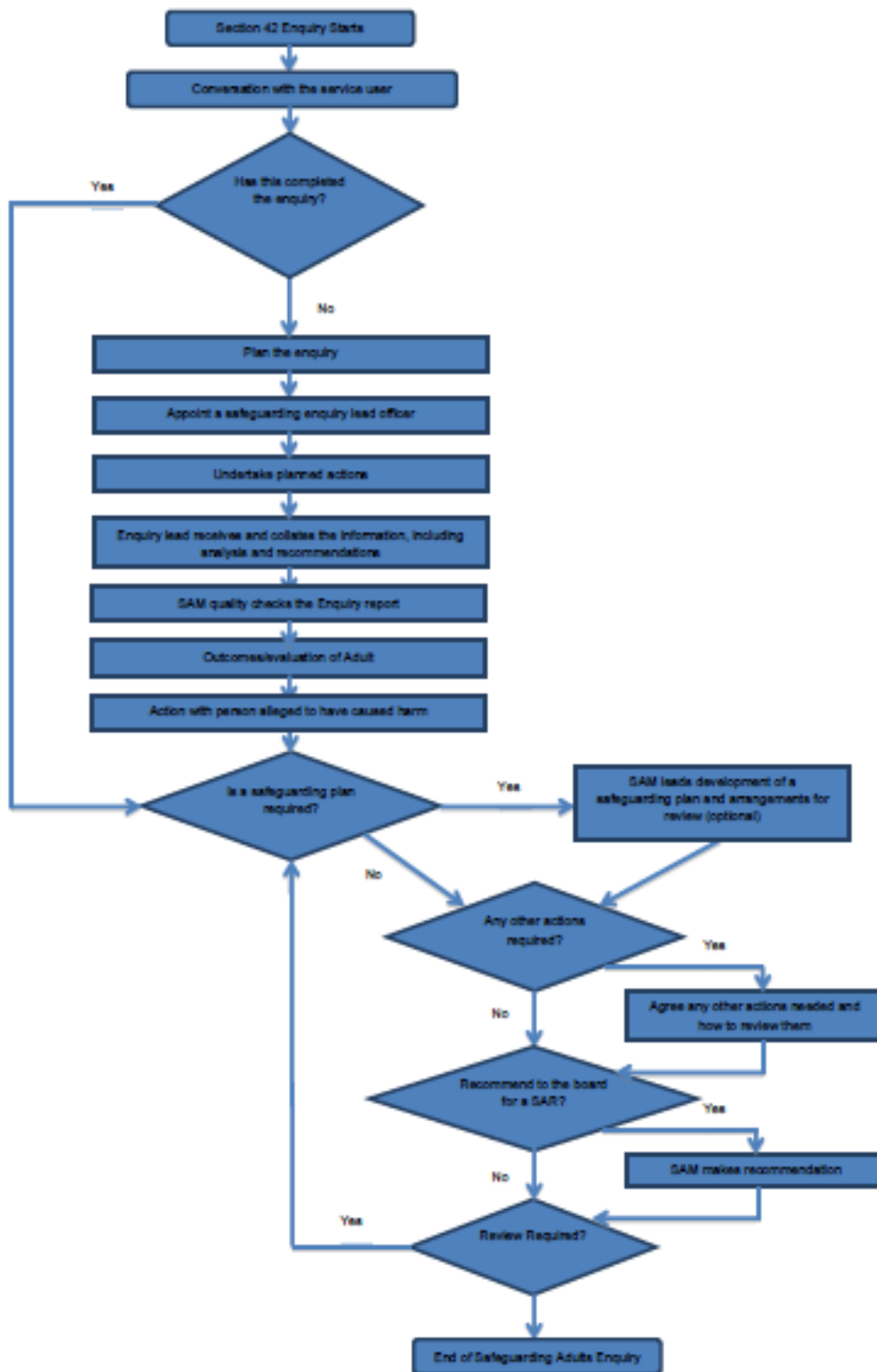
Mandy Crawford (Director of Adult Services) is the responsible individual for Registered Services regulated by Care Quality Commission and as such all incidents are reported and monitored including serious incidents and 'near misses'.

Carol Foyle (Director of Children, Youth and Family Services) is the responsible individual for Registered Services regulated by Care Quality Commission and Ofsted and as such all incidents are reported and monitored including serious incidents and 'near misses'.

A review of all incidents and accidents are completed on a quarterly basis and reported to the Board of Trustees through committees, and to funders through contract monitoring. In addition an annual review is provided to the Board of Trustees to highlight needs to be addressed across the organisation and within specific services.

Training on safeguarding is mandatory to all staff working in our services, with annual refreshers required. It is the responsibility of the manager of a service to ensure attendance at such training as well as reinforcement of policy and procedure within a service (e.g. reporting accidents and incidents)

15. Safeguarding Enquiry Flow Chart



## 16. Contact Details & Web Links

**Care Quality Commission** 03000 616161

<p><b>Westminster</b> Safeguarding Adults Team 4 Frampton Street London NW8 8LF</p> <p>Safeguarding Adults Tel No: 020 7641 2176</p> <p>Safe Haven Fax Number: 020 7641 1593</p> <p>Email: <a href="mailto:safeguardingadults@westminster.gov.uk">safeguardingadults@westminster.gov.uk</a></p> <p>T: 020 7641 6000 out of hours</p>	<p><b>Kensington and Chelsea</b> Kensington and Chelsea Social Services line 020 7361 3013 <a href="mailto:socialservices@rbkc.gov.uk">socialservices@rbkc.gov.uk</a></p> <p>The Social Services line operates from 9am to 5pm, Monday to Friday.</p> <p>Emergency Duty Team 020 7373 2227</p>
<p><b>Hammersmith and Fulham</b> Tel: 0845 313 3935 Fax: 020 8753 5880</p> <p><a href="mailto:h&amp;fadvice.care@lbhf.gov.uk">h&amp;fadvice.care@lbhf.gov.uk</a></p> <p>Out of hours service Emergency Duty Team: 020 8748 8588</p>	<p><b>Camden</b> Access and Support Team 020 7974 4000</p> <p>Out of hours phone: 020 7974 4444</p>
<p><b>Harrow</b> One Stop Shop: Mon - Fri 9am to 5pm Tel: 020 8901 2680</p> <p>Out of hours Tel: 020 8424 0999</p> <p>Email: <a href="mailto:AHadults@harrow.gov.uk">AHadults@harrow.gov.uk</a></p>	<p><b>Southwark</b> Report to - 020 7525 1754. Out of hours 020 7525 5000</p>

### *Review of policy or procedure*

<b>Date of last review</b>	March 2016
<b>Date of next review</b>	March 2018
<b>Date it was first implemented</b>	July 1997
<b>Author(s)</b>	CEO / Head of Adult Services
<b>Audience</b>	Adults over 18 whom we support, members of the public, professionals, families, employees and volunteers

**Read and Understood**

The **Safeguarding Adults Policy and Procedure** has been read and understood by-

Sign	Date		Sign	Date		Sign	Date