ADULT SERVICES

SAFEGUARDING POLICY

Policy Control/Monitoring

Approved by: (Position in Organisation) **Date (dd/mm/yyyy):**	Director of Health and Wellbeing
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Roles & Responsibilities

The following roles will have specific areas of responsibility for this policy: -

The Board

The Board of Trustees has a legal responsibility and moral duty to ensure that vulnerable adults are safeguarded from all forms of abuse whilst representing the Percy Hedley Foundation, or in receipt of the care services and support.

They will ensure that:

- The Board will nominate one Trustee ss the Board's Safeguarding Lead. Safeguarding incidents or failures are regularly reported to the Board.
- Safeguarding arrangements within the Foundation are regularly monitored, reviewed and reported to the Board. This is done via the Audit and Risk Committee and the Quality and Standards Committee.
- Risk is identified and managed and changes are reported to the Board. All trustees and all those involved in the delivery of services are subject to vetting through the Disclosure and Barring Service (DBS) or police checks appropriate to their role as outlined in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.
- All trustees, staff and volunteers are provided with appropriate, effective and regular training enabling them to recognise, respond to and report safeguarding concerns.
- Ensure that records and reports are stored securely and in accordance with relevant legislation.
- Will report to the Charity Commission via company secretary if:
    - A beneficiary has been, or is alleged to have been, abused or mistreated by someone employed by or closely connected with the Foundation.
    - There has been an incident where someone was abused or mistreated, and this was related to the activities of the Foundation.
    - There has a breach of procedures which put a beneficiary at risk, including the failure to carry out criminal record checks which would have identified an individual who was prohibited from working with vulnerable adults.

Executive team

The Executive Team of The Percy Hedley Foundation is responsible for the implementation of the Foundation's Adult Safeguarding Procedure. The Executive team may delegate duties and responsibilities to Managers to ensure full implementation of the policy within their respective areas.

The executive team will ensure that:

- Safeguarding systems are established and maintained to report safeguarding concerns.
- Effective training is identified and carried out regularly.

- Persons designated with specific responsibilities for safeguarding are trained and competent and are provided with the resources to ensure the implementation of this procedure.
- They are all personally aware of their safeguarding duties and responsibilities not only as the executive team member, but as a manager and employee and that these obligations are fulfilled.
- They alert the trustees and/or commissioners to any safeguarding allegations relating to employees, volunteers, patrons or anyone closely connected with the activities of the Foundation.
- They alert trustees if there is a breach of procedures which puts beneficiaries at risk, including a failure to carry out criminal record checks which would have identified an individual that was prohibited from working with children or vulnerable adults.

Head of Service/Head of Operations and Principal

The Head of Service or Head of Operations holds strategic accountability for safeguarding across their service area. Their key responsibilities include:

- Ensuring compliance with all relevant safeguarding legislation, including the Care Act 2014 and local safeguarding partnership guidance.
- Promoting a culture of safeguarding throughout the organisation, ensuring it is embedded in service delivery, policy, and practice.
- Overseeing the implementation and review of safeguarding policies and procedures.
- Ensuring staff are trained and competent in safeguarding practices, including recognising signs of abuse and following correct reporting procedures.
- Responding to escalated safeguarding concerns in a timely and proportionate manner, including liaison with external safeguarding partners such as local authorities.
- Monitoring safeguarding performance data and incident trends to inform service improvement and risk mitigation.

Registered Managers/Programme Managers (Designated Safeguarding Leads)

Registered Managers are responsible for ensuring that safeguarding concerns are reported appropriately within their designated projects and will ensure that the safeguarding of vulnerable adults is recognised as everyone's business.

Registered Managers/programme managers will ensure:

- That all staff members are provided with necessary and appropriate information, instruction, training and supervision to ensure that they are able to effectively safeguard adults at risk.
- That all staff members follow adult safeguarding arrangements and procedures. Undertake effective reporting and appropriate level of investigation into any safeguarding incidents and allegations, ensuring appropriate action and follow up.
- That all Team Members are aware of their safeguarding responsibilities and duties as individuals and the Foundation representatives.
- That any breach of procedure or allegation against a Team Member is reported to the executive teams via Nourish and Incident Review Group.

Percy Hedley Foundation employees

All Team Members have an obligation to help safeguard vulnerable adults. They should:

- Ensure they are familiar with all safeguarding procedures on 'PHF Connect'.
- Follow all safeguarding processes and instructions.
- Report all incidents and concerns in accordance with this procedure.
- Advise their manager of any incidents and concerns in accordance with this policy.
- Attend and participate in any training courses and updates arranged for them.

Freedom to speak up Guardian

A Freedom to Speak Up Guardian" is an individual appointed by the Percy Hedley Foundation, whose role is to provide support and assistance to staff members who wish to raise concerns about safety, workplace culture, or other issues within the organisation. The Guardian in the Foundation is the Health and Safety Manager. The concept of a Freedom to Speak Up Guardian was introduced following the Francis Inquiry into the Mid Staffordshire NHS Foundation Trust in the United Kingdom, which highlighted the importance of creating a culture of openness, transparency, and accountability within healthcare organisations.

The Freedom to Speak up Guardian will ensure:

- That they operate independently, impartially and objectively, whilst working in partnership with individuals and groups throughout the Foundation, including their senior leadership team.
- Seek guidance and support from and, where appropriate, escalate matters to, bodies outside the Foundation when necessary.
- Support, and contribute to, the national Freedom to Speak Up Guardian network, comply with National Guardian Office guidance, and support each other by providing peer-to-peer support and sharing learning
- Are supported with the resources they need, including ring-fenced time, to ensure that they meet the needs of workers in the Foundation. Their views on the impact of activities and decisions on Freedom to Speak Up should be actively sought
- Provide quarterly reports to the National Guardians office then to the Exec/Trustees.
- The role is overseen by a member of the Board of Trustees.

General

Everyone involved in the delivery of services at Percey Hedley Foundation, including non-direct department, staff and volunteers have a duty to disclose to the Executive / Chair if any safeguarding alerts that have been raised. This includes cases where criminal investigations are taking place.

The placing authority

The local authority that has commissioned the service for an individual/s delivered by a provider where there is a provider concern.

The placing authority is responsible for:

- Duty of care to people it has placed that their needs continue to be met;
- Contribute to safeguarding activities as requested by the host authority, and maintain overall responsibility for the individual they have placed;
- Ensure that the provider, in service specifications, has arrangements in place for safeguarding;
- The service provided continues to meet the individual's needs;
- Undertaking specific mental capacity assessments, or best interest decisions for, individuals they have placed;
- Reviewing the contract specification, monitoring the service provided and negotiating changes to the care plan in a robust and timely way;
- All usual care management responsibilities;
- assessments under the Court of Protection
- Keeping the host authority informed of any changes in individual needs and/or service provision.

The Host Authority

The local authority in the area where abuse or neglect has occurred is the host authority. The host authority is responsible for:

- Liaising with the regulator if any concerns are identified about a registered provider.
- Determining if any other authorities are making placements, alerting them and liaising with them over the issues in question / under investigation.
- Coordinating action under safeguarding and has the overall responsibility to ensure that appropriate action is taken and monitoring the quality of the service provided.
- Ensuring that advocacy arrangements are in place where needed, and care management responsibilities are clearly defined and agreed with placing authorities.
- Ensuring that there is a chair and administration of meetings, and provides a clear audit trail of agreements, responsible leads for particular actions and timescales.
- Taking on the lead commissioner role in relation to monitoring the quality of the service provision.

1. Introduction

Safeguarding adults is a fundamental responsibility that ensures individuals' rights to live free from abuse and neglect are upheld. This policy outlines our commitment to protecting adults at risk by adhering to the current legislative framework and national guidance in the United Kingdom.

The Care Act 2014 serves as the cornerstone of adult safeguarding legislation in England. It mandates that local authorities and associated organisations work collaboratively to prevent abuse and neglect, and to respond effectively when concerns arise. The Act introduces the concept of "Making Safeguarding Personal," emphasising the importance of person-centered approaches that respect the autonomy and choices of individuals at risk.

Complementing the Care Act, the Mental Capacity Act 2005 provides a framework for making decisions on behalf of individuals who lack the capacity to make specific decisions themselves. It ensures that any action taken is in the person's best interests and is the least restrictive option available.

The Safeguarding Vulnerable Groups Act 2006 established the legal basis for the vetting and barring scheme, which aims to prevent unsuitable individuals from working with vulnerable adults. This Act introduced the Independent Safeguarding Authority and outlines the responsibilities of employers in conducting appropriate checks.

National guidance, including the six principles of safeguarding- Empowerment, Prevention, Proportionality, Protection, Partnership, and Accountability, which provides a foundation for best practices in safeguarding adults. These principles guide the Foundation into creating environments where abuse is prevented, and individuals feel safe and supported.

Through this policy, we affirm our dedication to implementing robust safeguarding measures, ensuring that all staff are trained and vigilant in recognising and responding to signs of abuse or neglect. Our approach is rooted in legal compliance, ethical responsibility, and a commitment to the dignity and well-being of every adult we support.

The Care Act 2014

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse and neglect. The final statutory guidance refers to sections 42-46 of the Care Act 2014 and can be found on pages 229-279.

Under The Care Act 2014, 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,

whilst at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

It is the responsibility of all employees to treat the abuse or potential abuse of 'Adults at Risk' seriously. This policy therefore gives clear guidance for employees in the event that they have a concern about an Adult Protection issue.

This document will use the term 'adult at risk' in compliance with The Care Act 2014.

1.1 Definition of an Adult at Risk

An adult at risk is defined by The Care Act 2014 as:

A person who is over the age of 18 who has:

a. Has needs for care and support (whether the local authority is meeting any of those needs) and.
b. Is experiencing, or at risk of, abuse or neglect, and.
c. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

The Care Act 2014:

- Replaces 'No Secrets (2000) definition of 'Vulnerable Adult'
- Applies to looked after children aged 18-25
- Applies regardless of whether needs are being met

It is important to note that where statutory adult safeguarding duties are not appropriate to an individual or their particular circumstance, there is some flexibility for local authorities to ensure that the individual is safe and well.

This may include consideration of:

- Section 2 of the Care Act 2014 emphasises the importance of local systems and professionals preventing, reducing or delaying the development of needs for care and support and striving to reduce needs that are known and already exist.
- Section 1 of the Care Act 2014 emphasises the importance of the wellbeing principle which applies equally to those who do not have eligible care and support needs but become known to the system
- Legislation such as the Care Act 2014, the Equality Act 2010, the Human Rights Act 1998 and the Mental Capacity Act 2005 all provide clear frameworks for ensuring people's rights are central to decision making and practice and emphasises that public bodies must remain vigilant to upholding these rights (wider public interest clause)

The local authority has the responsibility to ensure that professionals are working together and can do this be checking the following:

- That care providers are providing safe and high-quality care and support
- The commissioners are assuring themselves that commissioned services are appropriate, safe, and effective in improving outcomes (usually through contract monitoring)
- The Care Quality Commission (CQC) are regulating providers to ensure they comply with established standards of care or that appropriate action is taken if this is not the case
- The Responsibilities of the Police to protect citizens from crime harm and danger, protect life and property, and to support system partners where a serious risk to an individual is identified

1.2 Safeguarding Adults Board

Each local authority has a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangement and partners act to help and protect adults at risk. The SAB has three core duties:

- Publish a strategic plan for each financial year
- Publish an annual report
- Conduct safeguarding adult reviews

In dealing with incidents of potential abuse, adults at risk have the following rights which should be respected: (as defined in North Tyneside Safeguarding Adults Policy, Procedure and Guidance) – https://my.northtyneside.gov.uk/category/1033/safeguarding-adults

- The right to live without fear, and free from abuse from their families, caregivers, professionals, volunteers and/or fellow service users.
- The right to be safe and receive adequate care and protection, which includes protection from all forms of violence - physical punishment, intimidation, belittling, lack of respect, harassment, and sexual assault.
- The right to be given appropriate information about keeping themselves safe and exercising their rights.
- The right to be involved in making decisions that affect them, and to be supported in making their own decisions about how they wish to proceed in the event of abuse, and in whom they wish to confide. Their wishes should only be overridden if considered necessary in the interests of their own safety and/or the safety of others.
- The right to report violence and have their report taken seriously, including the right to have the Police called, if a crime has been committed.

- People with a disability have a right to be enabled to take an active, full part in everyday life and become as independent as possible. They are entitled to take part in activities that include an element of risk.
- The right to make informed choices about intimate relationships without being exposed to exploitation or sexual abuse.
- The right to the money and property that is legally theirs, and for these to be treated with respect.
- The right not to be discriminated against because of their ethnic origin, culture or religion, their gender or sexuality, their age or disability.
- The right to bring a formal complaint under the relevant complaints procedure if they are not satisfied with the outcome of the initial investigation.
- The right to the assessment of their needs should they be a victim of abuse.

1.3 Types of abuse as outlined in the Care Act

- **Physical abuse –** including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.
- **Domestic violence –** including psychological, physical, sexual, financial, emotional abuse; so, called 'honour' based violence.
- **Sexual abuse –** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse –** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse –** including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.
- **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 forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse –** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional

practice as a result of the structure, policies, processes and practices within an organisation.

- **Neglect and acts of omission –** including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect –** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

1.4 Sexual Exploitation

The term Sexual Exploitation is now commonly recognised nationally as one of the most important challenges facing all local authorities and their partner agencies. Sexual exploitation has a devastating impact on children and young people but can also affect vulnerable adults and their families and communities. It has a serious, long term and lasting impact on every aspect of a person's life including their health, physical and emotional wellbeing, educational attainment, personal safety, relationships, and future life opportunities. Sexual Exploitation is therefore a key priority for the SABs and their partner agencies. All agencies, across all tiers of intervention, need to be aware of the risk factors around Sexual Exploitation and to follow the appropriate safeguarding referral routes to children's or adult social care.

1.5 Counter Terrorism - Exploitation by Radicalisation of Adults at Risk

Government and the Home Office have placed great emphasis on working to counter terrorism, aiming to stop people becoming terrorists or supporting violent extremism. Local safeguarding structures have a role to play for those eligible for safeguarding. The aim is to draw people into their reasoning, recruit and embed extreme views. There are a number of factors that may make an individual susceptible to exploitation by extremist. No factors should be considered in isolation:

- Identity or personal crisis
- Particular personal circumstances
- Unemployment or underemployment and criminality

Should you be concerned about a Resident/Service User you should report your concerns to your line manager. While the Home Office leads on the anti-terrorism strategy there are two main branches relevant to safeguarding people at risk of harm CONTEST & PREVENT.

1.6 CONTEST Strategy

The aim of this is to reduce the risk to the UK and its interests overseas from terrorism, so that people can go about their lives freely and with confidence. The

counter-terrorism strategy will continue to be organised around four work streams, each comprising a number of key objectives:

- **Pursue**: to stop terrorist attacks
- **Prevent**: to stop people becoming terrorists or supporting terrorism
- **Protect**: to strengthen our protection against a terrorist attack
- **Prepare**: to mitigate the impact of a terrorist attack

1.6.1 PREVENT Strategy

The Prevent strategy contains three objectives:

1. To respond to the ideological challenge of terrorism and the threat from those who promote it.
2. To prevent people from being drawn into terrorism and ensure they are given appropriate advice & support.
3. To work with sectors and institutions where there are risks of radicalisation that we need to address.

1.7 Hate Crime

Hate crime is defined as any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic, or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence. Apart from individually charged offences, under the Crime and Disorder Act 1998 local crime reduction partnerships can prioritise action where there is persistent antisocial behaviour that amounts to hate crime. The police and other organisations should work together to intervene under Safeguarding Adults policy and procedures to ensure a robust, coordinated, and timely response to situations where adults at risk become a target for hate crime.

1.7.1 Mate Crime

"Mate Crime" is a form of disability hate crime which happens when someone 'makes friends' with a person and goes on to abuse or exploit that relationship. The founding intention of the relationship, from the point of view of the perpetrator, is likely to be criminal. The relationship is likely to be of some duration and, if unchecked, may lead to a repeat and worsening abuse. There have been a number of Safeguarding Adults Reviews/Serious Case Reviews involving this type of abuse.

Where the victim of hate or mate crime is an adult at risk, safeguarding adults' procedures should be used. This is regardless of whether the threshold for crime has been met.

1.8 Restraint and Restrictive Practice

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty without authorisation is physical abuse. There is a distinction to be drawn between restraint, restriction, and deprivation of liberty. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of keypads to prevent people from going where they want from a closed environment, or the use of medication whose sole purpose is to subdue a person. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity if it is a proportionate response to the likelihood and seriousness of the harm.

Restrictive Practices

Any form of Restraint – not only physical but also chemical e.g., via medication; psychological e.g. use of punishments or treatment which relies on denying people access to something or some experience if they do not conform.

Constant and intensive supervision – one-to-one or two-by-two supervision etc. would need approving as it could be used as a way of restricting or restraining a person and a gross infringement on their liberty and right to privacy

Physical restraints – e.g., Use of straps, belts, wheelchair bars, wheelchair belts, inappropriate use of wheelchair brakes, tucking in sheets too tightly, bed rails, straightjackets, holding a person or restricting a person from moving freely, pinning them down on the floor or against a wall. Tying people to chairs, toilets, leaving people who are unable to transfer themselves in the bath, on the toilet or in need of changing for longer than they need to be there etc. Forcing someone with an amputation to use false legs when they prefer to use a wheelchair.

Medical/chemical restraint – the prescription and administration of medication which alters someone's behaviour or responsiveness, e.g., sedatives, sleeping tablets, antipsychotics. Being forced to take medication or pressurising someone into taking it against their will if they are not under a Mental Health Act Section. Disguising medication (including grinding it up) or hiding it in food. Administering medication or a care procedure to someone when they can do it themselves.

Prevention of someone's free movement around their home, garden a building or a public area- e.g., use of locks on doors to deny a person entry to their rooms or exit from them, access to food etc. Use of barriers such as baby gates used for adults. Threats or punishments which deny a person something they enjoy e.g., denying access to visitors, friends, or food. The use of electronic surveillance or unauthorised Telecare equipment which monitors a person's movements about their home and environment. Forcing or pressurising someone to do daily living activities. Forcing people to go to bed or get up at a particular time. Social isolation e.g., sending someone to their room; or putting them in a quiet or padded area. Forcing or pressurising someone to do daily living activities. Refusal of funding or staff to be assisted to go out of their home and socialise. Social isolation e.g., sending someone to their room; or putting them in a quiet or padded area. Forcing someone to go out and socialise when they do not wish to do so.

Use of equipment to restrict someone's liberty. E.g., pushing someone too close to a dining table to stop them leaving the table; using a tray on a wheelchair rather than enabling someone to sit at a table. Keeping someone in a wheelchair when they can be transferred to an ordinary chair or transferred to a vehicle without it. Compulsory use of a bib or feeding cups or other equipment like hoists and lifts when not needed (e.g., if for the convenience of staff/carer rather than for the person's needs); forcing someone to use a wheelchair when they are willing and able to walk.

Bodily functions – forcing people to go to the toilet at a particular time or failing to assist them when they need to use it. Using incontinence pads and devices for the convenience of staff/carers if the person can use the toilet; denying people access to food and drink (e.g., by refusing to provide them when they need them or placing locks on cupboard, fridge or kitchen areas). Forcing someone to eat something.

Not ensuring someone's environment is accessible, e.g., failure to enable a person to move freely in their home by deliberately keeping barriers in place, denying the person access to a lift, ramp or other adaptation which has been installed to address their impairment (including denying people with sensory impairments as well as those with physical impairments to equipment which they find useful).

- Putting things out of a person's reach or insisting someone else uses it
- Privacy violations e.g., not allowing a person privacy; reading, censuring or opening their mail; other infringements or personal dignity, interference in human rights such as decisions about who to marry. Preventing a married couple from sharing a room in a residential home.

The Restraint Reduction Network is a registered charity (charity number 1187984) which brings together committed organisations providing education, health and social care services. The Network has an ambitious vision to reduce reliance on restrictive practices and make a real difference in the lives of people. The Restraint Reduction Network has 'Core Strategies' which provides a framework to reduce the use of

restrictive practices through a values-led, evidence-based approach. Central to this is strong and committed leadership that fosters a culture of dignity, safety, and human rights. Services are expected to collect and analyse data on restrictive practices to identify patterns and drive improvement. Workforce development is essential, ensuring staff are trained to RRN Training Standards with a focus on prevention, de-escalation, and trauma-informed care. Evidence-based tools such as Positive Behaviour Support (PBS) and functional assessments are used to understand and respond to behaviour proactively. Meaningful involvement of people with lived experience is encouraged to shape care, policy, and training. Finally, structured debriefing and reflective practice after incidents are vital to promote learning, accountability, and emotional wellbeing for both staff and the people supported. We achieve this mission by sharing learning and developing quality standards and practical tools that support reduction within the Foundation.

For more information go to: Restraint Reduction Network or see Restrictive Practice Policy.

1.9 Female Genital Mutilation (FGM)

FGM is any procedure that is designed to alter or injure a girl or woman's genital organs for non-medical reasons. It is sometimes known as 'female circumcision' or 'female genital cutting'. It's mostly carried out on young girls. FGM procedures can cause severe bleeding, infections, problems with giving birth later in life - including the death of the baby. Female genital mutilation (FGM) is illegal in the UK. It's also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this. If someone is in immediate danger the police should be called. If there is someone who is at risk of FGM or has had FGM, this information needs to be shared with social care and the police to investigate and protect the girls or women involved.

There is a FGM Helpline: 0800 028 355

1.10 Human Trafficking

If an identified victim of human trafficking is also an adult at risk, the response will be coordinated under the Safeguarding Adults process. This will include organisations that have a role to play in dealing with victims of human trafficking, including the police, health trusts, immigrations officials and other relevant support services including those in the voluntary sector.

The adult at risk should receive the support and advice they need and be safely repatriated if this is the future plan. If the victim is a child, the situation will be dealt with under child protection procedures. The early identification of victims of human trafficking is key to ending the abuse they suffer and to providing the assistance necessary.

There is a requirement for front-line staff to be able to identify the signs that someone has been trafficked. There is a national framework to assist in the formal identification

and help to coordinate the referral of victims to appropriate services; this is called the National Referral Mechanism.

The UK Human Trafficking Centre takes referrals of adults and children identified as being the victims of trafficking. Local authorities can provide a range of assistance on a discretionary basis.

The Centre now comes under the National Crime Agency (NCA). The police are the lead agency in managing responses to adults who are the victims of human trafficking.

For more information see: http://www.nationalcrimeagency.gov.uk

1.11 Modern Slavery

The Anti-Slavery Day Act 2010 established an annual anti-slavery day to raise awareness of the issue, described slavery as including:

- Trafficking for sexual exploitation
- Child trafficking
- Trafficking for forced labour
- Domestic servitude

The Modern Slavery Bill (amendment 2021) was introduced in the House of Commons. The Bill is intended to provide law enforcement with stronger tools to stamp out modern slavery, ensure slave drivers receive suitably severe punishments

and enhance protection of and support for victims. The overall policy objective is to reduce the incidence of human trafficking and modern slavery in the UK.

The UK National Referral Mechanism Statistics showed a 47% increase in 2013, with 1,746 cases reported. It is normally more prevalent amongst the most vulnerable, minority or socially excluded groups. The Bill places a legal duty on public bodies, including the police, local authorities and borders and immigration, to notify the National Crime Agency about potential victims of modern slavery.

https://www.gov.uk/government/collections/modern-slavery

1.12 Ill Treatment and Wilful Neglect

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process. Subsequent decisions will then be made in their best interests in line with the Mental Capacity Act and Mental Capacity Act Code as outlined above. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

1.13 Other notifiable incidents

In addition to incidents of abuse and neglect, the following other types of incidents are notifiable to the local authority:

- **Pressure ulcers**, which are injuries to the skin and underlying tissue caused by prolonged pressure on the skin. This includes (but is not limited to):
    - Category 3 or 4 unstageable and deep tissue injury, where there has been a lack of capacity and/or risk assessment
    - Pressure ulcers where there are other incidents of abuse or neglect
    - Pressure ulcers where there is a pattern.
- **Falls**, where there are frailty or mobility issues which increase the risk falling. This includes (but is not limited to):
    - Unexplained falls which result in injury
    - Repeated falls, despite preventative advice provided
    - Falls resulting in injury where medical attention was not sought.
- **Medication errors,** including the mismanagement or misuse of drugs. This includes (but is not limited to):
    - Any medication error causing harm requiring medical attention
    - Deliberate maladministration of medicines or falsification of records
    - Failure to follow procedures or a pattern of recurring errors.
- **Incidents between adults in a service**, i.e. service-user to service-user incidents. This includes (but is not limited to):
    - Any incident resulting in intentional or intended harm
    - Any incident involving a weapon or other object with the intent to harm
    - Repeated incidents where the person lacks capacity and is unable to protect themselves.
- **Homelessness**, where people are at increased risk of exploitation and abuse. This includes (but is not limited to):
    - Lack of inter-agency cooperation when self-neglect procedures have been initiated
    - Appears to be targeted by individuals for abuse or exploitation.

2 Principles

The Percy Hedley Foundation fully recognises the contribution it can make to protect and support Adults at risk. We adhere to the following Standards that are set out by The Care Act 2014 and these underpin all our adult safeguarding work.

2.1 Zero Tolerance and Preventing Abuse

The Percy Hedley Foundation adopts a zero-tolerance approach to abuse, neglect, exploitation, and harm of vulnerable individuals. Any form of mistreatment or violation of rights will not be tolerated under any circumstances.

It is the responsibility of all employees/volunteers to report all concerns about abuse to their line manager/project lead/DSL.

All incidents of alleged poor practice, misconduct or abuse will be taken seriously and responded to swiftly and appropriately. Where there are concerns about the safety or welfare of a vulnerable adult this procedure herein will be followed and information will be shared with the relevant agencies to protect the vulnerable adult.

The Percy Hedley Foundation will take all possible steps to ensure that vulnerable adults are kept safe through:

- Clear procedure for raising concerns and information sharing processes.
- Safe recruitment processes including the obtaining of DBS checks for all team members.
- Induction providing clear guidance and advice on safeguarding procedures and the action to take in the event of concerns with Level 1 training to be undertaken within 6 weeks.
- Procedures to manage any allegations of abuse against team members.
- Training and support for team members to ensure they are aware of and understand the importance of this policy and the related procedures.
- Named designated safeguarding leads (DSL)

The Percy Hedley Foundation is committed to taking all possible steps to prevent abuse or harm of people receiving care including:

- Operating personnel policies which ensure that all potential staff in regulated activity are rigorously checked, by the taking up of references and clearance through DBS criminal records and barred list checks, with equivalent checks for staff employed from overseas.
- Incorporating material relevant to abuse/harm into staff training at all levels
- Maintaining vigilance concerning the possibility of abuse/harm of people receiving care from any source.
- Encouraging among staff, people receiving care and all other stakeholders a climate of openness and awareness that makes it possible to pass on concerns about behaviour that might be abusive or that might lead to abuse/harm.
- Operating SafeCall which is an outsourced whistleblowing reporting service acts as an early warning system for the Foundation. Having both an internal system, plus an external whistleblower hotline and online reporting channel, provides employees with choice.
- Maintaining effective procedures for regulating any contact that care workers need to have with the property, money or financial affairs of people receiving care.
- Communicating concerns to the local Adults' Safeguarding Board.
- Helping people receiving care as far as possible to avoid or control situations or relationships that would make them vulnerable to abuse/harm.

2.2 Identification of concerns

Recognise signs and indicators of abuse, neglect, exploitation, or harm among vulnerable individuals. This may include physical injuries, behavioural changes, emotional distress, financial exploitation, unexplained bruises and/or injuries or being a witness to abuse.

Immediate response

If a safeguarding concern is identified, staff must take immediate action:

- To ensure the safety and well-being of the individual.
- If an adult is at risk of immediate harm, the team member will inform the appropriate agency immediately; this may involve calling the police on 999 or 101 or contacting out of hours social services.
- All action and reason for action is to be recorded within the individual's Nourish record and the DSL consulted and advised.
- Report it immediately to management or on-call.

Failure to report concerns may lead to suspension pending investigation, and for staff, disciplinary action.

Documentation and Recording

- If an adult has approached you, make sure that they know they have done the right thing.
- Listen carefully to their concerns and respect their rights.
- Notify the adult that only the people who need to know will be informed.
- Don't try to solve the situation yourself or confront anyone.
- Remember to take all claims seriously.
- Write up their narrative, giving as much detail as possible. Remember to include date and time, what was said and any names and locations. Document and record details of the safeguarding concern onto **Horizons tracker, Nourish (Residential and ISL) or Databridge (College)** which are the Adult Services Care Management systems.
- The form will prompt you to include observations, descriptions of incidents, and any relevant information provided by the individual, witnesses, and/or other sources.
- Don't disclose any information to non-relevant parties. Staff must maintain confidentiality and handle sensitive information securely.
- Contact your DSL immediately and inform them of the situation using the report you made. The DSL will directly contact any child protection agency, the police or simply provide further advice.
- If the DSL is unavailable and you believe the situation to warrant further action, contact the adult safeguarding agency or the police.

Failure to document concerns may lead to suspension pending investigation, and for staff, disciplinary action.

Disclosure of concern and external reporting

General Data Protection Regulations, Data Protection Act 2018 and human rights laws are not barriers to justified information sharing of information but provide a framework to ensure that personal information is shared appropriately.

- Staff must be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Staff must seek advice from other practitioners, and more specifically DSL if they are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Where possible, staff must share with consent and respect the wishes of those who do not consent to having their information shared. Under GDPR and Data Protection Act 2018 information can be shared without consent if, it is judged, a lawful reason to do so, such as where safety may be at risk. Staff will need to base their judgment on the facts of the case.
- Staff must consider safety and well-being of individuals concerned: They must base their information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
- Information sharing must be necessary, proportionate, relevant, accurate, timely and secure. Staff must ensure that that the information they share is necessary for the purpose for which it is shared. Is shared only with those people who need to have it, is accurate and up-to-date, securely, in a timely fashion.
- When sharing or requesting personal information, team members must be clear why this is necessary.
- Where there is no consent, team members must be mindful that an individual might not expect information to be shared.
- Staff must make a record of their decision and the reasons for it - whether it is to share information or not and record on Nourish. If a decision is made to share, then a record what has been shared, with whom and for what purpose will be recorded on Nourish.
- If the concern is about another staff member or the DSL it will record in a secure database.

Registered Managers/Programme Managers are responsible for:

- Providing training for staff in all aspects of safeguarding, abuse/harm and protection
- Investigating any evidence of abuse/harm speedily and sympathetically
- Implementing improvements to procedures if an enquiry into abuse/harm reveals deficiencies in the way in which the service operates
- Collaborating with all other relevant agencies in combating abuse/harm and improving the safeguarding and protection of people receiving care

- Liaising with the relevant safeguarding adults/children authority teams and following their guidance and instructions where applicable, including the issues arising from multi-agency involvement
- Notifying the Care Quality Commission of all instances of abuse, alleged or suspected abuse, using CQC's online reporting procedures.

Assessment and Investigation

At the Percy Hedley Foundation we will conduct a thorough assessment or investigation of the safeguarding concern to gather more information, evaluate the level of risk to the individual, and determine the appropriate response.

This may involve interviewing the individual, gathering witness statements, reviewing records, and collaborating with other professionals or agencies.

The above will only be initiated once we have had authorisation from other agencies such as police or local authority safeguarding team. This is because in most cases, the local authority will lead on safeguarding action in consultation with partners and in particular regulators. The principle on who is best to lead on an enquiry should always be determined by the issue, who the lead commissioner is and the knowledge and expertise required.

Enquiries are based on a person-centred approach in which the wellbeing of the victim or the alleged victim is the central focus of all the activities involved. In many cases, enquiries will be carried out or led by a member of an external agency in line with the action plan determined by the initial strategy meeting convened by the local SAB. If the Foundation is expected to carry out an enquiry of its own, it will proceed as follows:

- The person appointed to make the enquiries will usually consult the person who may have been abused/harmed to hear their account of what has occurred and their views about what actions should be taken, involving people using services' relatives, friends or representatives if that is appropriate and in line with the wishes of the individual.
- The enquiries should take into account:
    - The fears and sensitivity of the abused/harmed person
    - Any risks of intimidation or reprisals
    - The need to protect and support witnesses
    - Any confidentiality or data protection issues
    - The possible involvement of other agencies, including the police, local safeguarding team and the CQC
    - The obligation to keep the abused/harmed person and, in specific instances, the alleged perpetrator informed on the progress of the investigation.

- It will be important to assure the person who may have been abused/harmed that they will be taken seriously, that their comments will as far possible be treated confidentially, that they will be protected from reprisals and intimidation, and that they will be kept informed of actions taken and of the outcome.
- It is important to consider if the person needs independent help or representation, including the services of an independent advocate, in presenting their evidence. The care service manager will, if necessary, arrange for the appropriate help or support to be made available.
- If the abused/harmed person expressly states a wish that no further action should be taken, the safeguarding enquiry will consider if:
    - A danger to others exists from not investigating further
    - In the light of that assessment, it is possible to follow the person's wishes
    - In any case precautionary measures should be taken to protect others from the possibility of abuse from the same source
    - The person will be informed of what is to happen.
- Once decided that enquiries should proceed, they will investigate all aspects of the situation discreetly and respecting their sensitive and confident nature.
- The enquiry could include interviewing the staff involved in the incident or circumstances up to that point, hearing and assessing evidence from any others who might be in a position to supply information, exploring every other possible source of evidence, maintaining appropriate contact with any other agencies involved, and if necessary seeking expert advice on any technical aspects of the situation which are outside the knowledge or expertise available within the care service.
- Any staff from whom evidence is taken will be assured that they will be dealt with in a fair and equitable manner and informed of their employment, legal and procedural rights.
- The alleged victim of the abuse/harm, and where appropriate their relatives, friends or representatives, will always be kept as fully informed as possible of what is happening regarding the suspected abuse/harm.
- The enquiry will be carried out within an agreed timescale.
- The findings will usually be presented to the local safeguarding adults/children strategy group, which will then decide what further action to take, e.g. that a safeguarding plan should be developed and implemented.

What is a Section 42 enquiry?

The purpose of a Care Act s.42 adult safeguarding enquiry is to enable the local authority to decide whether any action is required in the adult's case, and if so, what and by whom. The enquiry should be focused on the specific concerns agreed as requiring investigation at the planning meeting / discussion phase. As with Section 42

enquiries it is essential that adults using the service are spoken to, and encouraged and supported to:

- Tell the LA what outcomes they want.
- Raise complaints and concerns.
- Questioning when care is not provided according to care plans.
- Care is not delivered when expected; or
- Care is not provided with dignity and respect.

2.3 CARE ACT 2014 PRINCIPALS

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent. We do this by promoting the autonomy, independence, and self-determination of individuals receiving care. It means involving them in decisions about their care, respecting their choices and preferences, and supporting them to assert their rights and make informed decisions about their lives.

  "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 action before harm occurs. At the Foundation our prevention focuses on identifying and addressing risks and vulnerabilities before they escalate into abuse or harm. We implement proactive measures to prevent abuse, such as robust risk assessments, staff training, awareness- raising initiatives, and the promotion of positive relationships and environments.

  "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. This means responding to safeguarding concerns in a way that is proportionate to the level of risk and the needs of the individual. The Foundation's interventions should be tailored to the specific circumstances and severity of the situation, avoiding unnecessary intrusion or restriction of the individual's rights and freedoms.

  "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** – this involves taking action to safeguard the well-being and safety of individuals at risk of abuse or harm. The Foundation have a duty to intervene promptly and effectively to prevent further harm, remove individuals from

situations of abuse or neglect if necessary, and provide support and protection to promote their recovery and well-being.

"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** – partnership working is essential for effective safeguarding in care settings. This principle emphasises collaboration and coordination between the Foundation and other professionals, agencies, and stakeholders involved in safeguarding efforts. It involves sharing information, working together to assess risks and needs, and coordinating responses to safeguarding concerns.

  "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** – we will ensure that the Foundation and professionals are held accountable for their actions and decisions related to safeguarding. It involves adhering to legal and regulatory requirements, following the Foundation's policies and procedures, and taking responsibility for the outcomes of safeguarding interventions.

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

The aims of adult safeguarding are to:

- Prevent harm and reduce risk of abuse and neglect for those adults with care and support needs;
- Stop abuse or neglect wherever possible;
- Safeguard adults in a way that enhances individual choice and control, as part of improving their quality of life, ;
- Work alongside the adult to identify strengths-based and outcomes-focused solutions;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support to help people understand abuse, how to stay safe and how to raise concerns;
- Address the causes of abuse.

Safeguarding is not a substitute for:

2.4 Personal Budgets and Personal Health

Regardless of the adult's preferred method of managing a personal budget, the local

authority retains its duty of care with regard to the adult and their protection from abuse. The Integrated Care Board (ICB) also has responsibilities around the provision of personal health budgets.

Personalised care planning can enhance good safeguarding practice, bringing in people's own resources and intelligence. Through empowering adults, organisations can help raise awareness of what is acceptable and use information from adults and their families to identify potential problems with providers.

The kind of support available to adults managing their own care and support includes advice on:

- Managing money;
- Safer recruitment;
- Safeguarding and dignity;
- What to expect from services and individuals;
- Using approved or accredited providers of employment services;
- Contractual issues;
- Who to contact if things go wrong;
- Guidance on mental capacity issues;
- Guidance on deputyship and Lasting Power of Attorney.

2.5 Following the Enquiry

- If it seems from the enquiries that on the balance of probabilities abuse/harm did indeed take place, the manager will, if the abuser is a staff member, initiate and carry through proceedings according to the agency's disciplinary policy or, if the abuser is not a member of staff, take action to involve other responsible bodies.
- If abuse/harm is proved against a staff member, the manager will initiate appropriate action, which most likely will be dismissal and referral to the DBS to prevent them from being employed further in regulated activity.
- Other employment sanctions could apply depending on whether there might have been mitigating or extenuating circumstances. In some cases, retraining could be appropriate.
- The person using services or representatives will be informed of the outcome of the investigation and any further action and will be consulted about whether any redress or apology would be appropriate and helpful to them in line with the service's duty of candour.
- The manager will take appropriate steps to inform the DBS for possible inclusion of the person on its barring lists as someone who is unsuitable to work again in regulated activity with at risk adults and/or children.
- At all stages of the process, a careful record will be kept of all actions taken, paying particular attention to the sensitivity of the abused/harmed person.
- Where relevant to the resolution of the situation, a plan will be drawn up to address the issues with the alleged or known perpetrator(s), particularly if they will be continuing to form part of the victim's life, directly or indirectly.

Planning further action

At the end of an incident involving possible or actual abuse/harm, managers should review what has happened with a view to assessing whether the care service or its management has been in any way culpable, ineffective or negligent, learning lessons for the way the care service should operate in the future, and passing on any appropriate information to other agencies.

If necessary, the Foundation will review and revise its policies, procedures and training arrangements in response to any material that has emerged from the incident or the investigation.

The Foundation could carry this out with advice and guidance from the local Safeguarding Adults' Authority or Safeguarding Children Authority.

Organisational learning

At the Foundation we will document the outcomes of the safeguarding process, including any actions taken, decisions made, and lessons learned. We will then use this information to improve safeguarding practices, policies, and procedures, and to inform training and capacity-building efforts for staff and stakeholders.

We will do this in the following way:

- **Learning from incidents and near misses**- we have established mechanisms for reporting, analysing, and learning from safeguarding incidents, near-misses, and concerns raised by staff, service users, or other stakeholders. We do this by conducting thorough reviews and investigations of safeguarding incidents, can identify root causes, systemic issues, and areas for improvement in their safeguarding practices. We have three levels:
    - Serious incident review meetings which are localised reviews
    - Incident review group which is organisational
    - Safeguarding meeting- quarterly with a representative all services and departments.

- **Sharing best practices-** we do this by sharing best practices, lessons learned, and success stories related to safeguarding across different departments (education, adult learning, residential), teams/department, and locations. It involve creating forums for staff members to exchange knowledge and insights, case studies highlighting effective safeguarding interventions, and peer-to-peer learning opportunities.

- **Leadership and Culture-** our leaders play a critical role in fostering a culture of learning, openness, and continuous improvement in safeguarding. The leaders demonstrate a commitment to learning from safeguarding incidents, prioritise investment in staff training and development, and create an environment where staff feel empowered to raise concerns and contribute to improvement efforts without fear of reprisal.

- **External collaboration-** we work with by engaging with peer organisations, participate in professional networks, regulatory bodies, and academic institutions involving in safeguarding. By participating in knowledge-sharing initiatives, conferences, and collaborative projects, we can gain new insights, access resources, and benchmark their safeguarding practices against industry standards.

2.6 Safe Recruiting Practices

The Percy Hedley Foundation takes great care in the recruitment of staff, carries out all possible checks on recruits to ensure that they are of a high standard and co-operates in all initiatives regarding the sharing of information on care workers who are found to be unsuitable to work with people at risk.

We will ensure that new employees employed in regulated activity have been checked against the Disclosure and Barring Service (DBS) criminal records and barred lists in line with the current requirements. (See the Safe Staff Recruitment and Selection Policy.)

2.7 Referrals to DBS Barred Lists

The Foundation will comply with its legal requirement to refer a worker, where it has evidence that the staff member in question has been guilty of misconduct by harming or putting at risk of harm a person using services or other person at risk, during the course of their work, to the DBS barred lists following the procedures issued by the DBS.

2.8 Safeguarding Training

- All staff receive training in recognising abuse or harm and carrying out their responsibilities under this procedure as part of their induction programme and further training in line with their training needs as identified from their supervision and appraisals and policy developments and changes. The training is updated on a regular scheduled basis at least annually.
- All training, including induction training, is in line with the guidance and standards produced by the relevant social and healthcare workforce development organisations and the local safeguarding authority training policies and guidance.
- Staff new to care work must achieve Standard 10: Safeguarding Adults and Standard 11: Safeguarding Children to achieve the Care Certificate.
- Other new staff will have a baseline training level, which is at least the equivalent of the Care Certificate Standards 10 and 11 from previous or current induction training.
- The care service will check their knowledge and competencies to ensure it meets the required standard and provide additional training if needed.
- All staff receive training to ensure that they are familiar with local Safeguarding Adults' Boards policies and procedures.
- All staff following induction are expected to proceed to at least a Foundation Level 2 award and a Multi-agency (Level 3) training in safeguarding.

- Managers and staff responsible for safeguarding are required to receive Specialist Safeguarding Training (Level 4) and, where appropriate, to their roles and responsibilities, achieve the Multi-Agency Safeguarding Leaders Development Programme (Level 5).

3 Scope

An effective Safeguarding Policy is one which provides clear direction to staff and others about expected codes of behaviour in dealing with safeguarding issues. The policy also makes explicit the Service's commitment to the development of good practice and sound procedures. This ensures that safeguarding concerns and referrals are handled sensitively, professionally and in ways which support the needs of the Adults at risk.

The Policy relates to all adults who require safeguarding. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It encompasses all activity which enables an adult to retain independence, well-being, and choice, and is about preventing abuse and neglect, as well as promoting good practice for responding.

With the emphasis on supporting adults to access services of their own choice there is a duty to ensure protection for adults who do not have the mental capacity to protect themselves. The Percy Hedley Foundation recognises that adults have complex lives and being safe is only one of the things that they may want for themselves. Professionals should work with the adult at risk to establish what being safe means to them and how this can be best achieved.

3.1. Making Safeguarding Personal

'Making safeguarding personal' is a person-centred and outcome focused approach to safeguarding adults. It emphasises that the adult concerned must always be at the centre of adult safeguarding, and that their wishes and views should be sought at the earliest opportunity. Making Safeguarding Personal requires professionals to see adults as experts in their own lives and to work with them in order to identify strengths-based and outcomes focused solutions. Professionals must work in a way that enhances individual involvement, choice and control as part of improving quality of life, wellbeing and safety.

Making Safeguarding Personal seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people;
- Practice that focuses on achieving meaningful improvement to people's circumstances (outcomes) rather than just the process of 'investigation' and reaching a 'conclusion';

- An approach that utilises social work skills rather than just 'putting people through a process', with the ultimate aim of improving outcomes for people at risk of harm.

Making Safeguarding Personal is led by the Local Government Association (LGA) Safeguarding Adults Programme and by Association of Directors of Adult Social Services (ADASS).

The Care and Support Statutory Guidance also states:

- *'…it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to rotect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised …..'*

- *'Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety'.*

Nevertheless, there are key issues that local authorities and their partners should consider.

MSP can be divided into several key areas:

- **Person led and person centred**: being safe and well means different things to different people, this means the safeguarding process should be person-led and recognise people as the experts in their own lives. It should engage the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. Professionals should be interested and look for the full picture of a person's experience.
- **Focused on outcomes, not process**: safeguarding is not about undertaking a process but is a commitment to improve outcomes by working alongside people experiencing abuse or neglect. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating, and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, at the end, the extent to which desired outcomes have been realised. This approach involves adults being encouraged to define their own meaningful improvements to change their circumstances and then to be involved throughout the safeguarding investigation, support planning and response.

3.2 Advocacy

The Care Act 2014 places a duty on Local Authorities to arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

Independent Mental Capacity Advocates (IMCA's) can be commissioned to assist in adult safeguarding issues Under Sec. 35 of the Mental Capacity Act 2005.

In safeguarding adult cases ONLY, access to IMCA's is not restricted to people who have no one else to support or represent them. Therefore, people who lack capacity, who have family and friends can still have an IMCA to support them through the safeguarding process.

3.3 Process and guidance

It is the responsibility of all employees to treat the abuse or potential abuse of Adults at Risk seriously. This policy provides clear guidance for employees in the event that they have a concern about an Adult Protection issue.

The Percy Hedley Foundation aim to proactively safeguard and promote the welfare of adults as set out in the Care Act and the Local Authority Safeguarding Adults Boards.

See below provider concerns process and guidance:

Type of Abuse	Examples of alerts that might fall outside of safeguarding procedures and be addressed by other means	LESS SERIOUS ◄	► The Extent of the Abuse ◄	► EXTREMELY SERIOUS	
Physical	• Staff error causing no/little harm, e.g. friction mark on skin due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting'	• Isolated incident involving service user on service user • Inexplicable marking found on one occasion	• Inexplicable marking or lesions, cuts or grip marks on a number of occasions	• Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries • Assault	• Grievous bodily harm/ assault with weapon leading to irreversible damage or death
Medication	• Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs	• Recurring missed medication or administration errors in relation to one service user that cause no harm	• Recurring missed medication or errors that affect more than one adult and/or result in harm	• Deliberate maladministration of medications • Covert administration without proper medical supervision	• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Sexual	• Isolated incident when an inappropriate sexualised remark is made to an adult and no or little distress is caused	• Verbal sexualised teasing • Isolated incident of low-level unwanted sexualised attention / touching directed at one adult by another whether or not capacity exists	• Recurring sexualised touch or isolated/recurring masturbation without consent • Being made to look at pornographic material without consent • Being subject to indecent exposure	• Attempted penetration by any means (whether or not it occurs within a relationship) without consent • Sexual harassment • Sexualised attention in a relationship between staff and a service user	• Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Sex without consent/ rape
Psychological	• Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined, but no or little distress is caused	• Occasional taunts or verbal outbursts which cause distress • The withholding of information to disempower	• Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Frequent verbal outbursts	• Humiliation • Emotional blackmail, e.g. threats of abandonment/harm • Frequent and frightening verbal outbursts	• Denial of basic human rights/civil liberties, overriding advance directive, forced marriage • Prolonged intimidation • Vicious/personalised verbal attacks
Financial	• Staff personally benefit from the support they offer service users, e.g. accrue 'reward points' on their own store loyalty cards when shopping	• Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered	• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest • Adult denied access to his/her own funds or possessions	• Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control • Personal finances removed from adult's control	• Fraud/exploitation relating to benefits, income, property or will • Theft
Neglect	• Isolated missed home care visit where no harm occurs • Adult is not assisted with a meal/drink on one occasion and no harm occurs • Self neglect	• Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs, e.g. being left wet occasionally • Not having access to aids to independence	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Hospital discharge without adequate planning and harm occurs	• Ongoing lack of care to extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence	• Failure to arrange access to life saving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk

Institutional (any one or combination of the other forms of abuse)	• Lack of stimulation/opportunities for people to engage in social and leisure activities • Service users not given sufficient voice or involved in the running of the service	• Denial of individuality and opportunities for service users to make informed choices and take responsible risks • Care-planning documentation not person-centred	• Rigid/inflexible routines • Service user's dignity is undermined, e.g. lack of privacy during support with intimate care needs, shared underclothing	• Bad practice not being reported and going unchecked • Unsafe and unhygienic living environments	• Staff misusing their position of power over service users • Over-medication and/or inappropriate restraint used to manage behaviour • Widespread, consistent ill treatment
Discriminatory	• Isolated incident when an	• Care planning fails to address an	• Inequitable access to service	• Being refused access to essential	• Hate crime resulting in

In conjunction with the above guidance, it is also important to differentiate the difference between poor care and potential safeguarding issues.

Poor care, includes instances of:

- A one-off medication error (although this could have had very serious consequences)
- An incident of under-staffing, resulting in a person's incontinence pad being unchanged all day;
- Poor quality, unappetising food;
- One missed visit by a care worker from a home care agency.

Potential causes for concern, include instances of:

- A series of medication errors;
- An increase in the number of visits to A&E, especially if the same injuries happen more than once;
- Changes in the behaviour and demeanour of adults with care and support needs;
- Nutritionally inadequate food;
- Signs of neglect such as clothes being dirty;
- Repeated missed visits by a home care agency;
- An increase in the number of complaints received about the service;
- An increase in the use of agency or bank staff;
- A pattern of missed GP or dental appointments;
- An unusually high or unusually low number of safeguarding alerts.

The Foundation will make sure that there is careful analysis to understand what intentional and unintentional harm is. However, where there is unintentional harm due to lack of guidance for staff this may also constitute organisational abuse.

All employees of the Foundation are committed to adults and young people's wellbeing and safety.

- The Foundation are clear about people's responsibilities to safeguard and promote Adults and Young Peoples' welfare.
- The Foundation have effective recruitment and H.R. procedures including checking all new staff and volunteers to make sure they are safe to work with Adults and Young People. Where there are concerns that an employee has caused harm or poses risk referrals to DBS will be made.
- The Foundation have procedures for dealing with allegations of abuse against members of staff and volunteers.

- The Foundation make sure staff receive training to help them do their job well. All staff have annual training and regular updates on safeguarding and wellbeing, as well as being assessed as competent in their understanding of Safeguarding.
- The Foundation have robust procedures about how to safeguard and promote the welfare of Adults and Young People.

**This policy will apply to employees working within Adult Services and employed by the Foundation under a contract of employment including suppliers, volunteers, contractors etc"*

4 Information Sharing

To ensure clear information sharing all partners are committed to the simple process of sharing relative information and follow the "Golden Rules" taken from the HM Government Information Sharing Advice (2018).
Seven golden rules for information sharing: -

1. **Remember that the General Data Protection Regulation and Data Protection Act 2018 is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
5. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.
6. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

7. **Keep a record** of your decision and the reasons for it - whether it is shared information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

4.1. Use of mobile phone and social networking sites

Staff at the setting

- We believe our staff should be completely attentive during their hours of working, to ensure all Residents/Service Users receive good quality care and support. This is why mobile phones should only be used in exceptional circumstances and agreed by a manager.
- We also feel that restrictions need to be placed on staff when they access social networking sites. The Services have a reputation to upkeep and comments made on sites such as 'Facebook' could have an impact on how parents/customers and potential customers using the provision, view the service.
- Mobile phones can only be used when instructed to do so by a manager. Staff should not be making or receiving personal calls, sending, or receiving text and or accessing personal networking sites during work times unless agreed by a manager. **STAFF MUST NOT USE THEIR OWN MOBILE PHONES TO TAKE PHOTOS OF ADULTS / YOUNG PEOPLE**.
- During outings, staff will use mobile phones belonging to the Service. Photographs should only be taken with consent from the Resident/Service User. For those where capacity is an issue a consent form should be completed by a Carer, appropriate Family member or representative.
- Staff must not post anything onto social networking sites such as 'Facebook' that could be construed to have any impact on the Services reputation.
- Staff must not post anything onto social networking sites that would offend any other member of staff, Resident/Service User or parent using the Service.
- If any of the above points are not followed then the member of staff involved will face disciplinary action, which could result in dismissal.

4.2. Relatives/Family Friends visiting the setting (ONLY applies to individuals under 18yrs)

Relatives/Friends visiting the Services are permitted to use mobile phones within the setting, however any calls must be taken outside of the Service or in a confidential meeting room. Relatives and/or Friends are only permitted to use phones to take photographs with consent from a manager and must only photograph their relative/friend.

4.3. Visitors to the setting

Visitors to the setting will be asked to always keep their phones on them in person. If visitors are required to take a call, they can use an office for privacy or take the call outside of the service. Visitors are also not permitted to use phones to take photographs without prior consent.

Further Protection Measures include:

- Any money or financial information held on behalf of service users is kept safely and all monetary transactions properly recorded. A Resident/Service User can request to see their personal finance sheet at any time. The Foundations' "Managing other People Moneys" policy should be referred to.

5. Duty of Candour

Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying out a regulated activity.

The Foundation will promote a culture that encourages candour, openness, and honesty at all levels. We are committed to being open and transparent at board level.

We will take action to tackle bullying and harassment in relation to duty of candour and will investigate any instances where a member of staff may have obstructed another in exercising their duty of candour.

We have a system in place to identify and deal with possible breaches of the professional duty of candour by staff who are professionally registered, including the obstruction of another in their professional duty of candour. This is likely to include an investigation and escalation process that may lead to referral to their professional regulator or other relevant body.

Staff receive appropriate training, and there are arrangements in place to support staff who are involved in a notifiable safety incident.

If we are made aware that something untoward has happened, we will treat the allegation seriously, immediately consider whether this is a notifiable safety incident and take appropriate action (reference 'Duty of Candour Policy).

6. Whistleblowing

This policy applies to all employees and officers of the Percy Hedley Foundation.
It is important to the business that any fraud, misconduct or wrongdoing by workers or officers of the Foundation is reported and properly dealt with. The Foundation therefore encourages all individuals to raise any concerns that they may have about the conduct of others in the business or the way in which the business is run. This policy sets out the way in which individuals may raise any concerns that they have and how those concerns will be dealt with (reference 'Whistleblowing Policy').

Background

The Public Interest Disclosure Act 1998 amended the Employment Rights Act 1996 to provide protection for workers who raise legitimate concerns about specified matters. These are called "qualifying disclosures". A qualifying disclosure is one made in good faith by an employee who has a reasonable belief that:

- a criminal offence,
- a miscarriage of justice,
- an act creating risk to health and safety,
- an act causing damage to the environment,
- a breach of any other legal obligation; or
- Concealment of any of the above.

Is being, has been, or is likely to be, committed. It is not necessary for the worker to have proof that such an act is being, has been, or is likely to be, committed - a reasonable belief is sufficient. The worker has no responsibility for investigating the matter - it is the organisation's responsibility to ensure that an investigation takes place.

A worker who makes such a protected disclosure has the right not to be dismissed, subjected to any other detriment, or victimised, because he/she has made a disclosure. The Foundation encourages workers to raise their concerns under this procedure in the first instance. If a worker is not sure whether to raise a concern, he/she should discuss the issue with his/her line manager or the human resources department.

Principles

- Everyone should be aware of the importance of preventing and eliminating wrongdoing at work. Workers should be watchful for illegal or unethical conduct and report anything of that nature that they become aware of.

- Any matter raised under this procedure will be investigated thoroughly, promptly, and confidentially, and the outcome of the investigation reported back to the worker who raised the issue.
- No worker will be victimised for raising a matter under this procedure. This means that the continued employment and opportunities for future promotion or training of the worker will not be prejudiced because he/she has raised a legitimate concern.
- Victimisation of a worker for raising a qualified disclosure will be a disciplinary offence.
- If misconduct is discovered as a result of any investigation under this procedure the Foundation's disciplinary procedure will be used, in addition to any appropriate external measures.
- Maliciously making a false allegation is a disciplinary offence.
- An instruction to cover up wrongdoing is itself a disciplinary offence. If told not to raise or pursue any concern, even by a person in authority such as a manager, workers should not agree to remain silent. They should report the matter to a director.

7. Generic Training

The commitment of the Percy Hedley Foundation to ensuring that employees attain a diploma qualification in Care, this will underpin good practice and staff will also be aware of national standards relating to safeguarding adults at risk. All new staff also covers this topic as part of their induction and ongoing Professional Development.

All staff attain an accredited certificate in Safeguarding Adults, this is refreshed annually, all staff complete the Safeguarding Competency Workbook and are assessed as ‘competent’ by their Line Manager.

Staff also attend MCA, Health and safety, Medication, Equality and Diversity and NAPPI training.

Also refer to other relevant policies; -

- Confidential Reporting of Concerns
- Whistle Blowing
- Equality and Diversity
- Medication
- Mental Capacity Act/DoLs
- Dignity and Respect
- Lone working
- Social media
- Managing Challenging Behaviours

- Disclosure Barring Service (DBS)
- Disciplinary

8. Monitoring and Compliance

Well-kept records are essential to good Safeguarding practice. The Services are clear about the need to record any concerns about a Residents/Service Users within our services, the status of such records and when these records should be passed over to other agencies. A file note will be made of any concern raised and action taken.

Overall responsibility for the operation of the policy lies with the Head of Service/Registered Manager/Deputy Principal. The effectiveness of the policy will be formally reviewed and monitored as a minimum on an annual basis to ensure that it continues to meet the requirements of The Foundation, the specific service area and that it reflects best practice and statutory legislation as appropriate.

9. Associated Policies & References

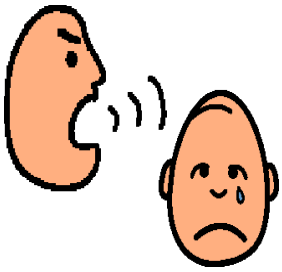
- Terms of Reference
- Safer Recruitment Policy
- Whistleblowing Policy
- Duty of Candour Policy
- Confidential Reporting of Concerns
- Equality and Diversity
- Medication Management
- Mental Capacity Act & Deprivation of Liberty Policy
- Dignity and Respect Policy
- Lone working Policy
- Social media Policy
- Managing Challenging Behaviours Policy
- Disclosure Barring Service (DBS) Policy
- Disciplinary Policy
- Positive Behaviour Support Policy
- Restrictive Practice Policy

Safeguarding – Service Users/Residents Information

Adult Services
Safeguarding Policy

What is abuse?

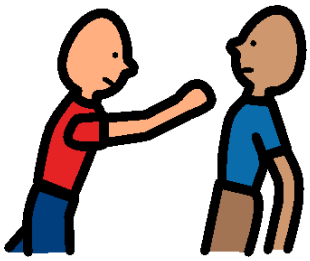
Abuse is when someone hurts you or treats you badly. These are the different kinds of abuse:



Emotional abuse [Psychological]

Emotional abuse is when people talk to you in an unkind way.

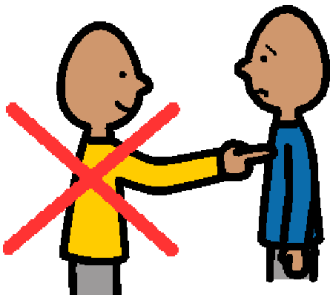
For example, teasing, threatening, swearing, ignoring you, shouting, putting you down and treating you like a child.



Physical abuse

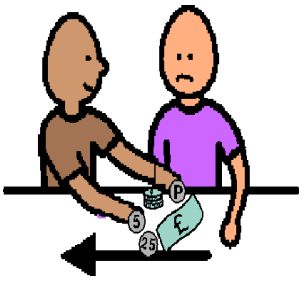
Physical abuse is when someone hurts you, for example hitting, kicking, pinching you causing you pain.

Sexual abuse



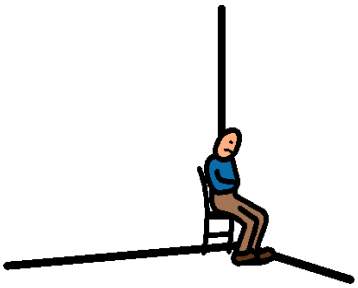
Sexual Abuse is when someone touches your body or your private parts in ways you do not like or want. This includes kissing you and making you touch them in a way you are not comfortable with.

Financial [or material abuse]



Financial abuse is when people take control of your money or things which belong to you.

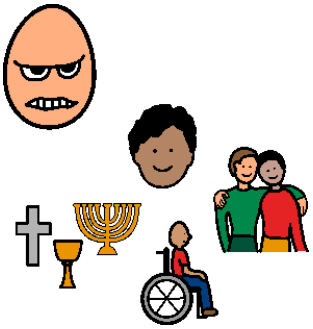
Neglect



Neglect is when people who are supposed to help do not look after you properly.

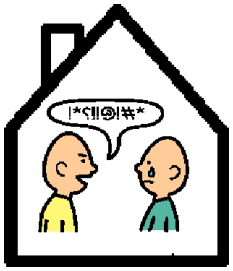
For example, this could be not giving you enough food, not keeping you warm and safe, not giving you medicine or not taking you to the doctors if you are ill.

Discrimination



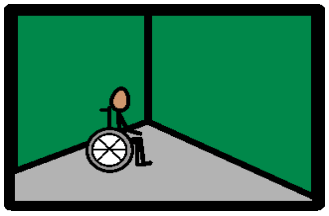
Discrimination is when people treat you badly or unfairly because of the colour of your skin, your religion, your disability, your age, your sex or because you are Gay or Lesbian.

Domestic Abuse



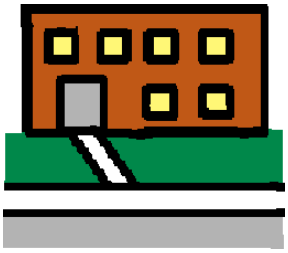
When someone who has been close to you uses threatening behaviour, violence, or any form of abuse. (The abuse may be psychological, physical, sexual, financial, or emotional)

Modern Slavery



When someone takes away your freedom and makes you work in a slave –like way.

Institutional abuse

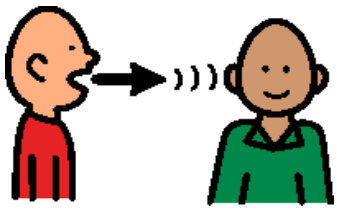


Institutional abuse is when the routines in care settings take away your rights, choices, and opportunities.

Self-Neglect

Self-neglect is when you don't take care of yourself and it causes, or may cause, you harm. It may be serious physical, mental or emotional harm or substantial damage to or loss of belongings.

Abuse is always wrong and should not happen

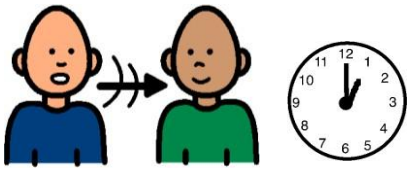


If any of these things happen to you or your friends, you should tell someone you trust. You could tell:

- **A member of staff**
- **The manager**
- **Someone in your family**
- **A nurse or doctor**
- **Social Worker**
- **A friend or another resident**
- **An Advocate**
- **The Police**

How will I be kept safe in Hedleys Adult Services?

If you are being hurt or think someone else is, you should tell a member of staff.

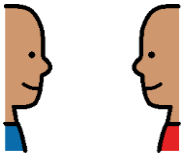


Your concerns will be reported to a manager in Adult Services within 1 hour of you telling someone.

The Care Act 2014 says all staff have a responsibility to pass on your or their concerns to a responsible person.

People who provide services like independent supported living, residential care, day services or respite should always work to keep you safe and well.

All staff that support you must have a Police check. It is to make sure they have not abused people in the past. It is called a Disclosure and Barring Service (DBS) check.



Friends and family are good at noticing when people might have been abused or are in services where they are not safe.

People who inspect services, like the Care Quality Commission [CQC] and Contract Monitoring Teams, are responsible for making sure services offer good, safe care and support.

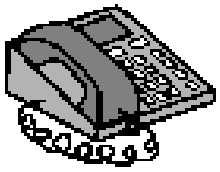
Contact Numbers:

The Care Quality Commission:

03000 616161

Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

North Tyneside Adult Social Care:



Gateway (0191) 643 2777
[out of hours (0191) 200 6800]

Quadrent West
The Silverlink North
Cobalt Business Park
Newcastle upon Tyne
NE27 0BY

Newcastle City Council:

Referrals: 0191 2788377

Advice: 0191 2788156

Out of Office: 0191 2787878

Newcastle City Council
Adult Social Care
Civic Centre
Barras Bridge
Newcastle Upon Tyne
NE99 2BN