Safeguarding Adults Policy and Procedures

VASL (Voluntary Action South Leicestershire)

VASL's Safeguarding Adults Policy and Procedures

Contents:

1. Introduction

- VASL is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults in accordance with the Care Act 2014.
- All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
- The rights, dignity and worth of all adults will always be respected.
- We recognise that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, particularly those adults with care and support needs.
- We all have a shared responsibility to ensure the safety and wellbeing of all adults and will act appropriately and report concerns whether these concerns arise within VASL or in the wider community.
- All allegations will be taken seriously and responded to quickly in line with VASL Safeguarding Adults Policy and Procedures.
- VASL recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

2. Roles and responsibilities of those within VASL

VASL is committed to having the following in place:

- A Lead Safeguarding Officer to produce and disseminate guidance and resources to support the policy and procedures.
- A clear line of accountability within the organisation for work on promoting the welfare of all adults.
- Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.
- A Steering Group or Case Management or Case Referral Group that effectively deals with issues, manages concerns and refers to a disciplinary panel where necessary (i.e. where concerns arise about the behaviour of someone within **VASL**
- A Disciplinary Panel will be formed as required for a given incident, if appropriate and should a threshold be met.
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
- Appropriate whistle blowing procedures and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.
- Clear codes of conduct are in place for Staff, Trustees, Volunteers and other relevant individuals.

Policies, procedures and supporting information are available on the VASL website**: www.vasl.org.uk**

Lead Safeguarding**: Julia Synnott** Trustee Safeguarding Lead: **Linda Jones**

This policy will be reviewed every two years or sooner in the event of legislative changes or revised policies and best practice.

3. Relevant Policies

This policy should be read in conjunction with the following VASL policies:

- Whistleblowing Policy – To be referred to if you have concerns regarding the practice of another member of staff.
- Social Media Policy
- Complaints Policy
- Disciplinary Policy

4. The Six Principles of Adult Safeguarding

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to act before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

5. Making Safeguarding Personal and Consent

Adult Safeguarding should be person-led, and outcome focussed. It engages the individual in a conversation about how best to respond to their safeguarding situation, in a way that enhances involvement, choice and control. According to the Mental Capacity Act 2005, we should always assume that an individual has capacity, unless proven otherwise. Therefore, you should always discuss safeguarding concerns with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process. Consent is paramount in Adult Safeguarding, and you should seek further advice from your manager or the DSO if you feel consent needs to be overridden to keep a person safe.

6. Guidance and Legislation

The practices and procedures within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards Policies and Procedures. They take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010

- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 2018
- The Domestic Abuse Act 2021

7. Types of Abuse and Neglect

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

Abuse may be:
- a single act or repeated acts;
- an act of neglect or a failure to act;
- multiple acts (for example, an adult may be neglected and financially abused).

Abuse is about the misuse of the power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Intent is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

There are different types and patterns of abuse and neglect, and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour which could Indicate a safeguarding concern:

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

Possible indicators:
- Unexplained or inappropriately explained injuries.
- Medical problems that go unattended.
- Person flinches at physical contact.
- Person wears clothes that cover all parts of their body or specific parts of their body.

Sexual abuse
Sexual abuse includes rape and sexual assault or sexual acts that the adult has not consented to or could not consent to or was pressured into. It includes coercing the abused person into participating in or looking at pornographic videos or photographs.

Possible Indicators:
- Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.
- Person appears unusually subdued, withdrawn or has poor concentration.
- Person exhibits significant changes in sexual behaviour or outlook.

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

Possible indicators:
- Person appears anxious or withdrawn, especially in the presence of the alleged abuser.
- Person exhibits low self-esteem.
- Person is not allowed visitors / phone calls.
- Person's movement is restricted by use of furniture or other equipment.
- Bullying via social networking internet sites and persistent texting.

Financial or material abuse
This includes theft, fraud, exploitation, internet scamming, pressure/ coercion in connection with an adult's financial affairs or arrangements including wills, property inheritance or financial transactions or the misappropriation of property, possessions or benefits. It also includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs. Staff borrowing money or objects from a service user is also considered financial or material abuse.

Possible indicators:
- Lack of heating, clothing or food.
- Sudden or unexpected changes in a will or other financial documents.
- Inadequately explained withdrawals from accounts.
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money.
- Appearing as victim of a scam.

Neglect and Acts of Omission
These include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition, and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves. Neglect can be intentional or unintentional.

Possible Indicators:
- Person's physical condition/appearance is poor (for example ulcers, pressure sores, soiled or wet clothing).
- Person is malnourished, has sudden or continuous weight loss and / or is dehydrated.
- Person cannot access appropriate medication or medical care.
- Person is exposed to unacceptable risk.

Discriminatory abuse
This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form

of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support.

Possible indicators:
- A person may reject their own cultural background and / or racial origin or other personal beliefs, sexual practices or lifestyle choices;
- a person making complaints about the service not meeting their needs.
- Victim of a hate crime.

Organisational abuse

Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. Organisational abuse can occur in any setting providing health or social care.

Possible indicators:
- Unnecessary or inappropriate rules and regulations.
- Lack of stimulation or the development of individual interests.
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership.
- Restriction of external contacts or opportunities to socialise.

Modern Slavery
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, and inhumane treatment.

Possible indicators:
- Working for little or no payment.
- Working long hours without breaks.
- Fearful of their employer.

Self-neglect
Self-neglect includes a wide range of behaviour that threatens the person's own health and / or safety.

Possible Indicators:
- Failure to provide themselves with adequate food, water, clothing and shelter.
- Neglecting to care for one's personal health, hygiene or surroundings.
- Hoarding.
- The misuse of drugs and alcohol.

Domestic Abuse
Domestic Abuse is defined as any form of abuse between people where both people are aged 16 or over and are personally connected to each other. Whatever form it takes, domestic abuse is rarely a one-off incident and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over the victim. Domestic abuse occurs across society, regardless of age, gender, race, sexuality, wealth and geography.

Possible Indicators:
- Signs of physical or sexual harm/

- Signs of coercive and controlling behaviour, e.g. finances being controlled, needing to ask for permission to do something, lack of contact with social networks.
- Tracking software on technology.
- Poor self-esteem, hopelessness or lack of identity.

Mate crime
Vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.

Possible Indicators:
- Perpetrators routinely going to a vulnerable person's house and clearing their cupboards of food and alcohol.
- Being physically harmed for the amusement of others.
- Having their home used as a place for others to meet, gather, sleep, take drugs or hold parties or having their home taken over altogether by someone else – Also known as Cuckooing.

8. What to do if you have a Safeguarding Concern

If you have concerns about the safety or wellbeing of an adult, you must act following the flowchart below.

Safeguarding Flowchart

There are concerns about an adult's safety or wellbeing.

Is there immediate risk of significant harm or a crime in progress?

Yes

Call 999 – report to Safeguarding Lead and record on an Incident Report Form.

No

Do your concerns meet the LLR Safeguarding Threshold criteria? LLR-Safeguarding-Adults-Thresholds-Guidance-2.pdf

Yes

Do you have the Adult's consent?

Yes

Inform Manager of your concerns and report to Adult Social Care using either 0116 305 0004 or report online using the Professional Safeguarding Concerns Portal - Professional Safeguarding Referral (leics.gov.uk)

No

Discuss with Manager/Safeguarding Lead whether you can override consent due to risks being higher, should it not be reported.

If consent is overridden – report to Adult Social Care using either 0116 305 0004 or report online using the Professional Safeguarding Concerns Portal - Portal Home (leics.gov.uk)

No

Do you have the Adult's consent?

Yes

Inform Manager of your concerns and report to Adult Social Care using a Concern for Welfare form on the Professional Portal - Professional Referral - Concern for Welfare (leics.gov.uk)

Concerns can be raised to their GP if it is felt this is more appropriate.

No

Discuss with Manager/Safeguarding Lead whether you can override consent due to risks being higher, should it not be reported.
If consent is overridden report to Adult Social Care using a Concern for Welfare form on the Professional Portal - Professional Referral - Concern for Welfare (leics.gov.uk)

Concerns can be raised to their GP if it is felt this is more appropriate.

Whether you have reported your concerns to Adult Social Care or not, just must record all information on an Incident Record Form. This will enable us to keep an accurate log of the events and help us to justify our decision making. You will also need to fill in the Safeguarding Concerns Log with brief information to ensure we have an accurate record of all concerns raised.

Remember to involve the adult at risk throughout the process wherever possible and gain consent for any referrals to social care if the person has capacity

9. How to Record a Safeguarding Concern:

VASL requires all staff to record any safeguarding concern using the below template, regardless of whether the concern resulted in a safeguarding referral or not. This is to show individual consent and decision-making staff took with the guidance of management and/or the DSO.

VASL
INCLUDE • INVOLVE • ENRICH

VASL SAFEGUARDING INCIDENT REPORTING FORM

This form must be completed where there is a concern about an incident involving a child or adult. It must be completed as soon as possible after the incident that causes concern and be handled in line with the Safeguarding Policy.

Section 1 – Details of the Adult at Risk

Reference Number *Initials of Client and Date, i.e. KJ250324*				
The name of the individual				
Date of Birth				
Their Address				
The GP Name and address				
Their medical diagnosis e.g. dementia or disability				
Has the safeguarding concern been discussed with the individual? If not – why?	Yes:	☐	No:	☐
	Record details:			
Has the individual been asked what outcome they would like in relation to the safeguarding concern? If not – why?	Yes:	☐	No:	☐
	Record details:			

If the individual lacks capacity, has their representative/advocate, been informed?	Yes: ☐ No: ☐

Section 2 – Details of the person reporting the concern

Name of person reporting the concern	

Section 3 – Summary of the incident, including details of the specific incident, dates and times (if known)

Details of the safeguarding concern(s) including dates and times. *Use persons own words where possible.*	
Has a similar incident occurred previously? *Record reference number of Incident Report Form*	Yes: ☐ No: ☐
	Record details:

Section 4 - Actions taken to protect the adult at risk from harm (if appropriate)

Have you sought advice from a manager or DSO?	Yes: ☐ No: ☐
If yes, what advice was given?	
If a referral was made to ASC, please describe what type of referral and record a reference number. *E.g. Safeguarding Referral or Concern for Welfare referral.*	
Details of referrals made to other agencies e.g. GP, Mental Health Services, Domestic Abuse Service.	

Signed: Date: *If a Safeguarding Referral was made, please email to DSO to sign.* *If any other referral was made, please email to your manager to sign.*	

Manager signature: Date:	
DSO signature: *(where necessary)* Date	

Once signed, please save as a PDF and email to admin@vasl.org.uk to file securely. Staff can add an overview of the incident on the project database and include as an attachment or record the reference number.

Appendix 1

Capacity – Mental Capacity Act 2005

The Mental Capacity Act 2005 (MCA 2005) provides a framework to protect and restore power to those who may lack, or have reduced, capacity to make certain decisions at particular times. It places the adult at the centre of the decision-making process. The MCA relates to people over the age of 16 years old.

The following five principles apply for the purposes of the Act:

- a person must be assumed to have capacity unless it is established that they lack capacity;
- a person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success;
- a person is not to be treated as unable to make a decision merely because they make an unwise or bad decision;
- an act done or decision made, under the Act for or on behalf of a person who lack capacity must be done, or made, in their best interests;
- before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

The five principles of the Act should inform all actions when working with a person who may lack or have reduced capacity and should be evidenced in taking decisions or actions on behalf of a person who may lack or have reduced capacity.

<u>The Term 'Lacking Capacity'</u>

Whenever the term 'a person who lacks capacity' is used, it means a person who lacks capacity to make a particular decision or take a particular action for themselves at the time the decision or action needs to be taken.

This reflects the fact that people may lack capacity to make some decisions for themselves but will have capacity to make other decisions. For example, they may have capacity to make small decisions about everyday issues such as what to wear or what to eat but lack capacity to make more complex decisions about financial matters. It also reflects the fact that a person who lacks capacity to make a decision for themselves at a certain time may be able to make that decision at a later date. This may be because they have an illness or condition that means their capacity changes. Alternatively, it may be because at the time the decision needs to be made, they are unconscious or barely conscious whether due to an accident or being under anaesthetic or their ability to make a decision may be affected by the influence of alcohol or drugs.

VASL staff must assume a person has capacity to make their own decisions, unless it has been proven otherwise. It is not VASL's responsibility to assess capacity.

Appendix 2

Useful Contacts

Further details of the categories of abuse, including the signs and indicators of abuse can be found in the Multi-Agency Adult Safeguarding Policy and Procedures which is available at: https://lrsb.org.uk/adults

If you are concerned that an adult has been or is being abused you should notify the relevant adult social care department, as below.

> If the person you are concerned about lives in the **county,** please telephone - 0116 305 0004 (office hours, Mon – Fri)
>
> If the person you are concerned about lives in the **city,** please telephone: 0116 252 7004 (office hours Mon – Fri)
>
> If the person you are concerned about lives in **Rutland,** please telephone: - 01572 758 341 (office hours, Mon – Fri)
>
> **For emergencies only**, outside of office hours and at weekends and bank holidays, telephone 0116 255 1606 for all areas.

If a crime has been committed and the person is in immediate danger, call 999 and ask for the Police / Ambulance. If the person is not in immediate danger call the Police on 101.

Care Quality Commission (CQC): Concerns about the quality of registered health and social care services can be raised with the CQC: 03000 616161

Or you can contact a helpline such as Action on Elder Abuse – 080 8808 8141

Concerned about an Adult in Hospital?

If you are concerned about someone who is currently in hospital, and you are worried that they may be experiencing abuse whilst on a ward please ask to speak to the Ward Sister/ Manager or Matron in the first instance to discuss your concerns. Alternatively, you can contact the Patient Information and Liaison Service (PILS)