



Safeguarding Adults at Risk Policy and Procedures

Key contact: Centre Manager

Date agreed: December 2015

Next revision due: December 2017

Introduction

This policy sets out the roles and responsibilities of Nottingham Women's Centre in working together with other professionals and agencies in promoting adults welfare and safeguarding them from abuse and neglect. This policy is intended to support staff working within Nottingham Women's Centre.

Policies linked with this will include: whistle blowing, complaints, information sharing, safeguarding children, disciplinary and equality and diversity.

Scope

This policy applies to all staff and volunteers of Nottingham Women's Centre as well as all people who work on behalf of Nottingham Women's Centre

1. Policy statement

Nottingham Women's Centre recognises our legal duty and responsibility under the Care Act 2014 to protect an adult's right to live in safety, free from abuse and neglect.

We recognise that among our service users, there will be those who have care and support needs and may be vulnerable to abuse and neglect.

This policy outlines what we will do to fulfil this duty and responsibility and includes procedures for our staff and volunteers (including Board members).

We will:

- Ensure that all staff and volunteers are fully aware of their responsibilities in safeguarding the adults we work with, what to do if they have a concern, and how to work in a way which promotes the wellbeing of service users.

- Identify a lead person for adult safeguarding, who will act as the ‘referrer’ on behalf of the organisation. This will include making an informed decision about the appropriate action to take when a concern is raised, including making a referral to adult social care if there is evidence of abuse or neglect
- Actively co-operate with adult social care when they are undertaking any investigation into concerns raised
- Ensure that service users, families and carers are informed about their right to be free from abuse and neglect, and what to do if they have a concern

2. Procedure

- 2.1 The following information and procedure is based on the Care Act 2014 and Nottingham and Nottinghamshire Multi-agency Adult Safeguarding Procedure and Guidance.
- 2.2 Depending upon the nature of particular services or the requirements of particular funders or partner agencies, the policy and procedures may need to be supplemented by additional content.

3. Definitions

- 3.1 The Care Act 2015 defines our safeguarding responsibilities as follows:

Safeguarding duties apply where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

- (a) Has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) Is experiencing, or is at risk of, abuse or neglect, and
- (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The adult’s care and support needs should arise from, or be related to a physical or mental impairment or illness however, they do not need to meet the minimum eligibility criteria as set out in chapter 6 of the [Care and Support Statutory Guidance](#), issued under the Care Act 2014.

The adult who safeguarding duties apply to will hereafter be referred to as the 'adult at risk' in these procedures.

3.2 Safeguarding is defined in the Care Act 2015 as;

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

4. Categories of Abuse

4.1 The Care Act 2015 recognises ten categories of abuse:

Physical abuse including hitting, slapping, and pushing, kicking, misuse of medication, restraint, or inappropriate sanctions may be indicated by:

Domestic Violence including psychological, physical, sexual, financial, emotional abuse and honour based violence.

Sexual abuse including rape and sexual assault or sexual acts to which the adult at risk has not consented, or is incapable of giving informed consent or was pressured into consenting. This may involve contact or non-contact abuse (e.g. touch, masturbation, being photographed, teasing, and inappropriate touching) and may be indicated by:

Psychological abuse including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks may be indicated by:

Financial or material abuse including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits may be indicated by:

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. People who have been trafficked may:

Discriminatory abuse including racist, sexist, that based on a person's disability, culture and other forms of harassment, slurs or similar treatment may be indicated by:

Organisational abuse (previously known as institutional abuse) Neglect and poor professional practice in care settings also need to be taken into account. It may take the form of isolated incidents of poor practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. It can occur when the routines, systems, communications and norms of an institution compel individuals to sacrifice their preferred lifestyle and cultural diversity to the needs of that institution. Repeated instances of poor care may be an indication of more serious problems.

Neglect and acts of omission including 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 may be indicated by:

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.

More information, including some potential indicators of these types of abuse are available in the Nottingham and Nottinghamshire Adult Safeguarding Guidance:

<http://www.nottinghamcity.gov.uk/ncaspb>

5. Responsibilities of Staff and Volunteers

5.1 All staff (paid and volunteers), of any service involved with the adult at risk, have a duty to act immediately to inform the person within their organisation responsible for 'referring to the local authority' (and their line manager if this is different) of any concerns that an adult at risk:

- Has been abused or neglected; or
- Is being abused or neglected; or
- Is at risk of being abused or neglected.

This duty is to 'raise the concern' with the appropriate manager or lead person in our organisation who has the responsibility to make a referral. It does not include any investigation into the concerns.

The nominated 'referrer' is Melanie Jeffs, Centre Manager

In addition to this duty, the 'referrer' will:

- ensure the immediate safety and welfare of the adult at risk,

- carry out initial information gathering
- decide whether a safeguarding referral to adult social care is required
- seek the consent of the adult at risk. This should always be obtained unless there is an overriding public interest, or an issue of mental capacity. Refer to the multi-agency procedures and guidance for more information.

N.B. It is important to recognise that any person with mental capacity has the right to make their own decisions, even if this may not be regarded as in their best interests.

- Ask the adult at risk what outcome they want from any actions taken.
- make the referral to social care if required.
- consider any other actions required to support the needs of the adult at risk
- keep careful records.

6. What to do if you have a concern

6.1 You may become aware of a concern in a number of ways:

- The adult at risk tells you themselves
- A member of public (e.g. carer, family member, friend) raises it with you
- You may have directly observed something

When you have a concern:

- Raise it immediately with the person designated as the 'Referrer' in your organisation, and your line manager if different. Do not discuss the concern with anybody else.
- If the concern implicates any of the above people, follow the organisations whistle blowing policy.
- Ensure any immediate safety and welfare needs of the adult at risk are met
- Make a clear written record of the concern, how it was raised and any actions taken.

The referrer will then undertake the duties outlined above in section 5.1

However, any staff member may report a suspicion of abuse to social care irrespective of the opinion of other staff.

7 Making a Referral

7.1 Social services departments have been designated as the lead agencies with responsibility for co-ordinating a response to allegations or concerns of abuse.

7.2.1 The designated 'Referrer' in the organization has the responsibility of informing the appropriate adult social care referral points, as follows:

- Nottingham City Council
Health and Care Point – 0300 300 33 33
(Opening times; Monday - Thursday 8.30am – 5.00pm, Friday 8.30am – 4.30pm)
- Nottinghamshire County Council
Multi-Agency Safeguarding Hub (MASH) – 0300 500 80 90 (professionals only)
(Opening times; Monday - Thursday 8.30am – 5.00pm, Friday 8.30am – 4.30pm)
Completing the online form at www.safeguardingadultsnotts.org
(professionals only) (Anytime)
- Nottinghamshire Customer Service Centre – 0300 500 80 80 (members of public)
(Opening times; Monday – Friday 8.00am – 8.00pm, Saturday 8.00am)

8 Managers will work within the following timescales for reporting allegations or suspicions of abuse:

- Immediate if the adult is at risk of serious physical harm, or a serious criminal act has taken place, and evidence will need to be kept safe. Remember, if it's an emergency, dial 999
- Within 24 Hours if it relates to a specific incident which is, or may be still going on, or may happen again

9 Support to Staff and Volunteers

- 9.1 Staff and volunteers will be supported in these circumstances. If social care need further involvement from staff or volunteers following a report of abuse, the safeguarding lead person and / or a member of the management team will discuss with the social care department the nature of their needs and how they might be met.

10 Allegation of Abuse Made Against a Staff Member or Volunteer

- 10.1 Staff and volunteers may be subject to abuse allegations. We will offer support in these circumstances, but any allegation will be reported to social care, and every assistance will be given in their investigation. If appropriate, the disciplinary procedure may be implemented.

11 Confidentiality

- 11.1 Confidentiality is central to our work, and the attention of all staff and volunteers is drawn to the Confidentiality Policy.

12 Preventing Abuse by Staff and Volunteers

- 12.1 It is important that any staff or volunteers who are likely to be working alone with vulnerable people are thoroughly vetted before being employed. This means as well as references being checked there will also be a requirement for offences to be declared and a Disclosure and Barring Service (DBS) check undertaken.
- 12.2 It should be noted that having a criminal record does not prevent someone from being recruited as a staff member or volunteer in all circumstances. Staff should seek the advice of their manager in cases of doubt. It may be very hard for staff to report a concern about a colleague to a line manager but, as with all the other difficulties people will come across, the safety and protection of a vulnerable person must be the priority in any decision that is made.

All staff and volunteers will be made aware of the organisations Code of Conduct, which outlines how staff are expected to conduct themselves to minimise and prevent the possibility of abuse or neglect of service users.

For detailed Adult Safeguarding Multiagency procedures see:

<http://www.nottinghamcity.gov.uk/ncaspb>

Do's and don'ts when abuse is disclosed

Do	Don't
<p>Listen carefully, stay calm and be sympathetic.</p> <p>Be aware that medical evidence may be needed.</p> <p>Reassure the person that the information will be treated seriously.</p> <p>Tell the person it was not their fault.</p> <p>Explain the referral process and that a line manager has to be informed.</p> <p>Advise that the matter will be referred on if they consent.</p> <p>Explain that in some circumstances the matter may have to be referred without their consent on a 'need to know' basis, but that their wishes will be made clear if this occurs.</p>	<p>Question or put pressure on the person for more details.</p> <p>Act in a way that may prevent the person talking about the abuse in future.</p> <p>Promise to keep secrets.</p> <p>Make promises you can't keep (e.g. 'it won't happen again').</p> <p>Question the alleged abuser.</p>