LDN LONDON
Learning Disability Network London

Safeguarding Policy and Procedure for Adults at Risk

Index

INTRODUCTION 3
POLICY STATEMENT 4
RIGHTS & VALUES 6
DEFINITIONS OF ABUSE 7
PHYSICAL ABUSE 7
SEXUAL ABUSE 8
FINANCIAL OR MATERIAL ABUSE 10
PSYCHOLOGICAL / EMOTIONAL ABUSE 10
DISCRIMINATORY ABUSE 11
ORGANISATIONAL ABUSE 12
NEGLECT OR ACTS OF OMISSION 12
SELF-NEGLECT 13
MODERN SLAVERY AND EXPLOITATION 14
EXPLOITATION BY RADICALISERS WHO PROMOTE VIOLENCE 14
OTHER FORMS OF ABUSE 15
Domestic Violence *15*
Honour-based Violence *15*
Forced Marriage *15*
Abuse by children *15*
SUSPECTING ABUSE – WHAT MIGHT WE SEE? 15
DUTY OF CARE / WHISTLEBLOWING – HOW CAN I REPORT? 16
RESPONDING TO INCIDENTS THAT MAY BE ACTS OF ABUSE 17
HOW DO I REACT? 17
INITIAL RESPONSE - WHAT DO I DO? 18
HOW DO I MAKE A RECORD OF THE INCIDENT? 18
MEDICAL EXAMINATIONS 19
POLICE INVOLVEMENT 20
PROVIDING SUPPORT 21
VICTIM 21
FAMILIES. 21
TEAM MEMBERS 22
THE ALLEGED PERPETRATOR 22
REVIEWS & MONITORING 22
LEAD ORGANISATION 23
MAKING SAFEGUARDING PERSONAL (MSP) 23
PLANNING MEETING 23
CASE CONFERENCE 24

THE PURPOSE OF THE CASE CONFERENCE IS: 24
RETRACTED ALLEGATIONS. 25
CLOSING THE ENQUIRY. 25
REVIEWS AND MONITORING 25
CARE ACT - TRIGGERS FOR A SAFEGUARDING CONCERN 26
CONTACT DETAILS & WEB LINKS 26

Introduction

The aim of this policy is to ensure that everyone working for Learning Disability Network London (LDN London) is aware of, and works within the multi-agency protocols, which ensure that adults at risk are protected from abuse.

People working with adults at risk should:

- Recognise that abuse takes many forms and occurs in differing circumstances.
- Understand that it is important not to see abuse in every situation but be open to the possibility that abuse may have occurred.
- Ensure that incidents of abuse are responded to in a planned, constructive, and supportive manner.
- Provide a responsive atmosphere in which people at risk can be secure about their safety and that their personal dignity is respected.
- Support people at risk to exercise their rights and be reassured that their feelings are valued and their desired outcome will be key to the process.
- Ensure everyone is able and knows how to raise concerns.
- Ensure that employees know about the Pan London Multi-Agency policy and procedures to safeguard adults from abuse (See section 16).
- Ensure that families and carers are appropriately informed and supported throughout the process.
- Ensure that all possible steps are taken to prevent abuse.
- Ensure that the wellbeing of adults at risk is improved.

If you neglect or abuse someone we support this will be investigated internally, normally using the Conduct Improvement (Disciplinary) Procedure, which may have different evidential requirements to any external investigation. You may also be open to Police investigation, including under the Mental Capacity Act, which created the criminal offences of ill-treatment or wilful neglect (under Section 44).

If allegations are substantiated you will be referred to the Disclosure and Barring Service.

Training on safeguarding is mandatory for all staff working in our services, with annual refreshers required. It is the responsibility of the manager of a service to

ensure attendance at such training as well as reinforcement of policy and procedure within a service (e.g. reporting accidents and incidents).

LDN London is committed to following the guidelines within the Safeguarding Adults Multi Agency Policies and Procedures and "Making Safeguarding Personal" and therefore we recommend all teams to read these documents as part of their training, and in the event of an allegation.

It is our aim to ensure that current best practice is followed at all times.

The policy and toolkit can also be found on our intranet and links are in Section 16.

Policy Statement

Safeguarding is everyone's responsibility

The people we support should be supported to receive services where their rights are protected and they have a right to live in safety, free from abuse and neglect.

LDN London is committed to preventing abuse, reducing the risk of, and increasing the detection of abuse, through:

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

Where abuse is suspected we will provide a culturally-sensitive and non-discriminatory service, which is:

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

Sensitive
To adults at risk and their representatives / carers / families.

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

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

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

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

Staff and volunteers should support people to have opportunities for:

- Good family relationships.
- An active social life and a circle of friends.
- Being able to participate in the wider community.
- Having equal access to health support and services.
- Having no stigma and discrimination against them.
- Having good knowledge and access to the range of community facilities.
- Remaining independent and active.
- Having access to sources of relevant information such as Abuse is Wrong (available on the Intranet as a plain English easy read document on Abuse for people with learning disabilities).
- Being fully involved in any Safeguarding enquiries.

As a minimum, in the event of suspected, alleged or identified abuse the principles within the Accident and Incident policy must be followed. The 5 Rs are:

Rights & Values

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

Such rights can be summarised as including:

- To live in an environment without fear of violence from their caregivers or from other people using the service.
- To receive support from competent well trained staff who are sensitive to issues surrounding abuse and follow safeguarding policies and procedures
- To be listened to by people who are aware of non verbal signals of abuse.
- To be able to take informed risks.
- To have their money, goods and possessions treated with respect.
- To move freely about the community without fear of violence, harassment or discrimination.
- To be given information about keeping themselves safe and healthy and ensuring that they have access to independent advice and medical attention.
- To receive appropriate social and sex education and counselling in order to be able to make choices about their lives, including their relationships and sexual options.
- To engage in relationships and sexual activities which are and understood without being exposed to coercion, exploitation or violence.
- To be accorded respect and support when making a complaint or seeking help because of abuse**.**
- To be supported in making their own decisions about how they wish to proceed in the event of abuse, to whom they wish to confide and to know that their wishes would only be overridden if it were considered necessary for their safety or the safety of other adults at risk or children.
- To receive support, education, counselling, therapy treatment in accordance with their needs, regardless of whether the case went to court or led to disciplinary action against a specific individual.
- To receive support to access possible redress, e.g. compensation, civil action.

Definitions of Abuse

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

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

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

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it".
(Care and Support statutory guidance (2020) – referenced definition from No Secrets Guidance)

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

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

Physical Abuse

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

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

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

Indicators of Physical Abuse are:

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

Sexual Abuse

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

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

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

Sexual Abuse may involve physical contact such as:

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

Non-contact Sexual Abuse can include:

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

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

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

Indicators of Sexual Abuse include:

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

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

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

Financial or Material Abuse

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

Indicators of financial abuse include;

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

Psychological / Emotional Abuse

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

Psychological Abuse may include:

- Humiliation and ridicule
- Intimidation and threats
- Harassment, coercion and extortion
- Being isolated from people other than the abuser and from other sources of information.
- Being made to say or do things, or think in ways prescribed by the abuser
- Being deprived of sleep
- Being kept exhausted and debilitated

- Misuse of medication
- Isolation or withdrawal from services or supportive networks
- Denying choice
- Deprivation of privacy and other human rights
- Lack of access to activities

Indicators of Psychological Abuse includes:

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

Discriminatory Abuse

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

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

This may include:

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

Indicators of Discriminatory Abuse include:

- Lack of respect shown to the individual
- Signs of a substandard service offered to an individual
- Repeated exclusion to exercise rights
- Tendency for the person to be withdrawn and isolated
- Anger, frustration, fear and anxiety

- Denial of a person's communication needs by others.
- Low self esteem
- Anxiety and lack of confidence
- Deference or submission to another

Organisational Abuse

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

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

Organisational Abuse includes:

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

Indicators of Organisational Abuse include:

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

Neglect or Acts of Omission

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

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

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

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

Neglect and Acts of Omission may also include:

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

Indicators of Neglect and Acts of Omission include:

- Malnutrition
- Rapid or continuous weight loss
- Complaints of hunger
- Dehydration
- Lack of personal care
- Pressure sores
- Sensory deprivation / isolation (such as the lights or the television being left on constantly)
- Inadequate or inappropriate clothing
- Inadequate or excessive heating
- Dirty clothing or bedding
- Person being left wet or soiled
- Untreated medical problems
- Too much or too little exercise or social activity
- Signs of medication over or under use
- Not having access to necessary physical aids and adaptations.
- Withholding or failure to provide care, clothing or heating
- Physical condition of the person is poor
- Inadequate physical environment
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care agencies
- Failure to engage in social interaction
- Poor personal hygiene
- Inadequate or delayed response to medical matters or other matters
- Missing documents
- Rooms being locked within the home
- Absence of individual care plans.

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

Self-Neglect

Self-neglect is where an individual fails to take care of him or herself to an extent that their behaviour causes, or is reasonably likely to cause within a short period of time,

serious physical, mental or emotional harm or substantial damage to or loss of assets. In such circumstances, the abuse lies in the failure of authorities and or providers to assess risk and attempt intervention and provide alternative lifestyle choices and options.

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

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

Signs that neglect is occurring include

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

Modern Slavery and exploitation

Modern slavery is an offence where:

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

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

Someone is in slavery if they are:

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

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

Exploitation by radicalisers who promote violence

Exploitation may occur when radicalisers **i**nspire new recruits, embed their extreme views, and persuade vulnerable individuals of the legitimacy of their cause and behaviours.

For more details please refer to PREVENT (https://www.ltai.info/what-is-prevent/)

Other forms of Abuse

Domestic Violence
Any incident of threatening behaviour, violence, or abuse between adults who are, or have been, intimate partners or family members, regardless of gender. Involves the misuse of power and the exercise of control by one adult over another adult person. Most frequently, the victim is female. Domestic violence is only covered by safeguarding if the alleged victim was already an adult at risk. If the alleged victim was not an adult at risk prior to the allegation then the abuse is covered by the MARAC guidelines.

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

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

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

Suspecting Abuse – what might we see?

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

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

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

An individual may tell you something that is clearly abuse or may be abuse. You might also be told by a colleague, person we support, friend or family member about a suspicion about someone else. They may trust you to take action or not know that it was abuse.

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

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

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

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

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

Duty of Care / Whistleblowing – how can I report?

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

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

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

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

Failing to raise a concern about the possibility of adult abuse:

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

Should you suspect that abuse is occurring, it is important to discuss this with your line manager, senior management or Human Resources immediately. Discussing a

suspicion is often difficult, however being open to the possibility of abuse allows for an examination into the factors causing the concern, and will initiate further enquiries.

If you are feel unable to raise your concerns as outlined above you should refer to our "Whistleblowing Policy".

If you fail to report concerns you may be subject to disciplinary action.

Responding to Incidents that may be Acts of Abuse

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

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

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

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

How do I react?
You must not:

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

You must:

- Assure them that you are taking them seriously.
- Listen carefully to what they are telling you.
- Stay calm.
- Get as clear a picture as you can, use questions starting with “who”, “when”, where”, “what” to clarify the basic facts of the suspected abuse or grounds for suspicion.
- Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them.

- Reassure them that they will be involved in decisions about what will happen next.
- Explain that you will try to take steps to protect them from further abuse or neglect.

Initial Response - What do I do?

- You must take immediate action. You must not allow a situation to continue in which a person may be being abused.
- You must evaluate the risk and take steps to ensure that the person is not in immediate danger.
  Dial 999 if the person needs emergency medical treatment or a crime is in progress and police assistance is required.
- Dial 101 to report if a crime may have been committed.
    - No one should disturb or move articles that could be used in police evidence. The scene of the alleged abuse must be secured (e.g. lock door to a room and do not allow anyone in). It may still be possible for the police to obtain forensic evidence.
    - It may be important that the person does not wash, bath, eat or drink until after a medical examination. If possible, the person should be informed of the reason for not doing these things. However, in this situation, the person's own wishes must be respected.
- If possible, make sure that other vulnerable people are not at risk.
- Contact a senior manager as soon as possible who will:
    - support you to manage the situation
    - ensure an incident report is completed and submitted
    - contact relevant parties including social workers and clinicians
    - escalate internally as appropriate.
- Where they have specific communication needs, provide support and information in a way that is most appropriate to them.
- In some instances the alleged perpetrator may be another service user who you are also responsible for providing support. In this circumstance it will be important that you discuss their support needs with your manager and alternative support provided.
- If the alleged perpetrator is a colleague senior management must be informed and they will make decisions about the next steps.

Family members or carers may need to be contacted. This should be discussed with a senior manager who will make a decision based on the capacity and consent of the victim (and perpetrator if they are an adult at risk), the nature of the allegation, the timing of the allegation made, any risks to contaminating evidence, the relationship and involvement with the family members.

How do I make a record of the incident?

You must make a detailed record of what you have been told. This must be sent to the line manager within 24 hours, they in turn will contact the relevant Head of / Director of Department and the person's Case Manager/ Duty Manager.

Record the following:

1. The date and time of the incident

2. Exactly what the adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you

3. Appearance and behaviour of the adult at risk

4. Any injuries observed

5. The appearance and behaviour of any other relevant people

6. If you witnessed the incident, write down exactly what you saw.

7. The record should be factual. However, if the record does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.

8. The name and signature of the person making the record.

Remember, a support worker's role is supporting the person, not carrying out an investigation.

Medical Examinations

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

The need for a medical examination should be decided as part of the initial discussions with the person and management.

The purpose of the medical examination is to:

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

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

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

We would expect that any medical examination by a clinician should be conducted in an as sensitive a manner as possible and may have to advocate to ensure this. It may be necessary to discuss the person's support needs with the person conducting the examination beforehand.

It may be necessary to subsequently consult with other advice and support, such as sexual health specialists, Victim support etc

Police Involvement

The view of the individual concerned must be considered throughout the investigative process. In some circumstances in may be necessary to contact the police and emergency services irrespective of their wishes, e.g. to protect the individual and others. No assurances should be given that the Police will not be involved.

If the victim specifically asks for no Police involvement, a discussion should be had between the line manager and Case Manager if possible in order to consider this request on the basis of the following points:

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

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

If the alleged perpetrator is a person with a learning disability s/he is legally required to have an "appropriate" adult with him / her at all times when they are with the Police.

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

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

Providing Support

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

Victim
Support should be provided during and after the investigation by people, such as the person's link worker, their advocate or a person experienced in working with the trauma of abuse. A case conference may identify further support required.

Opportunities for the victim to discuss their needs must be provided where possible. They should have some choice as to who provides this support to them, when and where it is provided and may take into consideration gender or cultural issues. Counselling or specialist support may need to be provided.

Possible needs that they may have at this time include the need to:

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

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

We will ensure that the following takes place:

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

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

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

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

Confidentiality must be remembered and maintained.

The alleged perpetrator
It may be required to liaise with the police regarding the management of risks involved.

If a member of staff is the alleged perpetrator, an immediate decision has to be made whether to suspend them. A senior manager makes this decision with consultation with HR.

If the alleged perpetrator is another service user, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met whilst ensuring no one else is at risk.

Senior management will ensure that any member of staff or volunteer who it is suspected has caused risk or harm has no contact with service users and others who may be at risk.

Reviews & Monitoring

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

Our Chief Executive has overall responsibility for safeguarding and Board reporting, and is also responsible for ensuring robust and responsive safeguarding procedures and practice across the organisation.

The Director of Services is the Responsible Individual for Registered Services regulated by Care Quality Commission and Ofsted and as such all incidents are reported and monitored including serious incidents and ‘near misses’.

A review of all incidents and accidents are completed on a quarterly basis and reported to the Board of Trustees through committees, and to funders through

contract monitoring. In addition an annual review is provided to the Board of Trustees to highlight learning and inform policy review.

Lead Organisation
The local authority will be the key decision maker and oversee the safeguarding process. However, there may be a difference between the funding borough, the borough which pays for an individual's care and a hosting borough, where a person lives or an incident occurs. In line with Cross Borough Safeguarding Protocol (See Section 16) in these cases, it will be the hosting borough, the borough where the incident occurs which takes the lead.

For example, should someone be funded by Westminster and an incident which could be abuse occurs in Brighton, it is Brighton which is the lead authority and they will involve Westminster in that process.

It is important to note that some boroughs interpretation of the Pan London Guidelines mean that a host borough may decide not to follow up under safeguarding but a funding borough may then take the lead.

Making safeguarding Personal (MSP)
MSP (See Section 16) is an initiative which works with the Care Act to develop an outcome focus for safeguarding work and is about engaging with individuals at risk through the management of a safeguarding concern to ensure their views and outcome are at the centre and remain at the centre of any safeguarding concern.

MSP 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 rather than just on 'investigation' and 'conclusion'
- An approach that utilises social work skills rather than just 'putting people through a process'
- An approach that enables practitioners, families, teams and SABs to know what difference has been made

Key to this process is the acknowledgement that involving the person fully may need time and resources. This does not change our contractual reporting obligations.

Planning Meeting

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

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

Purpose of the Planning Meeting is:

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

Case Conference

The Case Conference would be called for the following reasons:

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

The purpose of the Case Conference is:

- For information sharing.
- To identify capacity of the person at risk to be involved in the process of the enquiry and any family or advocate involvement that could be supported.
- To consider the evidence and determine whether the allegation has been substantiated.
- Consider what support the person themselves needs, and allocating the necessary resources.

- Consider the support other people using the service may need and allocating necessary resources.
- Consider what support family carers may need, and allocating the necessary resources.
- Consider what support the team within the person's service may need, and allocating the necessary resources.
- Identify who will take responsibility for specific tasks.
- Consider what legal action or redress is indicated.
- Assess any continuing or future risks to the person.
- To formulate an adult protection plan and determine who will monitor and co-ordinate the plan.
- To determine what additional information needs to be shared, with whom, on a 'need to know bases.
- To set a date for review if there are continued concerns. This should not be more than 3 months from the date of the original Case Conference.

Retracted Allegations.
Even if the person retracts their allegation, a Case Conference should still be held. Allegations of abuse are often retracted. The person may do this if they feel under pressure or unsupported. It is essential that all those involved with the person understand that a retraction does not mean that the person was not abused. The reason for the retraction will be complex and it is important that the person continue to receive support. It is also important that a retracted allegation is not used as a reason to prevent further reports being made to the Police, or being taken seriously.

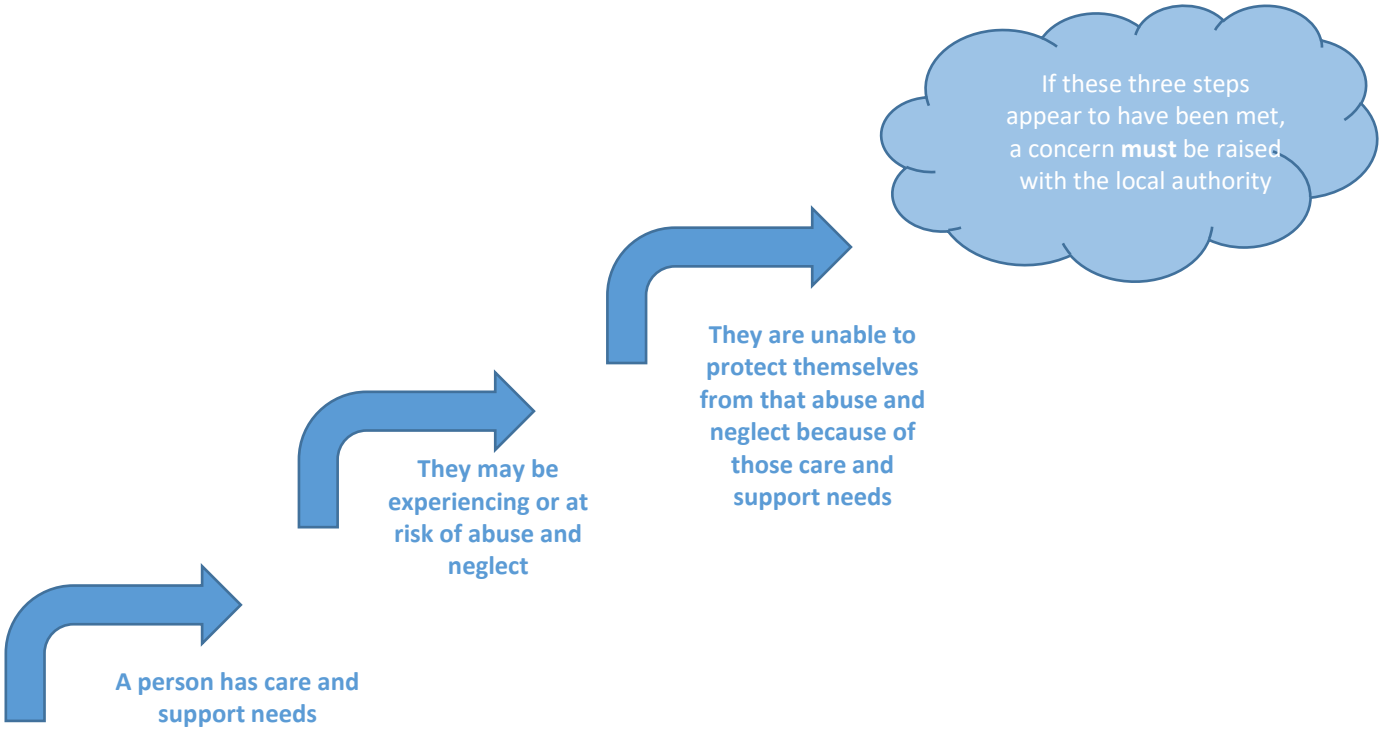
Closing the Enquiry.
At the end of an enquiry a reconvened Case Conference review should ensure that:
- All reports are completed
- The Case Conference or Review has been held and all agree it can be closed.
- Case records contain all necessary information and forms
- All those involved know to re-refer if there are any renewed concerns
- All evidence and decisions are recorded
- The reasons for closing the enquiry are recorded

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

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

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

Care Act - Triggers for a Safeguarding Concern



Contact Details & Web Links

London Multi-Agency Adult Safeguarding Policy and Procedures

Making Safeguarding Personal – A Toolkit

Cross Borough Safeguarding Protocol

Care Quality Commission 03000 616161

Westminster Safeguarding Adults Team 4 Frampton Street London NW8 8LF Safeguarding Adults Tel No: 020 7641 2176 Safe Haven Fax Number: 020 7641 1593 Email: safeguardingadults@westminster.gov.uk T: 020 7641 6000 out of hours	**Kensington and Chelsea** Kensington and Chelsea Social Services line 020 7361 3013 socialservices@rbkc.gov.uk The Social Services line operates from 9am to 5pm, Monday to Friday. Emergency Duty Team 020 7373 2227

Hammersmith and Fulham Tel: 0845 313 3935 Fax: 020 8753 5880 h&fadvice.care@lbhf.gov.uk Out of hours service Emergency Duty Team: 020 8748 8588	**Camden** Access and Support Team 020 7974 4000 Out of hours phone: 020 7974 4444
Harrow One Stop Shop: Mon - Fri 9am to 5pm Tel: 020 8901 2680 Out of hours Tel: 020 8424 0999 Email: AHadults@harrow.gov.uk	**Islington** Access Team 0207 527 2299 Email: access.service@islington.gov.uk

Review of policy or procedure

Date of last review	August 2020
Date of next review	August 2022
Date it was first implemented	July 1997
Author(s)	CEO / Assistant Director of Adult Services
Audience	Adults over 18 whom we support, members of the public, professionals, families, employees and volunteers

Read and Understood

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

Sign	Date		Sign	Date		Sign	Date