

Policy Name	Module
Safeguarding Adults at Risk	Safeguarding

Statement of purpose
<p>This policy and the accompanying procedure and guidance outline the approach of Hand in Hands to the safeguarding of adults at risk and the prevention of abuse and neglect. Information on child safeguarding and protection information and guidance is also given within this policy and accompanying procedure.</p> <p>Hand in Hands recognises that it is the human right of all adults and children to live a life that is free from abuse and neglect. Adults at risk and children are more likely to be subjected to various forms of abuse, which can be committed by anyone and there is a duty to do everything possible to prevent, report and tackle abuse wherever it is found.</p> <p>The organisations policy of zero tolerance towards abuse, maltreatment or neglect of any kind requires everyone who is employed or engaged with Hand in Hands to accept a personal responsibility to ensure that any action, by anyone, which may be considered to be abusive is reported without delay in order that it may be properly investigated, and appropriate action taken.</p> <p>The aim of this policy, which includes guidance and procedures, is that our staff can:</p> <ul style="list-style-type: none"> ✓ Recognise the signs and symptoms of harm and abuse; ✓ Prevent and reduce the likelihood of abuse or other forms of exploitation of individuals who may be at risk of harm; ✓ Take prompt action to respond to risks and concerns and make sure that individuals are safe and that their rights are protected; ✓ Support individuals to maintain control over their lives and to make their own choices as far as possible. <p>This policy is based on:</p> <ul style="list-style-type: none"> ✓ The Care Act 2014 ✓ Equality Act 2010 ✓ Human Rights Act 1998 ✓ Mental Capacity Act 2005 ✓ The Department of Health & Social Care - Care and Support Statutory Guidance (Chapter 14) ✓ Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ✓ Care Quality Commission Fundamental Standards ✓ Health and Community Service (HCS 666) issue 10 <p>Hand in Hands will:</p> <ul style="list-style-type: none"> ✓ Actively promote the empowerment and well-being of any adult at risk through sensitive and responsive service provision. ✓ Support the autonomy and independence of the individual, including the recognition that such rights can involve risk, which is understood by all concerned and minimised wherever practicable. ✓ Ensure that staff are aware of statutory requirements relating to adults at risk and that they behave accordingly. ✓ Implement procedures that recognise and manage 'risk factors' associated with the abuse of individuals. ✓ Work in accordance with local arrangements and systems for safeguarding adults.

- ✓ Make checks against and referrals to the Independent Safeguarding Authority following Department of Health guidance.
- ✓ Implement appropriate procedures for the recruitment and selection of staff.
- ✓ Ensure that all staff are trained to fully understand their responsibilities and their duty to report allegations or suspicions of abuse.
- ✓ Regularly monitor staff performance and conduct.
- ✓ Make the dignity, privacy and safety of individuals paramount. Respect their choices as far as possible and only take action that is in their best interests.
- ✓ Keep written records of any allegation of abuse, neglect or other harm, and the action taken in response following local guidelines.

On completion of training, responsibility for following the Safeguarding Adults at Risk Policy rests with the individual staff member. Failure to comply with policy, procedure or guidance may lead to disciplinary proceedings.

Detailed procedures and guidelines which must be followed by staff are provided alongside this policy document that all staff must also read.

It is the overall responsibility of the Registered Manager to ensure that all staff have read and signed (as understood) this Safeguarding Policy & Procedure for Hand in Hands and that it is implemented consistently in daily practice.

A current copy of the policy will be available in the head office file.

This policy will be reviewed at least annually, or more frequently if significant changes occur.

Signed:

Print name:

Date:

Review date:

Policy

What is safeguarding adults?

Safeguarding adults is defined in the Care Act 2014 as *'protecting an adult's right to live in safety and free from abuse and neglect'*.

Safeguarding children is defined in The Working together to Safeguard Children 2018 guidance by HM Government as: *"Safeguarding children - the action we take to promote the welfare of children and protect them from harm - is everyone's responsibility. Everyone who comes into contact with children and families has a role to play"*

Safeguarding duties apply to:

Section 42 of The Care Act 2014 sets out that adult safeguarding duties apply to *any* adult who:

- ✓ Has care and support needs, and
- ✓ Is experiencing, or is at risk of, abuse and neglect, and
- ✓ Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

Definition

The term **'adult at risk'** has replaced **'vulnerable adult'**. The term 'adult at risk' is detailed in the Care Act 2014 and focuses on the situation causing the risk, rather than the characteristics of the adult concerned.

'Abuse' is *"a violation of an individual's human and civil rights by any other person or persons."* (The Care Act 2014). It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse may:

- ✓ Consist of a single act or repeated acts;
- ✓ Be physical, verbal or psychological;
- ✓ Be an act of neglect or omission to act;
- ✓ Occur when an 'adult at risk' is persuaded to enter into financial or sexual transaction to which he or she has not consented or cannot consent.

Who abuses and neglects adults and children?

Abuse can happen anywhere, even in somebody's own home. Most often abuse takes place by others who are in a position of trust and power. It can take place whether the person lives alone or with others. Anyone can carry out abuse or neglect, including:

- ✓ Spouse/ Partner;
- ✓ Other family members;
- ✓ Neighbours;
- ✓ Friends;
- ✓ Acquaintances;
- ✓ People who deliberately exploit adults they perceive as 'vulnerable' to abuse;
- ✓ Paid staff or professionals; and
- ✓ Volunteers and strangers.

Principles

Hand in Hands and all employees have a responsibility to follow the **'six principles'** enshrined within the Care Act 2014. These key principles underpin all adult safeguarding work and they aim to reduce the likelihood of abuse occurring and to promote individuals rights when responding to allegations.

Empowerment- 'Personalisation and the presumption of person-led decisions and informed consent'.

The organisation will:

- ✓ Ensure individuals are given clear information about our service and what to do if they have any concerns or a complaint.
- ✓ Create detailed care and support plans with each individuals that focuses on their individual goals, needs and preferences. This includes an assessment of risks and the agreed actions to manage this.
- ✓ Ensure our employees are trained to respect individual's dignity, privacy and wishes when providing care and support. For example, to respect each individual's choice over their appearance, their relationships and their preferences for the places they wish to go and the people they wish to have in their life. This may include things like following a particular religion or being involved with a particular social scene. Sexuality is a private and personal matter which we have no right to comment on.
- ✓ Assume that individuals have the mental capacity to make informed decisions about their lives. If someone has been assessed as not having capacity, the organisation will work as part of a multi-disciplinary team to act in their best interests.

Prevention- 'It is better to take action before harm occurs'.

The organisation will:

- ✓ Follow rigorous recruitment procedures to make sure that all of our staff are suitable to work with our individuals.
- ✓ Make sure that our staff are competent to carry out their roles effectively and follow our procedures for delivering care and support and for reporting concerns.
- ✓ Provide regular support and supervision for all staff so that they can share concerns and discuss issues as they arise.
- ✓ Regularly seek feedback from our individuals to make sure that they are satisfied with the service that we provide and that it meets their needs.
- ✓ Only use restraint if it is legally and ethically justified, the least restrictive intervention and in the individuals best interests. This will always be agreed with other professionals and documented in the individuals care plan.
- ✓ Use information from safeguarding concerns to improve our services.

Proportionality- 'Proportionate and least intrusive response appropriate to the risk presented'.

The organisation will:

- ✓ Take account of our individuals preferred outcomes, however, we will always refer safeguarding concerns to the local authority safeguarding teams and follow our multi-agency adult safeguarding procedures to protect individuals.
- ✓ Balance the rights of our individuals to take risks with the need to safeguard them where necessary.

Protection- 'Proportionate and least intrusive response appropriate to the risk presented'.

The organisation will:

- ✓ Support individuals to report abuse and to be involved in the safeguarding process as far as they are able.
- ✓ Provide clear and accessible complaint procedures.
- ✓ Ensure staff are fully trained to recognise if an individual is at risk of being/ or has been abused and to respond appropriately.
- ✓ Take into account of the different beliefs and values of our individuals when responding to safeguarding concerns.
- ✓ Have clear reporting procedures for employees where they can pass on any concerns and seek advice.
- ✓ Staff are required to report any concerns about abusive practice under our 'Whistleblowing' Policy and procedures and are made aware of their rights in line with the Public Interest Disclosure Act 1998.
- ✓ Provide our individuals with information about advocacy services.
- ✓ Actively work with other organisations to protect adults in the multi-agency framework.

Partnership- 'Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse'.

The organisation will:

- ✓ Work with our individuals and statutory agencies to find the best response to any situation to ensure the best outcome for individuals.
- ✓ Ensure sensitive information is shared on a 'need to know' basis to maintain confidentiality and work in the best interest of our individuals.

Accountability- 'Accountability and transparency in delivering safeguarding'.

The organisation will:

- ✓ Ensure that the care team fully understands their role and responsibility towards safeguarding adults at risk.
- ✓ Ensure management and staff are clear with individuals on how their disclosed reports of abuse and neglect will be handled and by whom.
- ✓ Complete on-going assessments and audits to identify areas of improvements in service delivery.
- ✓ Ensure care and treatment decisions are based on a fair and objective assessment of individual needs, in partnership with the individuals and not on assumptions about age or disability.
- ✓ Inform individuals, their family or other representatives when things go wrong and what will be done to prevent a recurrence.

Categories of abuse

All hand in hands staff will be vigilant regarding the welfare of staff and individuals with care and support needs. Staff involved in any way with care provision will be trained to recognise the signs of abuse when they occur. Within the Care Act 2014 there are 10 elements of abuse:

- ✓ Physical abuse
- ✓ Sexual abuse
- ✓ Psychological abuse
- ✓ Financial and Material abuse
- ✓ Organisational abuse
- ✓ Domestic abuse
- ✓ Discriminatory abuse

- ✓ Modern slavery
- ✓ Self-neglect and acts of omission
- ✓ Neglect

- ✓ *Please view Appendix 1 for the description of the different categories of abuse and the signs and symptoms of each.*

The Role and Accountability of Staff in Relation to Abuse

Hand in Hands insists that all staff have a responsibility to:

- ✓ Provide individual with the best possible care.
- ✓ Empower individuals to take action and raise concerns.
- ✓ Recognise when there is a safeguarding concern and always take action whenever abuse is suspected, including when a legitimate concern has not been acted upon by the appropriate staff.
- ✓ Not act in any way that may be abusive or harmful to others.
- ✓ Report anything they witness which is or might be abusive or harmful within a timely manner.
- ✓ Complete documents to evidence concerns.
- ✓ Record accurate, factual and clear information.
- ✓ Co-operate in every possible way in any investigation into alleged abuse.
- ✓ Reassure the individual and make sure they are not in any immediate danger.
- ✓ Participate in training activities relating to abuse and harm and protection from harm.
- ✓ Follow internal procedures for reporting of concerns.

The Role and Accountability of the Registered Manager

- ✓ Make arrangements to safeguard the individual and employees against abuse or neglect.
- ✓ Ensure that all staff are trained to fully understand their responsibilities and their duty to report allegations or suspicions of abuse.
- ✓ Produce and review policies and procedures to prevent and deal with abuse or harm.
- ✓ Prioritise safeguarding concerns and report without delay.
- ✓ Investigate any evidence of abuse/harm speedily and sympathetically.
- ✓ Make referrals to the statutory safeguarding leads in the local area.
- ✓ Liaise with the relevant safeguarding adults/children authority teams and follow their guidance and instructions where applicable, including the issues arising from multi-agency involvement.
- ✓ Make the dignity, privacy and safety of paramount. Respect their choices as far as possible and only take action that is in their best interests.
- ✓ Keep written records of any allegation of abuse, neglect or other harm, and the action taken in response.
- ✓ Notify the Care Quality Commission of all instances of abuse, alleged or suspected abuse.
- ✓ Create person-centred care and support plans.
- ✓ Review care plans and risk assessments regularly.

Specific Responsibilities of the Designated Safeguarding Lead (DSL)

- ✓ Provide information and advice to the management team and all staff on all safeguarding matters.
- ✓ Work with the management team to ensure all staff receive safeguarding training as part of their induction and as an on-going basis.
- ✓ Managing referrals/cases reported and working with management to ensure resolutions.
- ✓ Carrying out referrals to the relevant local authority social care team where abuse of a child or adult at risk is reported or suspected.
- ✓ Monitoring the implementation of this policy.

The DSL has responsibilities for deciding whether to refer any reported matters onto the police or to the local authority safeguarding team. Where possible, referrals should be made on the same working day and certainly within 24 hours. It is the responsibility of the DSL to decide whether the family or representatives (if applicable) of the individual should be informed of the referral.

Wellbeing within the Care Act

'Wellbeing' is described within the Care Act as relating to the following areas in particular:

- ✓ Personal dignity (including treatment of the individual with respect)
- ✓ Physical and mental health and emotional wellbeing
- ✓ Protection from abuse and neglect
- ✓ Control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- ✓ Participation in work, education, training or recreation
- ✓ Social and economic wellbeing
- ✓ Domestic, family and personal
- ✓ Suitability of living accommodation
- ✓ The individual's contribution to society

The Care Act acknowledges that 'wellbeing' is an incredibly broad concept, and will mean something different to each individual. Therefore Hand in Hands recognises the need to identify what is important to each individual in order to effectively promote their well-being. This often involves providing holistic care which encompasses more than just the individual's physical health.

Confidentiality and Information Sharing

Hand in Hands expects all staff to maintain confidentiality at all times. In line with Data Protection Act 2018, Hand in Hands does not share information if not required.

It should however be noted that information should be shared with authorities if an adult is deemed to be at risk of immediate harm. Sharing the right information, at the right time, with the right people can make all the difference in preventing harm.

Seven Golden Rules for Information-Sharing

- ✓ **Remember that the Data Protection Act and the General Data Protection Regulation (GDPR) is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- ✓ **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.
- ✓ **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- ✓ **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- ✓ **Consider safety and wellbeing:** base your information-sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.
- ✓ **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.

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

🔗 *Source:- HM Government – Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers July 2018*

🔗 <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

👉 *Please view additional information and guidance within the ‘Confidentiality & Data Protection Policy & Procedure’.*

Reporting

All staff at Hand in Hands have a responsibility to safeguard and promote the well-being of all individuals, by being responsible for the quality, efficiency and effectiveness of their work. It is important for the organisation and all employees to share safeguarding information to:

- ✓ Prevent death or serious harm.
- ✓ Coordinate effective and efficient responses.
- ✓ Enable early interventions to prevent the escalation of risk.
- ✓ Prevent abuse and harm that may increase the need for care and support.
- ✓ Maintain and improve good practice in safeguarding adults.
- ✓ Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse.
- ✓ Identify low-level concerns that may reveal people at risk of abuse.
- ✓ Help people to access the right kind of support to reduce risk and promote wellbeing.
- ✓ Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour.
- ✓ Reduce organisational risk and protect reputation.

All contact details can be viewed at the end of this policy, whom staff will need to contact in the event of any suspicions or allegations of abuse and neglect has taken place.

The DSL will complete a ‘Safeguarding Alert’ form when they receive a report of a safeguarding incident.

Please read the safeguarding procedures alongside this policy for the steps to take when reporting information.

Any employee who knows or believes that abuse or neglect is occurring has an obligation to report it without delay, to the Designated Safeguarding Lead (DSL)

If the concern is with the Registered Care Manager or the DSL, then the concern **MUST** be reported directly to the Local Authority Safeguarding Team, the Care Quality Commission (CQC) and, where a criminal act is suspected, the Police. An appropriate course of action will then be taken in line with Local Authority and National procedures and guidance

If staff report a concern but are not satisfied that it has been dealt with properly, then staff have a duty of care and a responsibility to raise the matter again using the ‘*Whistleblowing Policy & Procedure*’.

False allegations: If the organisation concludes that a ‘whistle-blower’ has made a false allegation maliciously or with a view of personal gain, the whistle-blower may be subject to disciplinary action.

Personal Care

All staff are expected to be sensitive, responsive and maintain individual's dignity when supporting personal care tasks. This includes taking into account the individual's cultural and religious needs, as well as physical and emotional ones. Personal care involves physical care or treatment that is an invasion of bodily privacy and that may be a potential source of exposure or embarrassment to the individual receiving the care.

Personal care tasks can include:

- ✓ Washing
- ✓ Dressing
- ✓ Oral care
- ✓ Toileting
- ✓ Assisting with eating and drinking
- ✓ Administration of medication
- ✓ Catheter or Stoma Care
- ✓ Treatments such as enemas and suppositories
- ✓ Supervision of a person involved in intimate care

On the initial assessment of a new individual, the 'Care Manager or Senior Staff' will discuss the arrangements regarding the provision of personal care and the individuals (if appropriate). The care plan will detail what level of support staff should assist, when and how these tasks are to be carried out, the number of staff required for that individual, the individuals communication needs and whether the staff member is to be male or female depending on individual preferences.

👉 *Please view additional information and guidance from the 'Personal Care Policy & Procedure'.*

Making Safeguarding Personal and Risk Enablement

In adult social care, alongside the Care Act 2014, there is the 'Making Safeguarding Personal' initiative led by the Association Directors of Adult Social Services and the Local Government Association.

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.

Hand in Hands aims to empower our individuals and provide them with the information they need to make decisions around how to be safe from abuse and reduce risks.

We encourage and support our individuals to identify and assess their own risks, enabling them to take the risks they choose. This is a key part of person-centred care and puts the individual at the centre of all decisions.

We recognise that adults may make decisions that might be perceived as risky or unwise. Adults must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats an individual as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

👉 *Please view additional information and guidance around Advocacy in Appendix 4*

Mental Capacity Act 2005 (MCA)

Five Key Principles of the Mental Capacity Act that everyone must follow when using the act:

- ✓ Start off by thinking that the individual can make their own decisions;
- ✓ Give all practicable support to enable the person to make their own decisions;
- ✓ Never say someone cannot make their own decisions just because someone else thinks it's bad or wrong;
- ✓ When an individual can't make their own decisions someone has to make it in the best way for them;
- ✓ When someone makes a decision for an individual they must consider whether there is a less restrictive option i.e. one that does not limit their rights or freedom more than necessary.

🔗 Source:- Skills for Care: <https://www.skillsforcare.org.uk/Documents/Standards-legislation/Mental-Capacity-Act/Mental-Capacity-Act-card.pdf>

👉 Please view additional information and guidance from the 'Mental Capacity & Liberty Protection Safeguarding (LPS) Policy & Procedure'.

Restrictive Practices and Liberty Protection Safeguards (LPS)

The Liberty Protection Safeguards is the procedure used when it's necessary to deprive someone of their liberty in order to keep them safe from harm.

Any restrictive intervention must be legally and ethically justified, be necessary to prevent serious harm and be the least restrictive option.

👉 Please view additional information and guidance within the 'Behaviour Management Policy & Procedure'.

Self-Neglect

The definition of self-neglect used in the Social Care Institute for Excellence is the following:

- ✓ Lack of self-care to an extent that it threatens personal health and safety
- ✓ Neglecting to care for one's personal hygiene, health or surroundings
- ✓ Inability to avoid harm as a result of self-neglect
- ✓ Failure to seek help or access services to meet health and social care needs
- ✓ Inability or unwillingness to manage one's personal affairs

Self-neglect may occur because the individual is either **unable** to manage caring for themselves or their home adequately, or because they are **unwilling** to do so. Sometimes it may be the case of both.

Staff must report to their Designated Safeguarding Lead following the safeguarding reporting procedures.

The Care Act guidance, which says any concerns about self-neglect "do not override" the principle, set out in Section 1 of the act that any restriction on an individual's rights should be kept to "the minimum necessary". A decision on whether a response is required under safeguarding should be made on a case-by-case basis and "will depend on the adult's ability to protect themselves by controlling their own behaviour," it adds. An Individual is identified as self-neglecting / hoarding if

they appear to be at significant risk of harm to self, or self and others, as a consequence of neglecting their daily living needs (which may be personal and/or environmental) and they are not engaging with support.

All individuals have the right to take risks and to live their life as they choose. These rights including the right to privacy will be respected and weighed up when considering duties and responsibilities towards them. Where it appears that the person may meet criteria for an assessment under the Mental Health Act, appropriate referral processes must be followed. Where the individual's ability to make informed/relevant decisions appears to be questioned, the principles of the Mental Capacity Act must be followed. If there are circumstances which indicate a capacity assessment is appropriate, all methods of support should be provided to maximise the individuals' decision making, highlighting the risks directly associated with their behaviour.

👉 Please see Appendix 3 for additional information and Guidance Self-neglect & Hoarding.

Medication Errors and Neglect

A medication error is any preventable event that may cause or lead to inappropriate medication use or harm, therefore it is classed as an example of physical abuse.

Any medication error must be reported without delay to the Designated On-Call person for appropriate action to be taken to ensure the safety and welfare of the individual.

Errors which are deliberately withheld or 'covered up' will be immediately dealt with under the disciplinary procedure.

Medication errors include:

- ✓ Failing to give appropriate medication at the required time.
- ✓ Giving the wrong medication and/or failing to follow correct medication protocols.
- ✓ Failing to complete the required administration processes correctly, which directly or indirectly leads to an error occurring.

Indications of medication abuse may include:

- ✓ Medical conditions not responding to treatment.
- ✓ Chronic medical conditions failing to stabilise.
- ✓ Lack of pain relief.
- ✓ Over medication may result in drowsiness, or accidental poisoning.

👉 Please view additional information and guidance within the 'Medication Administration Policy & Procedure' and the 'Medication Error Policy & Procedure'.

Complaints procedure

Hand in Hands is registered with the Care Quality Commission and therefore all staff have a legal 'Duty of Candour' to give a full and honest explanation to people about when things go wrong.

If staff or any other member of the organisation and individuals are unhappy with the organisation's decisions or care that is given, they should be referred to the 'Grievance Policy & Procedure' for employees and Hand in Hands 'Complaints Policy & Procedure' for our individuals.

The Mental Capacity Act 2005 is to be used when decisions on behalf of those adults with care and support needs who are unable to make some decisions for themselves. The organisation will need to involve an advocate if the person lacks capacity to make decisions about the safeguarding concern.

Any complaint or expression of concern by any staff member, individual or their representatives will be listened to and acted upon to safeguard the wellbeing of a individual.

Allegations Against Hand in Hands Employee

Allegations that a Hand in Hands employee has abused or harmed an individual will be taken very seriously. Such allegations will be thoroughly investigated and appropriate action taken. Such action may include:

- ✓ Suspension of the worker pending completion of the investigation.
- ✓ Referral to social services.
- ✓ Referral to the CQC.
- ✓ Reporting the matter to the police (where a criminal act is suspected).
- ✓ Disciplinary action and/or instant dismissal without notice.

Hand in Hands is legally obliged in some circumstances to make a referral to place the employees or former employees on the Disclosure and Barring Service (DBS) / Independent Safeguarding Authority (ISA) list. These circumstances are detailed in the '*Disclosure & Barring Policy & Procedure*'.

Safe Recruitment

All workers involved in the provision of care must be checked against the DBS / ISA list prior to their employment commencing (or prior to them taking up the relevant duties if the worker is already employed in some other capacity).

It is a legal requirement in the UK under the Safeguarding Vulnerable Groups Act 2006 for regulated activity employers to refer safeguarding concerns to the DBS. It is illegal for anyone barred by the DBS to work or apply to work with the sector (children or adults) from which they are barred. It is also illegal for an employer to knowingly employ a barred person in the sector from which they are barred.

🔗 *Please view additional information and guidance within the 'Recruitment & Selection Policy & Procedure and the Recruitment of Ex-offender Policy & Procedure'.*

Equality & Diversity

Hand in Hands is committed to providing employment opportunities for our employees and services to our individual on an equal and fair basis, and commits to following the codes of practice published by the Equality and Human Rights Commission in respect of its legal obligations. These obligations protect people from unlawful behaviour, such as discrimination, harassment, or victimisation on the grounds of:

- ✓ Age;
- ✓ Disability;
- ✓ Gender reassignment;
- ✓ Marriage and civil partnership;
- ✓ Pregnancy and maternity;
- ✓ Race;
- ✓ Religion and belief;
- ✓ Sex;
- ✓ Sexual orientation.

The above are defined as “protected characteristics”, and the organisation will seek to establish and maintain fair treatment for everyone who works for Hand in Hands and those to whom the organisation provides services to. Hand in Hands expects everyone associated with the organisation to behave entirely within the law, and gives zero tolerance to inappropriate behaviour. Everyone must be treated fairly, with dignity and with respect.

👉 *Please view additional information and guidance within the ‘Equality, Diversity & Inclusion Policy & Procedure’.*

👉 *Please view additional information and guidance within the ‘Anti- Harassment & Bullying Policy & Procedure’.*

Child Protection

Child protection and safeguarding is everyone’s responsibility. It is not only childcare workers that have a duty to promote the welfare of children and protect them from harm. Hand in Hands employees will not directly care for children or young children, however, if any employee comes into contact with children in their day to day work settings, it is their responsibility to ensure that their wellbeing is safeguarded and rights are respected.

Staff are to follow the reporting procedures and guidelines as set out alongside this policy if there are any concerns relating to a child.

👉 *Please see Appendix 2 for other categories of abuse that relate more to children.*

Prevent Strategy

The purpose of the ‘Prevent Strategy’ is to stop people from becoming radicalised or supporting violent extremism.

‘Prevent’ is included in the performance framework for local authorities, the police and other partners. It forms part of a wider Government strategy to prevent terrorism.

Radicalisation and extremism of adults with care and support needs is a form of emotional/psychological exploitation. Radicalisation can take place through direct personal contact, or indirectly through social media.

If staff are concerned that an adult or child with care and support needs are at risk of being radicalised and drawn into terrorism, they should treat it in the same way as any other safeguarding concern.

👉 *Please see Appendix 2 for signs and symptoms of Radicalisation.*

General Rules for Social Media Use

Online abuse is any type of abuse that happens on the web, whether through social networks, such as playing online games or using mobile phones. Children and any adults at risk, in particular, may experience cyberbullying, grooming, sexual abuse, sexual exploitation or psychological abuse.

Hand in Hands considers any staff member involved in such activities as gross misconduct, which will ultimately lead to possible dismissal and referral for police investigation.

All staff should take care when communicating with others online, particularly when identifying themselves as Hand in Hands staff members.

👉 *Please view additional information and guidance within the ‘Photography & Social Media Policy & Procedure’.*

Training

All staff will complete the organisation's induction programme, which will include the completion of The Care Certificate that provides standard 10 Safeguarding adults and 11 Safeguarding Children. Staff will be trained in recognising abuse and in carrying out their responsibilities under this policy and the accompanying procedure and guidance.

Training will be updated at least annually and Safeguarding will be discussed regularly during staff Supervision and annual Appraisals.

This policy should be read in conjunction with the several other policies of the organisation which relate to aspects of abuse or protection of individuals. These include: Whistleblowing Policy & Procedure

- ✓ Behaviour Management Policy & Procedure
- ✓ Duty of Candour Policy & Procedure
- ✓ Equality, Diversity and Inclusion Policy & Procedure
- ✓ Anti- Harassment & Bullying Policy & Procedure
- ✓ Code of Conduct Policy & Procedure
- ✓ Restraint and Restrictive Intervention Policy & Procedure
- ✓ Medication Administration and Medication Error Policies & Procedures
- ✓ Grievance Policy & Procedure
- ✓ Complaints Policy & Procedure
- ✓ Recruitment & Selection Policy & Procedure
- ✓ Recruitment of Ex-offender Policy & Procedure
- ✓ Photography & Social Media Policy & Procedure

Relevant Legislation

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

🔗 Care Act 2014

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

🔗 Human Rights Act 1998

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

🔗 Mental Capacity Act 2005

<http://www.legislation.gov.uk/ukpga/1983/20/contents>

🔗 Mental Health Act 1983

<http://www.legislation.gov.uk/ukpga/2007/12/contents>

🔗 Mental Health Act 2007

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

🔗 Equality Act 2010

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

🔗 Safeguarding Vulnerable Groups Act 2006

<http://www.legislation.gov.uk/ukpga/2008/23/contents>

🔗 Children and Young Persons Act 2008

<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

🔗 Data Protection Act 2018

<https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>

🔗 General Data Protection Regulation 2018

<http://www.legislation.gov.uk/ukpga/1998/23/contents>

🔗 Public Interest Disclosure Act 1998

<http://www.legislation.gov.uk/ukpga/2015/2/section/20>

🔗 The Criminal Justice and Courts Act 2015- Section 20-25

<http://www.legislation.gov.uk/ukpga/2012/9/contents>

🔗 Protection of Freedoms Act 2012

<http://www.legislation.gov.uk/ukpga/2003/31/contents>

[🔗](#) Female Genital Mutilation Act 2003

<http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

[🔗](#) Modern Slavery Act 2015

Relevant Regulations

https://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf

[🔗](#) Regulation 12: Safe care and treatment

[🔗](#) Regulation 13: Safeguarding service users from abuse and improper treatment

[🔗](#) Regulation 19: Fit and proper persons employed

http://www.legislation.gov.uk/uksi/2015/64/pdfs/uksi_20150064_en.pdf

[🔗](#) The Health and Social Care Act 2008 (Regulated Activities) amendment Regulations 2015

<https://www.skillsforhealth.org.uk/images/services/code-of-conduct/Code%20of%20Conduct%20Healthcare%20Support.pdf>

[🔗](#) Code of Conduct for Healthcare Support Workers and Adult Social Care Workers England

<https://www.gov.uk/government/publications/prevent-duty-guidance>

[🔗](#) Prevent guidance and information

<https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/keymessages.asp>

[🔗](#) Information sharing

<https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>

[🔗](#) General Data Protection Regulation 2018

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

[🔗](#) Mental Capacity Act Code of Practice

<https://www.scie.org.uk/self-neglect/at-a-glance>

[🔗](#) Social Care Institute for Excellence guidance on Self-Neglect & Hoarding

<https://www.scie.org.uk/mca/dols/practice/lps>

[🔗](#) Liberty Protection Safeguards (LPS)

<https://www.scie.org.uk/mca/dols/at-a-glance>

[🔗](#) Deprivation of Liberty Safeguards (DoLS)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

[🔗](#) The Working together to Safeguard Children 2019

Key Lines of Enquiry
KLOE

SAFE: How do systems, processes and practices safeguard people from abuse?

- How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
- How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?
- How does the provider ensure the proper and safe use of medicines?
- Are lessons learned and improvements made when things go wrong?

Effective: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

- Is consent to care and treatment always sought in line with legislation and guidance?

Caring: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?

- How are people's privacy, dignity and independence respected and promoted?

Responsive: How do people receive personalised care that is responsive to their needs?

- How are people's concerns and complaints listened and responded to and used to improve the quality of care?

Well-led: How are the people who use the service, the public and staff engaged and involved?

- How does the service work in partnership with other agencies?

Appendix 1

TYPES OF ABUSE AND ALERTING SIGNS AND SYMPTOMS (THIS IS NOT AN EXHAUSTIVE)

Physical Abuse	Signs/ Indicators
<p>This is defined as pain or injury which is either caused deliberately or through lack of care.</p> <p>Physical injury can include:</p> <ul style="list-style-type: none"> ✓ Hitting ✓ Slapping ✓ Pushing ✓ Kicking ✓ Shaking ✓ Force feeding ✓ Forcible administration of medication ✓ Misuse of medication ✓ Involuntary isolation or confinement ✓ The use of inappropriate moving and handling techniques ✓ The use of inappropriate methods of restraint 	<p>Signs may include, but are not limited to:</p> <ul style="list-style-type: none"> ✓ A history of unexplained falls or minor injuries ✓ Bruising in well protected areas, such as on the inside of the upper arms or thighs, behind the ears, on face, buttocks, breasts, lower abdomen, genital or rectal area, in the shape of hand or object ✓ Markings from pinching, gripping, biting. ✓ Clusters of bruises from repeated injury (different discolouration of bruises in the same area may indicate on-going abuse) ✓ Unexplained burns and / or scalds particularly to feet, back or palms of the hands ✓ Unexplained fractures or broken bones ✓ Signs of over or under use of medication, for example over-sedation ✓ Rope or cigarette burns ✓ Pressure sores, ulcers, bed sores (which may indicate neglect) ✓ Lacerations ✓ Unexplained loss of clumps of hair
Sexual Abuse	Signs/ Indicators
<p>Is when a person becomes involved in sexual relationships or activities that they do not want to be involved in.</p> <p>They may have said that they do not want to be involved or they may be unable to give consent. Sexual abuse includes 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 to.</p>	<p>Signs may include, but are not limited to:</p> <ul style="list-style-type: none"> ✓ A change in usual behaviour ✓ Torn, stained or bloody underclothing ✓ Bleeding abrasion or pain in the genital / rectal area ✓ Disturbed sleep pattern ✓ Overt sexual behaviour / language ✓ Sexually transmitted diseases ✓ Unexplained pregnancy

Domestic Abuse	Signs/ Indicators
<p>Is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.</p> <p>It includes psychological, physical, sexual, financial and emotional abuse, and so-called 'honour-based' violence.</p> <p>Female genital mutilation (FGM) will also come under this category. Please see Appendix 2 for more information on this.</p>	<p>Others signs may be:</p> <ul style="list-style-type: none"> ✓ Lack of friend and social interaction. ✓ Lack of money ✓ Fear of partner ✓ Unexplained injuries ✓ Controlling behaviour ✓ Feeling of helplessness ✓ Constantly watching what you say and who you talk to.
Psychological abuse	Signs/ Indicators
<p>Results in a person feeling worthless, unloved or un cared for. It includes 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.</p>	<p>Signs may include, but are not limited to:</p> <ul style="list-style-type: none"> ✓ Anxiety ✓ Low self-esteem ✓ Lack of confidence ✓ Changes to normal sleep patterns, for example insomnia ✓ Change in appetite ✓ Unusual weight gain / loss ✓ Tearfulness ✓ Appearing withdrawn, agitated or anxious ✓ Appearing fearful of making choices or expressing their wishes ✓ Unexplained paranoia
Financial and material abuse	Signs/ Indicators
<p>Is the use of a person's funds and belongings without their permission.</p> <p>This could be theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p>	<p>Signs may include, but are not limited to:</p> <ul style="list-style-type: none"> ✓ Unexplained / sudden inability to pay bills ✓ Unexplained withdrawal from bank or building society accounts ✓ Unexplained disappearance of financial documents ✓ Disparity between assets and living conditions and/or services

Organisational abuse	Signs/ Indicators
<p>Happens where services provided are focused on the needs of the organisation. For example, not providing choice over meal times or bed times because this is easier for the organisation.</p> <p>It includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home.</p> <p>This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, processes, policies and practices of the organisation.</p>	<p>Signs may include:</p> <ul style="list-style-type: none"> ✓ Poor communication between individuals and staff ✓ Poor training and understanding of policies/procedures ✓ Lack of awareness of rights ✓ Individuals unable to exercise choice and no use of advocate
Discriminatory abuse	Signs/ Indicators
<p>Refers to an individual or group being treated unequally because of characteristics identified in the Equality Act 2010.</p> <p>It involves ignoring a person's values, beliefs and culture and includes forms of harassment, slurs or similar treatment because of race, sex, gender reassignment, age, disability, sexual orientation, religion or similar belief, marital or civil partnership status, pregnancy or maternity.</p>	<p>Signs may include:</p> <ul style="list-style-type: none"> ✓ Poor service that does not meet the person's needs ✓ Verbal abuse and disrespect ✓ Exclusion of people from activities and/or services
Modern slavery	Signs/ Indicators
<p>This encompasses slavery, human trafficking, and 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.</p>	<p>Signs may include:</p> <ul style="list-style-type: none"> ✓ Individuals may show signs of physical or psychological abuse. ✓ May be malnourished or unkempt ✓ Can appear withdrawn ✓ Never on their own ✓ Poor living conditions ✓ Few or no personal effects

Self-neglect and acts of omission	Signs/ Indicators
<p>Is a person's failure or refusal to take care of their own basic needs. Neglecting to care for one's personal hygiene, health or surroundings can include a wide range of behaviours such as hoarding</p>	<p>Indicators of neglect by others and of self-neglect are similar.</p> <p>They include:</p> <ul style="list-style-type: none"> ✓ Malnutrition ✓ Dehydration ✓ Bed sores ✓ Dirty clothing and bedding ✓ taking the wrong dosage of medication. ✓ Not receiving treatment
Neglect	Signs/ Indicators
<p>This can include:</p> <ul style="list-style-type: none"> ✓ Deliberate refusal to meet basic needs including withholding food and fluids, heating or medication ✓ Ignoring medical or physical care needs ✓ deprivation of nutrition resulting in impairment of health or bodily functions ✓ Failing to provide access to appropriate health, social or educational services 	<p>Signs may include, but are not limited to:</p> <ul style="list-style-type: none"> ✓ Hunger ✓ Poor physical condition including weight loss and malnutrition ✓ Soreness / chafing due to lack of assistance with personal hygiene ✓ Pressure sores, ulcers, bed sores ✓ Clothing in poor condition or wet ✓ Wet bedding

Appendix 2

Although it is not the case that all of following forms of abuse are exclusively associated with children, they often are:

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people don't understand that they have been groomed or that what has happened is abuse.

👉 Definition adapted from the NSPCC website- <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/grooming/#what-is>

Child Trafficking and Modern Slavery

Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold.

Children are trafficked for:

- ✓ Child sexual exploitation;
- ✓ Benefit fraud;
- ✓ Forced marriage;
- ✓ Domestic servitude such as cleaning, childcare, cooking;
- ✓ Forced labour in factories or agriculture;
- ✓ Criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft.

Female Genital Mutilation (FGM)

FGM is a criminal offence, as it is a form of violence against girls and women. It involves removing, constricting or otherwise disfiguring a girl's labia or clitoris for non-medical reasons, in most cases FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

UK communities most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African countries that practise FGM include Yemen, Afghanistan, Kurdistan, Indonesia, Malaysia, Turkey, Thailand (South) and Pakistan.

Signs and symptoms could range from severe pain and bleeding and chronic infections to psychological, mental health and sexual problems or damage to the reproductive system and infertility.

👉 See the *Female Genital Mutilation Act 2003* for more information.

Radicalisation

This is where children and young people are taught extreme, often violent ideas based on political, social or religious beliefs.

Signs of exposure to radicalisation could be behaviour changes, changes in the way they speak with others or having a new circle of friends, use of extremist terminology, reading material or messages.

Bullying and Cyberbullying

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

🔗 Please see the following website for additional information: <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/>

Honour Based Violence

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- ✓ become involved with a boyfriend or girlfriend from a different culture or religion
- ✓ want to get out of an arranged marriage
- ✓ want to get out of a forced marriage
- ✓ wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' may include:

- ✓ domestic abuse
- ✓ threats of violence
- ✓ sexual or psychological abuse
- ✓ forced marriage
- ✓ being held against your will or taken somewhere you don't want to go
- ✓ assault

👉 *With thanks and acknowledgements to the Metropolitan Police Service from which Honour based violence information came from:*

https://safe.met.police.uk/crimes_of_honour/get_the_facts.html

Appendix 3

Self-Neglect and Hoarding

Hoarding

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for what they are designed for. Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them. Hoarding is widely considered as a mental health disorder, usually relating to disorders such as Obsessive Compulsive Disorder (OCD).

Hoarding and self-neglect do not always go hand in hand and one does not necessarily cause the other.

Where an adult at risk is believed to be self-neglecting or showing hoarding behaviour which puts them at risk of harm. All employees must monitor the situation by observing the environment, the behaviour, health and wellbeing of the individual and record details within the individuals care and support plan.

Significant harm

- ✓ Ill-treatment including physical, emotional and sexual abuse and other forms of exploitation
- ✓ The impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
- ✓ The individuals' life could be or is under threat
- ✓ There could be a serious, chronic and/or long-lasting impact on the individual's health physical/emotional/psychological well-being.

Indicators associated with self-neglect / hoarding: (this list is not exhaustive)

- ✓ Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- ✓ Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- ✓ Portraying eccentric behaviour/lifestyles
- ✓ Excessive and/or obsessive hoarding
- ✓ Poor diet and nutrition. For example, evidenced by little or no fresh food in the fridge, or what is there being mouldy
- ✓ Declining or refusing prescribed medication and/or other community healthcare support
- ✓ Refusing to allow access to health and / or social care staff in relation to personal hygiene and care
- ✓ Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity)
- ✓ Repeated episodes of anti-social behaviour –either as a victim or perpetrator
- ✓ Being unwilling to attend external appointments with professional staff, whether social care, health or other organisations (such as housing)
- ✓ Poor personal hygiene, poor healing/sores, long toenails
- ✓ Isolation

Appendix 4

Advocacy

At every stage of the safeguarding process consideration must be given to whether the person at risk would benefit from the support of an independent advocate, including an Independent Mental Capacity advocate to express their views. There are two types of non-statutory advocacy that can be commissioned;

- ✓ Instructed advocates take instructions directly from the person and can support at meetings and with communication. If the person decides they do not require the support of an advocate then support will be withdrawn.
- ✓ Non-instructed advocates work with people who may lack capacity or have severe communication challenges. A non-instructed advocate will work with the person and those around them. An independent report will be produced that will ask relevant questions and can support the safeguarding decision-making process.

Throughout the safeguarding procedure the decision to instruct an advocate must be considered and recorded.

It is important that people involved in the safeguarding adult's process are aware of which type of advocate is representing the person and supporting them to express their views