

Adult Safeguarding

SMA UK Policy Statement and Guidance

This policy is SMA UK's response to the requirements of organisations working with adults with an eligible need, and their carers as set out in:

➤ **The Care Act 2014**

Our commitment to Adult Safeguarding means that we will:

- take all reasonable measures to ensure that the risk of harm to adults with an eligible need and their carers is minimised
- take all appropriate action to address any concerns we have about adults with an eligible need and their carers by working in full partnership with other agencies.

To this end we will:

- always follow the national guidance issued by the Secretary of State (as above) and the guidance and procedures of the local authority responsible for where the adult with an eligible need and their carers live.
- always have an appropriately trained and experienced member of our Support Services Team as our Designated Safeguarding Person (DSP)
- have robust procedures in place
- ensure all staff and volunteers are clear what is required of them to prevent and reduce the risk of harm to adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and make informed choices without coercion (procedures and guidelines available on request)
- ensure all who use our services are aware that safeguarding always overrides confidentiality (see Privacy Notice – link)
- maintain our On-line E-Safety procedures (available on request)
- maintain our safer recruitment procedures (available on request)
- monitor and review this policy on a regular basis and address any weaknesses that are identified

Last reviewed March 2021

Adult Safeguarding Guidelines

1. Background Information

1.1. What the Care Act 2014 says

The Care Act 2014 makes it clear that:

- **safeguarding adults is everyone's business**
- **living a life that is free from harm and abuse is a fundamental right of every person.**

Adults with eligible needs are aged 18 or over who need extra help to manage their lives and be independent. This includes:

- older people,
- people with a disability or long-term illness,
- people with mental health problems

Inclusion in one of these groups does not mean that a person is implicitly unable to protect themselves from abuse or neglect.

When abuse or neglect does take place, the Care Act makes it clear that it needs to be dealt with swiftly, effectively and in ways which are proportionate to the issues that have been identified. Each Local Authority has a duty to investigate when there is "reasonable cause to suspect" abuse or neglect is taking place.

People and organisations must work together to prevent and stop both the risks and experience of abuse or neglect while at the same time making sure that the adult's well-being is promoted. This includes, where appropriate: having regard to their views, wishes, feelings and beliefs in deciding on any action; recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Abuse and neglect

Abuse may be physical, verbal or psychological, it may be an act of neglect, or occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not or cannot consent.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect (this list is not exhaustive):

- **Physical** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; this also includes 'honour' based violence

- **Sexual** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
- **Psychological** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- **Financial** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- **Discriminatory** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- **Organisational** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

1.2 Whistleblowing

Whistleblowing is the reporting of suspected wrongdoing. In the context of safeguarding, this is what someone should do whenever they have a concern that anyone in a caring or support role, such as a staff member, volunteer or personal assistant is in some way abusing their position. It is a more general concern rather than a concern around a specific adult with an eligible need.

2. Organisation Leads:

Designated Safeguarding Person: Adults (DSP) Michele Phillips

Any member of the Support Services team can also support any staff or volunteers who have safeguarding concerns.

Whistleblowing leads are as follows:

- **About staff** – the Management team or Chair of the Board (see employee handbook)
- **Community Connections Volunteers** – the DSP / Support Services Team
- **Fundraising Volunteers** – the FR Manager or Management team
- **Other people in Caring / Support roles** - the DSP / Support Services Team

3. What we expect from all our staff

3.1 Commitment & Conduct

The organisation has robust safer recruitment practices for staff vacancies.

New staff are given copies of this policy and guidelines and sign that they have read and understood what is expected of them. If there are any gaps in their understanding these are addressed.

All staff are:

- expected to attend the organisation's Safeguarding awareness sessions. These include discussions of what observations about an adult would be a cause for concern and what safeguarding actions would be needed
- made aware of the expectations the organisation has of their behaviour towards all adults and that any incident that falls below our expected standards will be dealt with appropriately (see employee handbook)
- advised not to place themselves in any unsafe situations or vulnerable positions with adults at any time.

3.2 Whistleblowing

Adults cannot be expected to raise concerns in an environment where staff fail to do so. All staff are expected to report any concerns they have about the attitude or actions of colleagues or volunteers (whistleblowing – see 1.2).

If you have a Whistleblowing concern, complete and submit our:

- **Whistleblowing Concern Report Form:** <https://smauk.org.uk/whistleblowing-concern-report-form>

If at any time you feel that the appropriate action has not been taken following your report, or feel unable to raise your concern through these procedures, you can raise your concerns and get advice from the Charity Commission's free whistleblowing helpline, 0800 055 7214.

3.3 Dealing with disclosures

In all cases:

- we are not there to investigate
- our role is to observe and report
- if concerned, pass the information on.

The possibility of abuse can come to light in various ways, for example:

- an active disclosure of abuse by the adult
- a passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse
- a growing awareness that "something is not right"
- an allegation of abuse by a third party
- a complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse.

It's often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened. They may fear the abuse could get worse if they tell. Fear of not being believed can also cause people not to tell. Accept what the person is saying – reassure them that you take what they have said seriously.

Don't 'interview' the person; just listen calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.

If an adult does make a disclosure:

- Respect their right to privacy, but make sure not to agree to any request "not to tell anyone"
- Explain that to keep him/her safe from harm, the information that has been shared must be passed on
- Reassure them that they have done the right thing in telling, and that when the information is passed on it will be done carefully and sensitively

Fundraising and Administration Staff and Managers – now follow the advice in Section 4.

Support Services Staff – now follow the advice in Section 5.

3.4 Only read what you need to know

Safeguarding records are kept separately on our database. This takes sensitive information one step away from more open access. It also serves to pull together all safeguarding information so that we can obtain an overview of safeguarding concerns.

Only read these records if you ‘need to know.’

3.5 Serious Case Reviews

If any staff member hears that someone we support has been involved in incidents of domestic violence, domestic homicide or serious injury as well as death, they must report this to the DSP and Management team.

4. What we expect from our Fundraising and Administration staff and managers

4.1 ‘Nigging Concern’ and no immediate safety concerns

If you have heard (e.g. at an event, on a phone call or during on-line activities) or observed anything that concerns you, at the earliest opportunity, talk to the family’s Support Services team worker, the DSP or the SS duty worker. They may ask you to complete and submit our:

- **Safeguarding Concerns Report Form:** <https://smauk.org.uk/safeguarding-concern-report-form>

Give as much relevant accurate information as you can. In the case of a disclosure, use the adult’s exact words.

The DSP will follow up with appropriate action. They, along with the Support Services team member working with the family, are responsible for monitoring and follow up.

4.2 SMA UK event

A risk assessment is completed beforehand. You will have contact details for any local emergency services. If they are needed, follow any advice they give. You should also:

- contact the Management team for support.
- at the earliest possible time let the DSP know what has occurred so that they can work with you to ensure there is appropriate follow up action and recording.

4.3 In the *very unlikely* event of your having immediate safety concerns for someone and no Support Services staff are available.

We need you to know what to do in this very unlikely event e.g. if someone phones or tells you information that makes you extremely concerned for their welfare or the welfare of other adults they support or care for:

- Only stay with the conversation if you feel able to do so, but **do remember to take the person’s contact details**
- Tell them you have concerns, and that, **if they agree**, you would like to contact their Local Authority Safeguarding Team to get them support (you need to ask for their address if they are not known to us already)
- If they agree, ask the person if there is anyone who could be with them, you could offer to phone this person for them, if needed. Tell them you will phone them back after you

have contacted the LA. Once you have spoken to the appropriate Local Authority, contact the person again and reassure them that you have passed the concern on:

Local Authorities (LAs) can be located by searching for the named authority in a search engine or using this link:

<https://www.nhs.uk/service-search/other-services/Local-Authority-Adult-Social-Care/LocationSearch/1918>

Some LAs may accept a referral over the phone. Some may only accept a written referral and the related information that needs to be passed on only by secure email; with a password sent separately in another email. In other LAs there may be a web page referral system. It's important to find out what you need to do and follow the guidance given. See also **Appendix 1** as a guide for what to include if possible

- **If they do not agree to your contacting the LA, or they have given permission, but you have not been able to make a referral to the LA**, contact the police by calling 101. Let them know you have concerns for a person's safety – giving their home address / area.
- Follow the guidance offered by the police
- **Inform the DSP and Support Services team of any concerns and action taken as soon as one of them is available. Use our form to help you with your report:**

Safeguarding Concerns Report Form: <https://smauk.org.uk/safeguarding-concern-report-form>

5. What we expect from our Support Services Staff

5.1 General Practice

Contact with a family is typically from the time of diagnosis, supporting them intermittently over the years during transitions or crisis, advocating for resources and providing emotional support. It is more often by phone and email but there may be some home visits. As young people mature and draw close to the milestone of leaving school, conversations and the focus of work are around supporting the young person and family to explore work, study and independent living options so that ultimately the young person takes control over their own life and makes their own informed decisions about their future.

Some adults who have not previously been known to us also seek support.

During any involvement with an adult, staff are responsible for being aware and watching for any signs of abuse or exploitation.

Due to the nature of our service and contact, Support Services workers don't always have a full picture of an adult's circumstances, but all staff must always do their best to note:

- Who is in the household
- Who is providing care and the quality of this care
- What family and other support the person has

- Their housing and financial situation
- Their emotional and mental health – sleep, relationships
- Any evident alcohol or drug misuse in the household

These observations are made in the context of respecting religious, cultural and personal beliefs that may impact on the person and their support network.

5.2 Immediate safety needs – if on a home visit

If you are alerted to an urgent adult safeguarding concern:

- Make an immediate evaluation of the risk and take steps to ensure that the person is in no immediate danger. Call 999 for emergency services if there is a medical emergency, danger to life or risk of imminent injury, or if a crime is in progress
- Call for urgent medical assistance from the GP, or other primary healthcare service if there is a concern about the person's need for medical assistance. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation
- Consider if there are other adults / children with care and support needs who are at risk of harm and take appropriate steps to safeguard them
- Make an urgent referral to the Local Authority – the office team can help.

Local Authorities (LAs) can be located by searching for the named authority in a search engine or using this link:

<https://www.nhs.uk/service-search/other-services/Local-Authority-Adult-Social-Care/LocationSearch/1918>

Some LAs may accept a referral over the phone. Some may only accept a written referral and the related information that needs to be passed on only by secure email; with a password sent in a separate email. In other LAs there may be a web page referral system. It's important to find out what you need to do and follow the guidance given. See also **Appendix 1** as a guide for what to include if possible

5.3 If you observe or hear of concerns in a non-urgent situation

- Speak to the adult in a private and safe place and talk to them about the concerns. The person alleged to be the source of the risk shouldn't be present
- Get the adult's views on the concerns and what they want done about it
- Give them information about adult safeguarding and how this could help to make them safe
- Explain confidentiality issues, how they will be kept informed and how they will be supported
- Identify any communication needs or personal care arrangements

- Discuss what could be done to make them feel safer
- At the earliest possible opportunity, write down your observations and, if the concern is the result of a disclosure by an adult, the exact words that have been used. Use **Appendix 1** as your guide
- Work with the DSP to follow up, record and report appropriately

5.4 How to record all reports, discussions and actions on our database

Safeguarding

Any report, discussions, actions and outcomes should be recorded clearly and in full (see **Appendix 2**) on the database. This should be under the constituent record '**Safeguarding**'.

The **action descriptor** is the name of the person subject to the safeguarding concern.

The descriptor **safeguarding adult** - with the date of action is recorded on the adult's record and, if appropriate also on the household. In the notepad of the action, please write: **See Summary Safeguarding RE record**. No other information is entered in this record.

An alert notice should be set up on Raiser's Edge so that whenever anyone opens this family's record a notice flashes on the screen saying '**Alert all**' - **talk to the Support Services team**. The descriptor safeguarding adult - with date of action is recorded on adult's record. No other information is entered in this record.

Whistleblowing

Any report, discussions, actions and outcomes for any volunteer or personal assistants should be recorded clearly and in full (see **Appendix 2**) on the database. This should be under the constituent record '**Whistleblowing**'.

The **action descriptor** is the name of the person who is the subject of the whistleblowing concern.

The descriptor **whistleblowing** - with the date of action is recorded on the person's record. In the notepad of the action, please write: **See Whistleblowing RE record**. No other information is entered in this record

An alert notice should be set up on Raiser's Edge so that whenever anyone opens this person's record a notice flashes on the screen saying '**Alert all**' - **talk to xxx (whoever / whichever team is leading this)**.

6. What we expect from our Volunteers

Community Connection Volunteers are given guidelines which include safeguarding and whistleblowing and what they should do if they have any concerns:
<https://smauk.org.uk/our-volunteering-network-guidelines>

Other Volunteers are also given similar guidelines.

Any volunteers who will be at an event or have the potential to have one-on-one contact (via Community Connections) with adults who may have an eligible need, complete a self-declaration about their suitability to have such contact.

7. What we expect from our Designated Safeguarding Person (DSP)

When the DSP receives a report directly of safeguarding concerns, it is their responsibility to:

- Ensure the person who made the observation or heard the adult's allegation/disclosure makes as accurate and clear a record as possible, including if applicable, the adult's actual words
- Decide whether to make a referral to the appropriate Local Authority Adult Safeguarding Team related to the home address of the adult. If the report has come from one of the Support Services Team, they will take part in this decision. If it has come from another source, ideally this decision is discussed with team colleagues and / or the Support Services Manager
- Make a full written record of the information that they have received detailing the reasons for this decision
- Pass this information onto the Management team and the chair of the board.
- If there is one, establish with the adult's Support Services Team worker if anything can be put in place to support the adult, or if joint working with the Local Authority would be appropriate
- Make a referral to the appropriate Local Authority Adult Safeguarding Team including the recording of the incident. Ensuring the adult concerned is aware of this action.

If the DSP or referrer thinks talking to the adult about the referral could place the adult in danger (for example, the perpetrator is always with the person, so it would not be possible to let them know without placing them at further potential risk), SMA UK will not inform the adult of this action. They will make sure to advise the Safeguarding Team that the adult is not aware of the referral, along with the reason.

- The DSP is responsible for ensuring that all recording, information and action about an incident or concern has been added to the database correctly and in full
- If at any time the DSP/ SS team member does not receive a satisfactory response from a Local Authority Adult Safeguarding Team, the DSP will raise their concern with the manager of this team and, if the matter remains unresolved, the Chair of the appropriate local Independent Review Board
- The DSP is responsible for advising the Support Services Manager of any changes in legislation or practice and any learnings from our involvement with safeguarding issues
- The DSP is also responsible for ensuring suitable safeguarding training is delivered to all staff.

8. If we receive a Whistleblowing Report with safeguarding implications

If the report suggests that the alleged perpetrator has:

- behaved in a way that has harmed an adult
- may have harmed an adult
- has possibly committed a criminal offence against or related to an adult
- has behaved towards an adult in a way that indicates they are unsuitable to work with children

There must be immediate contact with the appropriate LA Safeguarding Team:

Reports about a staff member

These go to the Management team who will discuss the report with the chair of the board and, if they raise sufficient concerns, with the Warwickshire Social Services Adult Safeguarding Team.

Reports about a volunteer

These go to either the Support Services Team, Fundraising Manager or Management team. They should discuss the report with the DSP / Support Services Manager and, if they raise sufficient concerns, with the appropriate LA Safeguarding Team.

Reports about other people in caring or support roles

These go to the DSP who should discuss them with the Support Services Manager and / or other Support Services colleagues and, if they raise sufficient concerns, with the appropriate LA Safeguarding Team.

March 2021.

See also:

- **Safer Recruitment of Staff - Safeguarding Children and Adults at Risk**
- **E-Safety policy**
- **Sharing Experiences Guidelines**
- **Volunteer Guidelines**
- **Safeguarding Children**
- **Risk Assessment Template**
- **Whistleblowing – Employee Handbook**
- **Safeguarding Audit Tool**

APPENDIX 1

Information to include in an adult referral.

When seeking advice or referring information onto a Local Authority Adult Social Care Safeguarding Team/department. Always consider the following points:

- Why you are seeking advice or referring information, and why you think the adult is at risk
- Is the adult currently safe, and their current whereabouts known?
- The adult's name, date of birth, address, ethnicity, religion, spoken language and disability
- Details of anyone else found at the household, and their current whereabouts
- All available information about the concern
- Any information about the adult's general circumstances, including any information about their care and support
- Whether there are likely to be any communication issues between the person and those looking into the concern
- Any details of family GP or other professionals involved with the person
- Any details for any other members of the family or community that may be significant to the adult
- Details of any previous incidents or causes for concern which are relevant
- Your name, contact details, and reason for involvement
- Whether the adult has given consent for the referral

APPENDIX 2

Information to include in database records.

- Always ensure that your details are recorded, with contact details
- Ensure the details of the person concerned are clear, including date of birth and ethnicity
- Add the date and the time of the incident/concern
- Details of incident and brief statement of concern, including any names of other people involved in the incident
- Record any immediate action taken/ needed
- State a category of concern; Physical, Sexual, Emotional/Psychological, Neglect, Domestic Violence, financial, etc.
- Record who you passed the information of the incident/concern on to.

If a referral is made to a Local Authority Safeguarding Team, always consider recording the following points:

- The name and phone number/email of the Local Authority the referral was sent to and if referral by phone, the name of the person who took the referral.
- The date and time of referral.
- A record of any written information emailed or faxed.