OASIS COMMUNITY HOUSING
HOPE. NOT HOMELESSNESS.

Safeguarding Adults Policy & Procedure

1.0 Values Statement

Oasis Community Housing recognises the value of individuals in their unique life situation and therefore does not wish to impose labels and stereotypes. Rather we firmly believe that all individuals should be treated with dignity, respect and compassion. Our desire is for each individual to be given every opportunity to develop and recognise their own positive value and sense of self-worth. We will protect this value that we place on all people by creating and rigorously implementing a safe environment in all our services.

2.0 Introduction

2.1 OCH Safeguarding Statement

Oasis Community Housing believes that all children, young people and adults, regardless of age, have the right to live a life free from harm and mistreatment, the right to feel, and to be, safe. OCH are committed to providing a safe and secure environment where all individuals are protected from abuse and ensuring all staff and services promote this. Where abuse occurs, is suspected or alleged, OCH will respond with speed, sensitivity and with our focus on protecting anyone at risk from further harm. We will ensure that all staff and volunteers are trained to be competent and feel confident in dealing with safeguarding issues.

This Safeguarding Policy and Procedure applies to all Oasis Community Housing staff, volunteers, students and interns (referred to hereafter as staff generically). They represent OCH's commitment to:

- working together with other agencies to prevent and protect children, young people and adults at risk of abuse
- empower and support people to make their own choices where possible
- investigate or report actual or suspected abuse or neglect appropriately

3.0 Care Act 2014

The Care Act 2014 brings statutory force to adult safeguarding and replaces the guidance set out in 'No secrets' from the Department of Health. The aim of the Care Act is to remove barriers to support and to reduce bureaucracy. Safeguarding adults should be person-led and outcome focussed through utilising a preventative model.

3.1 The Care Act states that safeguarding duties apply to adults who:

- have needs for care and support;
- and who are experiencing, or are at risk of; abuse or neglect;
- and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

3.2 When abuse or neglect does take place, it must to be dealt with swiftly, effectively and in ways which are proportionate to the issues and where the adult in need of protection stays as much in control of the decision making as is possible.

3.3 OCH acknowledges that the rights of the individual to be heard throughout this process are critical in the drive towards Making Safeguarding Personal. The Care Act emphasises the importance of beginning with the assumption that the individual is best-placed to judge their own well-being.

3.4 The Care Act also introduces a general principle that there should be cooperation between organisations in ensuring safety.

3.5 All staff members, in whatever setting or role, have a responsibility to work to prevent abuse or neglect from occurring. They also have a responsibility to take action where concerns arise.

4.0 Principles & Aims

There are six key principles, which underpin all adult safeguarding work which apply to all OCH services. The principles should inform and guide how staff work with adults in relation to adult safeguarding.

- **Empowerment –** People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Protection –** support and representation for those in greatest need
- **Partnership –** local solutions through services working with their communities
- **Accountability –** accountability and transparency in delivering safeguarding

4.1 Aims
The primary aims of adult safeguarding are as follows:

1. To stop abuse or neglect wherever possible;
2. To promote wellbeing;
3. To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
4. To safeguard adults in a way that supports them in making choices and having control about how they want to live by promoting an approach that concentrates on improving life for the adults concerned;
5. To provide information and support that is accessible and helps people to understand the nature of abuse, how to stay safe and how to raise a concern regarding the safety or well-being of an adult; and
6. To address the causes of any abuse or neglect.

4.2 An adult is a person aged 18 or over.

The Care Act has broadened who a safeguarding duty may apply to; this could be an adult who:

- has a physical disability or cognitive impairment;
- has a learning disability;
- displays behaviour consistent with self-neglect;
- is a victim of domestic violence or honour-based violence;
- is a victim or at risk of female genital mutilation (FGM); has a physical disability and/or a sensory impairment;
- has mental health needs including dementia or a personality disorder has a long-term illness/ condition;
- misuses substances or alcohol;
- is unable to look after their own wellbeing, property, rights or other interests;

4.3 Section 42 of the Care Act 2014 requires that local authorities make enquiries, or ensure others do so, when there is reasonable cause to suspect that an adult in its area:

- has needs for care and support
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- is a carer e.g. a family member/friend who provides care to adults and is subject to abuse;
- is unable to look after their own wellbeing, property, rights or other interests;
- is in need of care and support but is unable to demonstrate the capacity to make an informed decision about themselves; or
- is a victim of exploitation – such as financial or sexual.

This is not an exhaustive list and agencies and individuals should not limit their view of what may constitute an adult with needs for care and support as above.

4.4 In the context of Safeguarding Adults, the vulnerability of the Adult is proportionate to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation. It is important to note that people with capacity can also experience or be at risk of abuse or neglect. An Adult's vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors. See appendix 1 for details of vulnerabilities.

5.0 Consent

5.1 It is always essential to consider whether the Adult, who there is a concern over, is capable of giving informed consent before proceeding with any Safeguarding Enquiries. If they are, their consent should be sought. This may be in relation to whether they give consent to:

- an activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded;
- a Safeguarding Adults Enquiry going ahead in response to a Safeguarding concern that has been raised. Where an Adult with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term;
- the recommendations of an individual safeguarding plan being put in place;
- a medical examination;
- certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the Adult;
- reporting a possible crime to the police unless there is a need to override the individuals view in order to protect others.

If, after discussion with the Adult who has mental capacity, they refuse any intervention, their wishes must be respected unless:

- there is a public interest, for example, not acting may put other adults or children at risk;
- there is a duty of care to intervene, for example, a crime has been or may be committed.

Further information on consent is available in the Gateshead Mental Capacity Act Framework document: https://www.gateshead.gov.uk/DocumentLibrary/CBS/PoliciesandDocs/Safeguarding-Adults/Mental-CapacityAct-Framework.pdf

6.0 Mental capacity

6.1 The presumption is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability:

- to understand the implications of their situation;
- to take action themselves to prevent abuse;
- to participate to the fullest extent possible in decision making about interventions.

6.2 The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act.

6.3 The Act says that: '… a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- understand the information relevant to the decision; or
- retain that information long enough for them to make the decision; or
- use or weigh that information as part of the process of making the decision; or
- communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).'

6.4 Mental capacity is time and decision specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time. The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made. Where the decision relates to making a Safeguarding Concern to the Local Authority, the assessment should ideally be undertaken by the person raising the concern.

6.5 Principles of the Mental Capacity Act 2005

- An Adult has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless it is proved (on a balance of probabilities) otherwise.
- Adults must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions.
- Adults have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.
- Decisions made on behalf of a person who lacks mental capacity must be done in their best interests and should be the least restrictive of their basic rights and freedoms.

6.6 OCH works with adults to promote independence in a supportive manner it is never the intention of OCH to provide care however there are times when an adult in one of the services will either have an impairment of or disturbance in the function of the mind or brain. Staff will use the following chart as a guide to support staff to raise a concern.

7.0 Deprivation of Liberty Safeguards (DoLS)

7.1 DoLS apply to people who have a mental disorder or mental impairment and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to be given care or treatment. This can also apply to those individuals living in Independent Supported Living, Shared Lives or in their own homes.

Applications to authorise deprivations of liberty for young people, Shared Lives Placements or their own home need to be made by Legal teams within the Local Authority. If staff believe that a client comes under the DoLS they should contact the local Safeguarding Adults Manager.

8.0 Support for Adults involved in the Safeguarding Process

It is important that the adult is supported in ways that do not jeopardise any investigations or criminal prosecutions. Where OCH staff feel that they are not best placed to support the individual, then consideration should always be given whether any other agency, or family member/friend, can provide such support.

8.1 Advocates

If there is not an appropriate individual to support the Adult‘s involvement in the safeguarding process, then the Local Authority will arrange for an advocate. The Care Act defines 4 areas where ‘substantial difficulty’ may occur:

- Understanding relevant information
- Retaining information
- Using, or weighing up the information
- Communicating their views or wishes

Where it is decided that an Adult needs an advocate, this person cannot be someone who is providing care or support in a professional capacity. The adult’s wishes must be respected if they do not wish to be represented by a particular person.

9.0 Definitions of Abuse

For the purpose of the Safeguarding Adults policy and procedures the term abuse is defined as: ‘… a violation of an individual’s human and civil rights by any other person or persons which results in significant harm.’ (DH, 2000). The Care Act stipulates that limitations should not be placed upon what constitutes abuse or neglect. Exploitation, in particular, is a common theme throughout all types of abuse or neglect.

9.1 Abuse may be:

- a single act or repeated acts;
- an act of neglect or a failure to act;
- multiple acts, for example, an Adult may be neglected and also being financially abused.

Abuse is about the misuse of power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place. Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the *impact of the act on the person and the harm or risk of harm* to that

individual. Abuse can take place in settings such as the person's own home, day centres, community based services or supported housing. A number of abusive acts are crimes and informing the police must form part of the response.

9.2 All Safeguarding Concerns must be considered individually, however the following factors can be taken into account as a guide when making an assessment of the seriousness of the risk to the person:

- vulnerability of the person;
- nature and extent of the abuse or neglect;
- length of time the abuse or neglect has been occurring;
- impact of the alleged abuse on the Adult;
- risk of repeated or increasingly serious acts of abuse or neglect;
- risk that serious harm could result if no action was taken;
- illegality of the act or acts.

10.0 Types of Abuse

10.1 Physical abuse

10.1.1 Physical abuse includes assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Unlawful or inappropriate use of restraint or physical interventions and physical abuse. There is a distinction to be drawn between restraint, restriction and deprivation of liberty. A judgement as to whether a person is being deprived of liberty will depend on the particular circumstances of the case, taking into account the degree of intensity, type of restraint, duration, the effect and the manner of the implementation of the measure in question. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence.

10.1.2 Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

10.1.3 Physical abuse is also the physical mistreatment or non-accidental injury of an adult. Some possible signs of abuse are detailed as follows:

- Slapping
- Kicking
- Punching
- Shaking
- Bruising
- Burns
- Cutting

10.1.4 Indicators of possible physical abuse may include, but are not limited to:

- An injury not fitting the explanation given
- Unexplained or unusual fractures in various stages of healing
- Bruises or burns in the shape of objects e.g. cigarette burns, belt buckles or water
- Bruising in well protected areas e.g. behind the ears, on face, inside of the upper arms or thighs, buttocks, breasts, genital or rectal area
- Lacerations

10.2 Sexual abuse

10.2.1 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. Rape and other sexual assaults are among the most serious offences investigated by the Police.

10.2.2 The trauma that victims suffer presents unique challenges to any enquiry. All staff should be aware of their individual responsibility to maximise evidence which may assist an investigation of a sexual nature and the minimum standards required regarding immediate response, recording and reporting.

10.2.3 Some examples of sexual abuse/assault include the direct or indirect involvement of the Adults in sexual activity or relationships which:

- they do not want or have not consented to;
- they cannot understand and lack the mental capacity to be able to give consent to;
- they have been coerced into because the other person is in a position of trust, power or authority, eg a care worker. They may have been forced into sexual activity with someone else or may have been required to watch sexual activity.

Key principles include:

- the most important priority is to ensure that the urgent medical requirements of the Adults with needs for care and support are met;
- preserve any potential forensic opportunities, and record verbatim the disclosure made by the Adults;
- any sexual activity that is not freely consented to is criminal and must be reported immediately to the police via 999, before any internal investigation/ interview;
- sexual relationships or inappropriate sexual behaviour between a member of staff and a service user are always abusive and will lead to disciplinary proceedings. This is additional to any criminal action that is taken separately. A sexual relationship between a service user and a member of staff is a criminal offence under Sections 38–42 of the Sexual Offences Act 2003. There may be Safeguarding Adults concerns that involve sexual innuendo or remarks that will not result in a criminal investigation; however, all Safeguarding Adults concerns/enquiries that indicate any form of sexual abuse require a risk assessment, intelligence gathering and appropriate information sharing with relevant partners.

10.2.4 Indicators of possible sexual abuse may include, but are not limited to:

- Change in usual behaviour
- Overt sexual behaviour/language
- Bleeding or pain in the genital/rectal area
- Disturbed sleep pattern
- Torn, stained or bloody underwear
- Self -harming

10.3 Psychological abuse

10.3.1 Psychological abuse 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. This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- mental distress;
- the denial of basic human and civil rights such as self-expression, privacy and dignity;
- negating the right of the Adults to make choices and undermining their self-esteem;
- isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.

10.3.2 Psychological abuse undermines an adult's self-esteem and results in them being less able to protect themselves and exercise choice. It is a type of abuse that can result from other forms of abuse and often occurs at the same time as other types of abusive behaviour.

10.3.3 Indicators of possible psychological or emotional abuse may include, but are not limited to:

- Low self esteem
- Tearfulness
- Alteration in psychological state e.g. may appear to be withdrawn, agitated or anxious in general
- Aggressive or challenging behaviour
- Attention seeking behaviour
- Self harm
- Depression
- Insomnia
- Unexplained paranoia

10.4 Financial or material abuse

10.4.1. Financial or material abuse includes 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. All staff must observe professional boundaries and follow OCH's policies and procedures to prevent personal benefit to them when working with Adults with needs for care and support.

10.4.2 Indicators of possible financial or material abuse may include, but are not limited to:

- Lifestyle does not reflect known income
- Unexplained withdrawals from account
- Unexplained/sudden inability to pay service charge/bills etc.

10.5 Neglect and acts of omission

10.5.1 Neglect is the failure of any person who has responsibility for an Adult with needs for care and support to provide the amount and type of care that a reasonable person would be expected to provide. Behaviour that can lead to neglect includes ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating. Neglect can be intentional or unintentional. Intentional neglect would result from:

- wilfully failing to provide care;
- wilfully preventing the Adults with needs for care and support from receiving them;
- being reckless about the consequences of the person not getting the care they need.

10.5.2 If the staff member committing the neglect is aware of the consequences and the potential for harm to result due to the lack of action(s) then the neglect is intentional in nature.

10.5.3 Unintentional neglect could result from a staff member failing to meet the needs of the Adult because they do not understand the needs of the Adult, may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the Adult.

10.6 Discriminatory abuse

10.6.1 Discriminatory abuse includes forms of harassment, slurs or similar treatment because of: race, gender and gender identity, age, disability, sexual orientation or religion. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an Adult. It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

10.6.2 The impact of hate crime on an individual and their family can be devastating, affecting social, psychological and physical well-being. Where individuals are targeted because of a personal characteristic they often feel fearful of further incidents and isolated. It can also affect others who may share that characteristic, leading to impacts across the wider community.

10.6.3 Hate crime and incidents can cover a range of actions, including but not limited to:

- Verbal abuse;
- Threatening behaviour;
- Deliberate 'outing' or threat of 'outing';
- Criminal damage;
- Offensive graffiti;
- Arson or attempted arson;
- Physical attack;
- Harassment by phone, text, email, or via the internet;
- Abusive correspondence. OCH will work with the police to intervene under Safeguarding Adults policy and procedures to ensure a robust response to situations where Adults become a target for hate crime.

10.6.4 Indicators of possible discriminatory abuse may include, but are not limited to:

- Inappropriate remarks or comments
- Lack of respect shown to people

10.7 Domestic violence

10.7.1 Domestic violence includes psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence, forced marriage and female genital mutilation. Domestic abuse is defined as: "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality." This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

10.7.2 "Controlling behaviour" is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

10.7.3 “Coercive behaviour” is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation and forced marriage. (Home Office 2013) Whatever form it takes, domestic abuse is rarely a one-off incident and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over the victim. Domestic abuse occurs across society, regardless of age, gender, ‘race’, sexuality, wealth and geography.

10.8 Honour-based violence

10.8.1 ‘Honour’ based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called ‘honour’. The honour code which it refers to is often set at the discretion of male relatives and women who do not abide by these ‘rules’ are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting an forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place. This is not a crime which is solely perpetrated by men, sometimes female relatives will also support, incite or assist.

10.8.2 It is not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family. Sometimes contract killers and bounty hunters will also be employed. Honour Based Violence can be fatal – it is important to remember that families really do kill in the name of ‘honour’ and therefore ensuring the victims’ safety is paramount.

10.8.3 Alerts that may indicate honour-based violence include: domestic abuse; concerns about forced marriage; enforced house arrest; and missing person’s reports. If a concern is raised through a Safeguarding Adults referral, and there is a suspicion that the adult is the victim of honour-based violence, referral must always be made to the police who have the necessary expertise to manage risk.

10.9 Forced marriage

10.9.1 A forced marriage is a marriage that is performed under duress and without the full and informed consent or free will of both parties. In 2013, the Home Office expanded the definition of domestic abuse to specifically include forced marriage. There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses. In forced marriage, one or both spouses do not (or, in the case of some adults with disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, sexual, financial and emotional pressure. Section 121 of the ASB, Crime and Policing Act 2014 clearly states that someone commits an offence if they force someone to marry. In a situation where there is concern that an adult with needs for care and support is being forced into a marriage they do not or are unable to give their consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process. In this case, action will be coordinated with the police and other relevant organisations.

10.10 Female Genital Mutilation (FGM)

10.10.1 FGM involves procedures that include the partial or complete removal of the external female genital organs for cultural or other non-therapeutic reasons. The procedure serves as a form of social control over a woman’s sexual and reproductive rights. The practices carried out in relation to FGM are forms of child/domestic abuse and have significant short and long-

term physical and psychological consequences. These practices are illegal in the UK. Under the Female Genital Mutilation Act 2003, a person is guilty of an offence if he 'excises, infibulates or otherwise mutilates the whole or any part' of female genital organs. The guidance issued by the Government also recognises the risk posed to girls who may be taken from the UK to undergo FGM. The FGM Act states that a person commits an offence if he 'aids, abets, counsels or procures' a girl to mutilate herself.

10.11 Modern Slavery

10.11.1 If an identified victim of human trafficking is also an Adult with needs for care and support, the response will be coordinated under the Safeguarding Adults process. This will be a multi agency response of organisations that have a role to play in dealing with victims of human trafficking. The Adult with needs for care and support should receive the support and advice they need and be safely repatriated if this is the future plan.

10.11.2 If the victim is a child, the situation will be dealt with under by Local Safeguarding Children's Board procedures. The early identification of victims of human trafficking is key to ending the abuse they suffer and to providing the assistance necessary. Frontline staff need to be able to identify the signs that someone has been trafficked. There is a national framework to assist in the formal identification and coordinating the referral of victims to appropriate services called the National Referral Mechanism. The UK Human Trafficking Centre takes referrals of adults and children identified as being the victims of trafficking. The Centre comes under the Serious and Organised Crime Agency (SOCA).

10.12 Self-neglect

10.12.1 The Care Act 2014 has altered the approach to dealing with self-neglect cases. The Care and Support Statutory Guidance document, which was issued under the Act advises that local authorities should not limit their view of what constitutes abuse and makes an explicit reference to self-neglect as a potential form of abuse or neglect to be considered within the arrangements for safeguarding adults. The document describes self-neglect as "a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding". Self-neglectful behaviour can manifest itself in a number of forms including:

- Lack of self-care – this may involve neglecting personal hygiene, nutrition and hydration or health. This type of neglect involves a judgement about what is an acceptable level of risk and what constitutes well-being;
- Lack of care of one's environment – this may result in unpleasant or dirty home conditions and an increased level of risk such as health and safety and fire risks associated with hoarding. This is subjective and requires a judgement call to determine whether the conditions within an individual's home are acceptable; and
- Refusal of services that could alleviate these issues – this may include the refusal of support services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment.

10.12.2 There are other less overt forms of self – neglect such as: eating disorders; misuse of substances; and alcohol abuse. The effects of self-neglect can be wide ranging and may result in serious harm or distress, not only to the individual who is neglecting themselves, but also for those involved with the individual or who may live close to the individual.

10.12.3 Indicators of possible self-neglect may include, but are not limited to:

- Loss of weight
- Clothing in a poor condition
- Failure to access appropriate health, educational services or social care

10.13. Institutional

10.13.1. Institutional abuse is the mistreatment or abuse or neglect of an Adult at Risk by an organisation or individuals within settings and services that Adults at Risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.

10.13.2. Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of Adults at Risk.

10.13.3. Institutional abuse is most likely to occur when staff:

● receive little support from management
● are inadequately trained
● are poorly supervised and poorly supported
● receive inadequate guidance.

The risk of abuse is also greater in organisations/services with poor management, too few staff, which use rigid routines and inflexible practices, which do not use person-centred care plans or where there is a closed culture.

Examples of institutional abuse could be:

- Lack of stimulation/ opportunities to engage in social and leisure activities
- SU not enabled to be involved in the running of service
- Denial of individuality and opportunities to make informed choices and take responsible risk • Support planning documentation not person-centred

11. Prevent

Prevent (Radicalisation)
The Prevent Duty under the Counter-Terrorism and Security Act 2015 requires all specified authorities to have "due regard to the need to prevent people from being drawn into terrorism". Local authorities and their partners therefore have a core role to play in countering terrorism at a local level and helping to safeguard individuals at risk of radicalisation.

Radicalisation is not just the attack, it is the 'tip of the iceberg' which is supported by hidden activity that builds and builds and can result in an attempt or act of violence. Prevent sits at the bottom of that iceberg, with an aim to prevent the process. Although the numbers of those at risk of radicalisation are comparatively small, the risk is there and the potential consequences significant.

In a radicalisation process there are usually 4 key factors:
1) A vulnerable person will be introduced to an
2) Extremist ideology by a
3) Radicalising influencer who, in the
4) Absence of protective factors, such as a supportive network of family/friends, or a fulfilling job, draws the individual ever closer to extremism

11.1 Recruitment
A recruiter exploits a victims lack of connection and increases that sense of disconnect through manipulation. A recruiter may make a victim feel: special, listened to, like they can

do something exciting, like an adult, loved, encouraged, understood, confident, they can talk openly and belong. Recruitment may take place over a period of time, the relationship may seem benign initially, they may be providing support in areas a person misses in their life. They may plant seeds of radical/extreme courses of action, blur facts and opinion, say that the acts are approved by god and that they will be rewarded by god. Although ideologies in cases may differ, the process is similar.

To be aware of…

Changes in behaviour

- Disengagement/disrespectful
- Isolation from friends/family
- Asking inappropriate questions
- Telling lies
- Fixated on one topic of conversation
- Scripted speech/handing out leaflets
- Change in appearance
- Crying
- Becoming detached/withdrawn
- Quick to anger
- Signs of stress
- Unhealthy internet usage

Vulnerabilities

Need for meaning/identity/belonging
Feelings of grievance/injustice
Susceptibility to influence/control
'Them & Us' thinking
Excitement and adventure
Support for extremism from friends/ family

Possible reasons for changes in behaviour

- Loss
- Peer/family pressure/upheaval
- Adolescence
- Bullying
- Substance misuse
- Gang affiliation
- Family upheaval
- Low self-esteem/stigma/discrimination
- Exam/work pressure
- Radicalisation
- Sexual abuse

11.2 Responding

It is possible that staff will see possible signs of radicalisation in Service Users, but it is a complex and sensitive issue, and as in any situation of abuse the circumstances and vulnerabilities will be as unique as the person at the heart of it. Whoever the concern originates from, the response needs to be proportionate, young people go through phases of transition which are not necessarily concerning in themselves, so it is important that context is always considered. Always apply intellect, be mindful of the Public Sector Equality Duty, and be sensitive. An increase in religious activities such as the wearing of a headscarf or an interest in global/political events is not in itself something to be concerned about. It is only if these are coupled with other behaviours of concern such as use of extremist/divisive language that may increase genuine concern. Trust your professional judgement in knowing when someone needs help.

It is down to staff judgement how they decide to broach concerns with a young person. It is important that staff think about where and when to meet with the service user, picking a time/place with low risk of interruption. It's important that the young person feels listened to, staff are not forceful as the young person may not talk, but don't be so subtle that the concerns are not heard. Try to ask open questions, the dialogue should be 2-way, ask for

consent from the person to source additional support for them, someone with more specialist knowledge for them to talk to and to answer any questions they may have.

In many cases support will need to be sought outside of the organisation, for example mentoring, counselling and community involvement schemes. Tailored support for any individual identified as being vulnerable to being drawn into terrorism is offered through the voluntary Channel programme. This is a Local Authority led multi-agency panel, which decides on what the most appropriate support package for that person will be. Consent from the individual needs to be sought, if they are under 18 parental consent is required. Consideration should be given to the possibility that sharing information with parents may increase the risk to the child and therefore may not be appropriate. However, experience has shown that parents are key in challenging radical views and extremist behaviour and should be included in interventions unless there are clear reasons why not.

If staff are concerned, or suspect that a service user is at risk of radicalisation, follow the OCH Adult Concern Referral Process detailed on page 18.

Channel referrals can be made through Adult Social Care or can be discussed with the Channel Police lead through 101. The Channel panel is made up of statutory and non-statutory agencies, which can change according to relevance and agencies currently involved, to discuss support package options.

12. Responsibilities

12.1 OCH Board

The OCH Board of trustees is ultimately responsible for ensuring that all OCH's policies and procedures develop a safe environment for service users and staff. Authority is delegated to senior management to ensure these policies are implemented correctly and that all measures are being taken to prevent abuse or that where a concern arises, responses are appropriate.

12.1.1 However, trustees retain the primary responsibility for:

- Prevention: Trustees have a duty of care towards children, young people and at risk adults, this includes managing the risks that working with these groups pose
- Dealing with Allegations: Ensuring that there are adequate systems in place to handle any allegations
- Appointing trustees and staff: trustees are responsible for ensuring systems are in place to make the necessary checks when recruiting trustees and staff
- Safeguarding Policies: Trustees must ensure that adequate policies and procedures are in place to manage the risks posed by the work OCH is involved with.
- Ensuring Public trust and Confidence: Given the nature of the work that OCH is involved with it is essential that safeguarding standards are maintained so as to give external stakeholders confidence in OCH's work.

12.1.2 The Board will have a named member who is the responsible lead for safeguarding matters. Currently the OCH Board Safeguarding Champion is Caroline Wroe.

12.1.3 A Safeguarding sub-committee of the Board has been established, meeting twice a year, to allow the Board to monitor safeguarding practice and to drive forward developments. The minutes of the meetings will be circulated to all Board members and require the Board member chairing the sub-committee to sign them off as a true record. The sub-committee membership will consist of OCH's Trustee safeguarding Lead, Strategic Safeguarding Lead

(Projects Director North), London Safeguarding Lead, Designated Adult Safeguarding Manager and Deputy and the Children's Lead Responsible Person and Deputy. The specific responsibilities of each of these roles is set out in the Oasis Community Housing Safeguarding Strategy 2015.

12.1.4 Part of the induction for any new member of the Board will include a Safeguarding training session with the Safeguarding Strategic Lead and the Leads for Safeguarding Children and Adults. These sessions will clearly explain the responsibilities of the Board member within the safeguarding function, covering both adults and child safeguarding. Further training for Board members regarding their responsibilities will be arranged as required by the Strategic Lead.

12.2 Role of nominated Safeguarding Leads (and Deputies)

OCH has split the responsibility for safeguarding between the following 3 roles:

- Strategic Safeguarding Lead - responsible for safer recruitment, ongoing safer employment, including training and the oversight of the management of allegations, and the management and support of other named staff who have safeguarding responsibilities
- Responsible lead for adult safeguarding - responsible for managing all operational issues and concerns to safeguard and promote the welfare of adults at risk on behalf of OCH. This includes oversight of raising concerns with the Safeguarding Adults team within the Local Authority, the monitoring of safeguarding arrangements.
- Responsible Lead for Children's Safeguarding - responsible for managing all operational issues and concerns to safeguard and promote the welfare of children and young people on behalf of OCH. This includes oversight of raising concerns with Children's Services, the monitoring of safeguarding arrangements.

Each of the latter 2 roles has a deputy, who takes on responsibility during the Lead's annual leave, sick leave or other absences. Role descriptions are attached to the annual OCH Safeguarding Strategy.

12.3 Role & responsibility of line managers

12.3.1 Co-ordinators and Team Leaders are responsible for the day to day prevention of abuse in their projects, ensuring that staff have handled any concerns appropriately. They are also responsible for the ongoing management of those concerns, in conjunction with the Safeguarding Leads. Heads of Service, Co-ordinators and Team Leaders will submit, as part of their monthly management reports to the Projects Director, any concerns that have been raised in their projects in the preceding month.

12.3.2 The role and responsibility of the line manager is:

I. to ensure the alleged victim is made safe;
II. to ensure that any staff or volunteer who may have caused harm is not in contact with service users and others who may be at risk, for example, 'whistleblowers';
III. to ensure that appropriate information is provided in a timely way

12.3.3 Line managers should ensure that they:

I. make staff aware of their duty to report any allegations or suspicions of abuse to their line manager, or if the line manager is implicated, to another responsible person or to the local authority;
II. meet their responsibilities under the Health and Social Care Act 2008 and the Care Standards Act 2009 and ensure compliance with registration and outcomes and guidance on compliance, on quality and safeguarding and safety standards;
III. operate safe recruitment practices and routinely take up and check references;

IV. adhere to and operate within their own organisation's 'whistle blowing' policy and support staff who raise concerns

12.4 All Staff & Volunteers

12.4.1 All staff have a responsibility to promote good safeguarding practice and promote the welfare of at risk adults and other staff. All staff are expected to demonstrate leadership, be informed about and take responsibility for actions (theirs and others) whilst providing services to at risk adults and their families or carers.

12.4.2 All staff should know the Safeguarding policy and procedures. All staff have a responsibility to be aware of issues of abuse, neglect or exploitation. All staff have a duty to act in a timely manner on any concern or suspicion that an adult who is vulnerable is being, or is at risk of being, abused, neglected or exploited.

12.4.3 All staff will, during their supervisions, cover any safeguarding concerns that they have and these will be recorded at the appropriate point in the supervision notes, with clear actions (and by whom) for dealing with the concern.

12.4.4 When a staff member has a safeguarding concern they should follow the procedures set out below for reporting and/or acting on that concern and should ensure that:

- the safety of the adult always takes priority
- they call the police and/or an ambulance where appropriate in situations where the abuse of the adult indicates an urgent need for medical treatment, or where there is immediate risk of harm indicating urgent action is needed to protect the person;
- where necessary they make a report to the police, and if a crime has been committed, ensure action is taken to preserve evidence. This could be where there has been a physical or sexual assault, especially if the suspect is still at the scene;
- share their concern with colleagues and seek advice and support unless colleagues are implicated in the abuse or to do so would cause delay in reporting the concern to their manager;
- they inform their line manager. If the line manager is implicated in the abuse then they should inform a more senior manager;
- they know what services are available and how to access help and advice for the adult;
- they know how and where to raise a safeguarding concern via Adult Social Care Direct where speaking to a manager would cause delay;
- they know that they must make a clear factual record of their concern and the action taken.

13.0 Recruitment:

13.1 Recruitment and DBS clearance. All staff who work directly with our clients are subject to an enhanced disclosure check from the Disclosure and barring Service prior to them being able to work with clients. For Recruitment Policy and Procedure see PERS 3 Recruitment & Selection

13.2 An advert should be placed sufficiently widely to elicit a good response after which a shortlisting process will be followed according to the requirements set out in the Job description and Personal specification. An interview should be conducted, and two satisfactory references sought, to assess an applicant's suitability prior to an offer of employment being made. References should be validated once received. On appointment staff serve a probationary period for performance monitoring.

13.3 Volunteers within projects are recruited within the same processes as those for paid members of staff. All volunteers working with adults at risk, children and young people must have a DBS check. See PERS 18 Volunteer Recruitment & Selection

14.0 Training

14.1 OCH will ensure that all staff who work with adults in our services, (and those who have access to sensitive information), will have induction and on-going training so that they understand their safeguarding responsibilities within OCH. This will include knowledge of the appropriate ways of responding to concerns and the appropriate personnel in place to report or discuss concerns and other matters with. Additionally, line management and supervisions are in place to appropriately support staff.

14.2 As part of every staff members induction to their role they are expected to read and understand safeguarding P & P's. Any clarification they need should be given by their line manager within their induction period.

14.3 OCH will ensure that Adult Safeguarding training is available on a regular basis and all new staff and volunteers are required to complete this. This will be either in house or via the training delivered through local authority accredited/endorsed training. These training courses are part of project staff's induction. Training will reflect the necessity for effective multi-agency and inter-professional working – both within OCH and with other organisations. The content and standard of this training will be delivered, or approved by, each Local Safeguarding Children Board/Adult Safeguarding Board.

14.4 Project based staff are expected to complete some safeguarding training each year to develop their knowledge and keep themselves abreast of developments in the field. Project Co-ordinators and Team Leaders will ensure this is monitored through each person's annual Personal Development Performance Review. Specific training for particular projects will also be available.

15.0 Monitoring

15.1 All OCH projects are reviewed annually, within which safeguarding processes and understanding of the staff team are reviewed, as well as looking at the proportion of staff who are reaching the training targets.

15.2 All line managers will complete a monthly Management Report submitted to the Relevant Director which will include any ongoing safeguarding cases.

15.3 The Strategic Safeguarding Lead will submit a report to the Safeguarding sub committee for each meeting reporting on safeguarding developments externally or internally, provide an overview of cases from the previous 6 months and highlight if there have been any allegations or enquiries into alleged abuse by staff or volunteers. They will report on progress and compliance with the safeguarding strategy and action plan and report.

15.4 The Strategic Safeguarding Lead will carry out an annual audit of OCH Safeguarding practice, processes and recording to ensure good practice is maintained. This will be followed by a development Plan for the following year. An audit report will be submitted to the Safeguarding sub committee.

The annual audit will cover the following area:

- Project Reviews - Monitoring and reviewing case management
- Review Risk Management prompt logs alongside client files
- Review Incident files
- Audit: Dip Sampling

- Audit: Central recording
- Training records of staff

Safeguarding Adults Procedures

1.0 Introduction

This Procedural guide has been developed to give staff, (including volunteers and students) clear guidelines to cover the following areas:

- What to do in the event of witnessing, suspecting or receiving information about abuse to adults at risk of harm.
- How to raise an alert and the responsibilities of the person doing it
- Factors to consider when raising an alert
- A clear framework regarding consultation with Line Managers and levels of responsibility.
- Guidance on recording Mechanisms.

1.1 With the introduction of the Care act the processes for reporting safeguarding concerns for Adults has changed significantly. Much of the duty lies with the Local Authority but staff should be fully aware of their own responsibilities in reporting and recording concerns, which are laid out below.
1.2 There are 4 key stages to the Safeguarding Adults process:

Stage 1: Safeguarding Concern
Stage 2: Enquiry
Stage 3: Safeguarding Planning Meeting (if applicable)
Stage 4: Quality Assurance

2.0 Stage 1: Safeguarding Concern
All staff (professionals and volunteers) involved with Adults with needs for care and support have a duty to raise a Safeguarding Concern. A Concern may be:

1. a direct disclosure by the Adult with needs for care and support
2. a concern raised by staff or volunteers, others service users or a member of the public
3. an observation of the behaviour of the Adult with needs for care and support, of the behaviour of another person(s) towards the Adult or of one service user towards another

2.1 When staff have a concern for an Adult they should:

- Ensure the protection of the Adult, taking into account immediate risk
- Report immediately to their line manager or the Designated Adult Safeguarding Manager (or Deputy), who is then responsible for taking action

2.2 When considering what action should be taken staff should consider:

- What does the Adult involved want to happen?
- Have they given their consent for a referral?
- Do they have mental capacity at the time of the event/concern?
- Gather initial information to clarify facts
- Consider reporting to police, if you suspect a crime has been committed
- Record information
- Raise Concern with Adult Social Care Direct [ASCD])

2.3. When a Concern is logged, the Local Authority Safeguarding team will clarify the basic facts, including who is involved in the allegation. This stage is not an investigation, but to

enable decisions about the level of risk and which process is to be followed. ASCD will satisfy themselves that they have gathered sufficient information to enable the Safeguarding Adults Team duty officer to make a decision about progress.

2.4 Abuse / neglect is reported to the local authority in which the abuse occurred, regardless of where the adult at risk may live or which local authority may fund their care.

2.5 Responsibilities of the person raising the Safeguarding Concern

1. Take immediate action
2. Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger
3. Where appropriate, dial 999 if there is need for emergency medical treatment
4. Consider contacting the police if a crime has been, or may have been, committed
5. Do not disturb or move articles that could be used in evidence, and secure the scene, for example, by locking the door to a room
6. If possible, make sure that other service users are not at risk.
7. Try to keep the person calm, by talking and attentively listening to them
8. If a child is also at risk contact the Referral and Assessment Team during working hours or the Emergency Duty Team if this occurs out of hours
9. Keep yourself and others safe.

In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means. Medical or specialist advice should be sought. If medical treatment is needed, an immediate referral should be made to the persons GP, Accident and Emergency (A&E) or a relevant specialist health team. If forensic evidence needs to be collected, the Police should always be contacted

2.6 Responding to an Adult who is experiencing, or at risk, of abuse or neglect

It will often be necessary for the person raising the concern to speak to the Adult. In particular, to understand what the adult wants to happen as a result of the concern that has been identified and to seek consent to share information. To do this the person raising the concern should:

1. Speak to them in a private and safe place and inform them of any concerns
2. Get their views on what has happened and what they would like done about it
3. Assure them that you are taking them seriously but do not give promises of complete confidentiality
4. Reassure them that they will be involved in decisions about what will happen
5. Give them information about the safeguarding adults process and how it could help make them safer
6. Where appropriate, ask the Adult if they consent to a Safeguarding Adult concern being raised. If consent has not been given and you need to override this decision, inform the Adult the reason for this
7. Consider whether or not the Adult has capacity to make informed choices about the way they want to live and the risks they want to take.
8. If they have specific communication needs, provide support and information in a way that is most appropriate to them
9. Do not be judgemental or jump to conclusions
10. Explain that you have a duty to tell your manager or other designated person (if appropriate)
11. Explain how they will be kept informed and supported

If it is felt that the adult may not have the mental capacity to understand the relevant issues and to make a decision, it should be explained to them as far as possible. They should also

be given the opportunity to express their wishes and feelings. Where the adult is not able to express their wishes or feelings, consideration will need to be given about consulting with others who could do this on their behalf (e.g. family member, advocate).

2.7 Ensuring further abuse does not occur after disclosure

It is vitally important that after a disclosure has been made that staff know how to respond to minimise the risk of further abuse taking place. Staff should follow the guidelines below.

In an emergency, everyone should follow the same steps:

- Make an immediate evaluation of the risk and take steps to ensure that the adult is not in immediate danger.
- If there is need for emergency medical treatment, dial 999 for an ambulance. If you suspect that the injury is non-accidental, alert the ambulance staff so that appropriate measures are taken to preserve possible forensic evidence. Wherever possible, establish with the adult at risk the action they wish you to take.

In discussing the issues with the adult you should also:

- Speak to them in a private and safe place to inform them of the concerns, making sure the alleged abuser is not present.
- Find out whether the adult would like to be accompanied by a trusted person.
- Ensure they have appropriate support to express themselves clearly, including an interpreter if necessary.
- Be clear what will happen with the information that the victim discloses.
- Obtain their views on what has happened and what they want done about it
- Provide information about the safeguarding adults process and how it could help to make them safer
- Ensure that they understand the parameters of confidentiality
- Explain how they will be kept informed, particularly if they have communication needs
- Consider how the abusive experience might impact on the ongoing delivery of services, particularly personal care arrangements and access arrangements
- Explore their immediate protection needs
- Contact the children and families department if a child is also at risk.
- As far as is possible, make sure that others are not at risk.

2.8 Informing a manager

Inform your line manager immediately:

1. If you are concerned that a member of staff has abused an Adult, you have a duty to report these concerns. You must inform your line manager
2. If you are concerned that your line manager has abused an Adult, you must inform a senior manager in OCH.
3. If you are concerned that an Adult with needs for care and support may have abused another Adult with needs for care and support, inform your line manager.

2.9 Mental Capacity Concern

Where staff have a concern for an adult service user with either an impairment of or disturbance in the function of the mind or brain they should use the following as a guide to support the adult.

2.9.1 Mental Capacity Assessment

Staff should always try and encourage the service user to access medical attention, if however they refuse for the following reasons (which is not an exhaustive list) then the following should apply:-

2.9.2 If a service user has a known/unknown medical condition and experiences a stroke/heart attack or becomes incoherent or confused or loses consciousness (for whatever reason) staff should ring for an ambulance immediately and then inform the project manager and designated safeguarding adult lead.

2.9.3. If that service user is responsible for a child at the time then the Project Team Leader and Children Services should be informed immediately (and possibly the police depending on the situation), especially if the child is subject to a plan. If possible 2 members of staff should stay with the child/baby until the ambulance/ social worker arrives. OCH management must be made aware of the situation. If staff are lone working then it would be advisable to keep the door of the room open to avoid any allegations.

2.9.4. If an adult service user takes an overdose of medication (especially Paracetamol) or has taken either an unknown/known substance and is still lucid but not co-operative or their presentation is concerning staff should ring for an ambulance as time is of the essence and allow the medical team to deal with the situation. – (the police could also be called if the situation begins to escalate or the service user refuses to go to hospital)

2.9.5 If an adult service user has consumed alcohol to the extent that staff are concerned that the service user is at real risk of alcohol related issues such as alcohol poisoning/or suffocation on vomit then staff should ring for an ambulance.

2.10 Where the Alleged Perpetrator is an Employee
In the first instance consider liaison with the police regarding the management of risks involved.

1. An immediate decision has to be made based on the Risk Assessment for the Suspension of Staff in Appendix 5. The employee has a right to know in broad terms what allegations or concerns have been made about them. Depending on the seriousness of the allegations the staff member concerned may be suspended on full pay pending further investigations. Suspension does not imply guilt. Suspension is a neutral act, not a sanction. Alternatives to suspension can be considered including leave of absence, transfer of duties or additional supervision.
2. Where suspension is being considered a meeting will normally be arranged with the staff member. Staff/volunteers have the right to be accompanied to the interview by a Trade Union representative or a friend. The meeting is ***not*** concerned with examination of the evidence but rather an opportunity to discuss possible suspension. In making the decision it is useful to bear in mind that investigations into abuse can sometimes be lengthy, and it will be appropriate to review the suspension from time to time throughout the process.
3. Ensure that any staff who has caused risk or harm is not in contact with service users and others who may be at risk, for example, whistleblowers.
4. Consider whether any allegations against employees in their work situation may place their family members, dependants or the public at risk. In such cases, referrals must be made to the relevant organisations/services (adults and children's) and consideration of referral to the police where there is an imminent risk of harm.
5. Where there is a risk to children contact should be made with the LADO within Children's Services. (see OP 1 Child Protection Policy)

2.11 Support offered to staff when an allegation has been made

Whether a staff member is suspended or not it is vitally important that staff/volunteers are supported throughout this process. OCH will ensure that staff are supported by:

1. Being given the name of a work contact, usually a line manager, who will keep them up to date about work activities outside of the investigation. Social contact with colleagues should not be precluded unless it is considered detrimental to any investigation. The type of information and frequency of contact should be agreed between the parties. The point of contact may keep the staff member up to date with the investigation where this has been agreed with the Safeguarding Co-ordinator.
2. Being advised to contact a Trades Union representative if they are a member of a Union.
3. Offered a counselling service and/or Occupational Health.

OCH recognises that having an allegation made against a staff member is a very stressful situation. Staff are strongly advised to contact their GP if they feel their health is being affected.

2.12 Individuals alleged to have caused harm: Where this is another Service User

1. Consider liaison with the police regarding the management of risks
2. Consider what actions should be taken including removing them from contact with the adult at risk. Arrangements should be put in place to ensure that the needs of the person causing harm are also met.

2.13 False/Unfounded/Malicious Allegations

Where an allegation is made against a member of staff that is clearly and demonstrably without foundation or malicious, no suspension will occur, and the decision and evidence will be recorded. Without foundation means that there is clear evidence to show that the person making the allegation clearly misinterpreted events, or misunderstood what they saw. Alternatively they may not have been aware of all the circumstances. A malicious allegation is where there is a deliberate attempt to deceive and there is clear evidence of this.

2.14 Making a record

It is vital that a written record of any incident or allegation of crime is made as soon as possible after the information is obtained, and kept by the person raising the concern. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident either as a victim, suspect or potential witness. The notes should be kept securely as it may be necessary to make records available as evidence and to disclose them to a court. You should make sure your record includes:

- date and time of the incident
- exactly what the Adult with needs for care and support said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- appearance and behaviour of the Adult with needs for care and support
- any injuries observed (complete a body map if appropriate)
- dated name and signature of the person making the record
- if you witnessed the incident, write down exactly what you saw. 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. Information from another person should be clearly attributed to them.

2.15 Making a decision not to raise a concern - If the Adult has mental capacity to make relevant decisions and does not consent to a Safeguarding Enquiry and there are no public

or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety.

2.16.1. Consideration must be given as to whether or not the decision to withhold consent is not made under undue influence, coercion or intimidation. Just because safeguarding adult procedures do not apply (e.g. because it has been determined that the adult does not have care and support needs, does not give consent or there is no abuse or neglect), does not mean that action should not be taken to manage the perceived risk. This could include but is not limited to:

- referral into another multi-agency system or procedure
- Health and/ or social care assessment
- safety planning with the adult
- signposting or advice to other services

2.16.2 A record must be made of the concern, any views of the Adult with care and support needs and of the decision not to raise the concern, with reasons. A record must be made of what information and support they were given or offered. This should be filed alongside the individuals safeguarding chronology on the OCH server.
2.16.3. Once the Concern has been passed on to Adult Social Care OCH staff are required to follow guidance provided by the Safeguarding Adults Manager.

3.0 Stage Two - Enquiry

3.1 Once a Concern has been raised with Adult Social Care Direct, they will in turn pass the referral onto the Safeguarding Adults Co-ordinator. It is their responsibility to determine what course of action should be followed. The first option is to open an Enquiry. The first priority of an Enquiry should always be to ensure the safety and wellbeing of the Adult. The objectives of an Enquiry should be to:

- establish facts
- ascertain the adult's view and wishes
- assess the needs of the adult for protection, support and redress and how they might be met
- protect from the abuse and neglect, in accordance with the wishes of the adult
- make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
- enable the adult to achieve resolution and recovery Upon receipt of the Safeguarding Concern, the Safeguarding Adults Team will lead on the Enquiry.

3.2 The Safeguarding Adults Coordinator for the Local Authority must determine whether or not the Adult is:

- over 18
- has care and support needs; and
- is at risk or experiencing abuse or neglect and as a result is unable to protect themselves

They then must consider what is the desired outcome of the Adult, whether Consent has been obtained, whether the Adult has Capacity and whether there is insufficient information to undertake an Enquiry, gather initial information and clarify facts

3.3 The referral pathway must be discussed with the Adult to ensure it supports them achieve the outcome that they want. Referral pathways could include:

3.3.1 Information, Advice and Guidance

Provision of information, advice and guidance The Safeguarding Adults Team will provide appropriate information, advice and guidance. This will be documented on the Enquiry record and the case closed.

3.3.2 Single Agency Referral Route

The Safeguarding Adults Co-ordinator, may request OCH carry out an internal investigation. Following the referral back to OCH (known as a Single Agency Referral) a lead officer will be identified and there is an expectation that we will provide feedback to the Safeguarding Adults Team within agreed timescales, depending upon the nature of the case, prior to the case being closed. There would also be an expectation that OCH would consult with the Adult to ensure that their desired outcomes have been considered and fulfilled where possible.

3.3.3. Multi-Agency Referral Route

Where a number of agencies are involved with the Adult there may be a referral to

- Multi-Agency Safeguarding Hub (MASH), MARAC or similar
- Progression to a Self-Neglect Enquiry
- Progression to a Planning Meeting (See Stage Three**)**

3.3.4. Reporting to the DBS and Charity Commission

Disclosure and Barring Service (DBS)

The Disclosure and Barring Service provides information on criminal records and barring decisions. It helps employers make safer recruitment decisions and prevent unsuitable people from working with adults at risk and children.

If a safeguarding concern involves staff or volunteers who've caused harm or posed a significant risk of causing harm to individuals, you should consider making a referral to the Disclosure and Barring Service. If staff or volunteers have been dismissed or removed from your organisation and you work directly with children and adults at risk, you must make a referral.

Read Disclosure and Barring Service referral information - https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs

Any decision to refer an incident to the DBS will be taken by the executive team.

The Charity Commission

The Charity Commission requires any registered charity to report 'serious incidents'. OCH must report to the Charity Commission if any safeguarding concerns have resulted or could have resulted in harm. This includes some situations where our own policies or procedures have not been followed properly. If those breaches have put people who come into contact with the OCH through our work at significant risk of harm, we must report them even if no actual harm occurred.

What needs to be reported depends on the context of a charity, taking account of its staff, operations, finances and/or reputation. A report should always be made where the level of harm to the victims and/or the likely damage to the reputation of or public trust in OCH is particularly high.

The responsibility for reporting serious incidents rests with the charity's trustees. In practice, this may be delegated to someone else within the charity, such as the CEO or DSL. OCH must ensure that we follow any protocol for delegated authority to report to the Charity Commission. If in doubt, we must ensure that trustees have authorised the report.

Upon receipt of a report, the role of the Charity Commission must:

- focus on the conduct of the trustees
- focus on steps the trustees have taken to protect the charity
- consider what the trustees have done to make sure they're compliant with their legal duties and responsibilities towards the charity in managing safeguarding concerns.

Even if the incident is not illegal or there is no police investigation, the Charity Commission may still have serious concerns about the charity, the conduct of its trustees or its safeguarding systems. They will be looking for reassurance that our organisation has taken steps to limit the immediate impact of the incident and, where possible, prevent it from happening again. They may undertake an investigation and decide how to respond on the basis of evidence collected.

Read The Charity Commission guidance on reporting serious incidents. - https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity

Any decision to refer an incident to the charity commission will be taken by the board of trustees in consultation with the executive team.

4.0 Stage Three - Safeguarding Planning Meeting

4.1 One of the referral routes applicable within the Enquiry stage for the Safeguarding Adults Co-ordinator to consider is to progress to a Safeguarding Planning Meeting. These are only applicable if:

- Significant / Critical harm
- No clear referral pathways
- Multi-Agency Interventions are required

4.2 The purpose of the Safeguarding Planning Meeting is:

- discuss findings of the Enquiry
- to coordinate the collection of relevant additional information pertaining to the abuse or neglect from the meeting attendees
- agree the scope of any safeguarding action or investigation
- to agree a multi-agency Safeguarding Plan

4.3 Attendance at the Safeguarding Planning Meeting will be limited to those who can share information about the Concern and who can contribute to the decision-making process. This may include OCH staff who have had a role in investigating the allegation of abuse or neglect. It is expected that they will be of sufficient seniority to make decisions within the meeting concerning OCH's role and resources to be contributed to the agreed Safeguarding Plan.

4.4 Review Meetings - The Safeguarding Adults Co-ordinator is responsible for ensuring that review meetings are held at least once every three months until all actions are completed and an appropriate outcome is reached.

5.0 Stage Four - Quality Assurance

After cases have progressed through the Enquiries and Planning Meeting stages and have been closed a Quality Assurance process should be followed to ensure:

- The views of Adult have been central to the process
- Appropriateness of decision making
- Data recording is of a suitable standard
- Partnership Lessons Learned are captured

All cases must be Quality Assured by a Senior Officer within the same organisation as the Safeguarding Adults Manager so occasionally OCH may be required to undertake one of these.

6.0 Case Closure

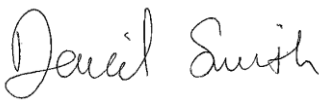
The Safeguarding Adults process may be closed at any stage. This may be because:

- the Adult does not give consent for the Enquiry to progress
- the Adults desired outcomes have been met as far as is possible
- risks are managed as far as they possibly can be
- it is agreed that no further actions are required

6.1 Actions on closing

It should be ensured that on conclusion of the process:

- all actions, evidence and decisions are completed
- all records are completed
- case records within OCH contain all relevant information and are completed to a satisfactory level
- the Adult knows that the process is concluded and where/who to contact if they have any future concerns about abuse or neglect
- all those involved with the person know how to re-refer if there are renewed or additional concerns

Policy No: OP 14			
Prepared by:	Phil Conn	Approved by:	David Smith
Signature		Signature	
Job Title	Director of Programmes & Adult Safeguarding Lead	Job Title	Chief Executive
Date	April 2021	Date	April 2021
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