



Person(s) Responsible For Dealing with Safeguarding Issues:

Eileen McMaster – Trustee - 0191 4600297

Eric Hall – Shop Manager – 0191 4778337

In the event that a safeguarding issue relates to your safeguarding contacts, report issues to Bernadette Gill, 0191 4900945.

Safeguarding Adults from Abuse

Section 1 - Policy

Policy Statement

Living a life that is free from harm and abuse is a fundamental right of every person. All of us need to act as good neighbours and citizens in looking out for one another and seeking to prevent the isolation which can easily lead to abusive situations and put adults at risk of harm.

When abuse does take place, it needs to be dealt with swiftly, effectively and in ways which are proportionate to the issues and where the adults in need of protection stays as much in control of the decision making as is possible. The rights of the individual to be heard throughout this process are a critical element of the drive towards more personalised care and support.

All staff, in whatever setting and role, are in the front line in preventing harm or abuse occurring and in taking action where concerns arise. The policy and procedures set out here are designed to explain simply and clearly how we should work together to protect adults at risk. The target audience is management, staff and volunteers.

Introduction

Protecting adults at risk represents the commitment of our organisation to work together to safeguard adults at risk. The procedures aim to make sure that:-

- The needs and interests of adults at risk are always respected and upheld

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- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse

The procedures aim to make sure that each adult maintains:-

- Choice and control
- Safety
- Health
- Quality of life
- Dignity and respect.

Practice Guidance

- Services provided should be appropriate to the adults at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture or lifestyle.
- The primary focus/point of decision making should be as close as possible to the adult at risk and individuals must be supported to make choices.
- Staff have a duty to report in a timely way any concerns or suspicions that an adult at risk is being, or is risk of being, abused.
- Actions to protect the adult from abuse should always be given high priority. Concerns or allegations should be reported without delay and given high priority.
- Dignity, safety and wellbeing of service users should be made priority at all times.
- If the person allegedly causing harm is also an adult at risk their support needs must be addressed
- Staff will understand their role and responsibilities in regard to these policy and procedures.
- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law.
- Organisational internal procedures which relate to this policy, including complaints and in respect of support to staff who raise concerns (whistleblowing) comply with the Public Interest Disclosure Act 1998 and must be referred to in appropriate instances.
- Our organisation will ensure that all staff and volunteers are familiar with the policies relating to safeguarding adults, know how to recognise abuse and how to report and respond to it.
- We will ensure staff and volunteers have access to training that is appropriate to their level of responsibility and will receive clinical and/or management

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supervision that affords them the opportunity that reflect on their practice and the impact of their actions on others.

- Action taken under these procedures does not affect the obligations to comply with our statutory responsibilities such as notification to regulatory authorities under the Health and Social Care Act 2008 or to comply with employment legislation.

Definition of Adult at Risk

An adult as risk is:-

“An adult aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation” (DH, 2000).

An adult at risk may therefore be a person who:-

- Is elderly or frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability and/or a sensory impairment
- Has mental health needs
- Has a long term illness/condition
- Misused substances or alcohol
- Is a carer such as a family member/friend who provides personal assistance and 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 and informed decision about themselves.

(This list is not exhaustive)

This does not mean that just because a person is old or frail or has a disability that they are inevitably ‘at risk’. For example, a person with a disability who has the mental capacity to make decisions about their own safety could be perfectly able to make informed choices and protect themselves from harm. In the context of safeguarding adults, the vulnerability of the adult at risk is related 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 be vulnerable.

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An adults at risk’s vulnerability is determined by a range of interconnected factors including their personal characteristics, factors associated with their situation or environment and social factors. Some of these are described below.

Factors Determining Vulnerability

Personal Characteristics of the Adult at Risk that Increase Vulnerability may include:	Personal Characteristics of the Adult at Risk that Decrease Vulnerability may include:
<ul style="list-style-type: none"> • Not having mental capacity to make decisions about their own safety • Communication difficulties • Physical dependency for personal care • Low self esteem • Experience of abuse 	<ul style="list-style-type: none"> • Having mental capacity to make decisions about their own safety • Good physical and mental health • No communication difficulties or if so, having the right equipment/support • No physical dependency or if needing help, able to self-direct care • Positive former life experiences • Self confidence and high self esteem.
Social/Situational Factors that Increase the Risk of Abuse may include:	Social/Situational Factors that Decrease the Risk of Abuse may include:
<ul style="list-style-type: none"> • Being cared for in a care setting that is more or less dependent on others • Not getting the right amount or the right kind of care that they need • Isolation and social exclusion • Stigma and discrimination • Lack of access to information and support • Being the focus of anti-social behaviour 	<ul style="list-style-type: none"> • Good family relationships • Active socially • Able to participate in the wider community • Stigma and discrimination • Good knowledge and access to the range of community facilities • Remaining independent and active • Access to sources of relevant information

Abuse

For the purpose of this policy and procedure the term abuse is defined as:-

“...a violation of an individual’s human and civil rights by any other person or persons which result in significant harm.” (DH 2000)

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Abuse may be:-

- A single act or repeated acts
- An act of neglect or a failure to act
- Multiple acts

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 or residential centres, supported housing, educational establishments, or in nursing homes, clinics or hospitals.

A number of abusive acts are crimes:-

- Significant harm including forms of ill treatment which are not physical
- Physical harm including restraint
- Sexual abuse
- Psychological/emotional abuse
- Financial abuse
 - Theft, fraud and exploitation
 - Undue pressure in connection with wills, property, inheritance or financial transaction
 - Misuse of property, possessions or benefits
 - Misuse of enduring power of attorney
- Neglect
- Discriminatory abuse
- Institutional abuse occurring in any setting providing health and social care

Key Considerations

Self-neglect

The relationship between self-neglect and safeguarding is contested within the UK, in part because the current definition of abuse specifies harmful actions by someone other than the adult at risk. There may however be individual cases that warrant consideration for progressing through safeguarding for example if a person lacks capacity.

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If in doubt, contact the Adult Social Care Direct team within Gateshead Council for advice.

Hate Crime

The impact of hate crime on an individual and their family can be devastating, affecting social, psychological and physical wellbeing. Where individuals are targeted because of personal characteristics 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.

The most commonly used definition of hate crime is that agreed by the Association of Chief Police Officers and the Crown Prosecution Service which states:

“Hate crimes and incidents are taken to mean any crime or incident where the perpetrators hostility or prejudice against an identifiable group of people is a factor in determining who is victimised.”

Individuals may be targeted because of their actual or perceived:

- Disability
- Gender
- Race or ethnicity
- Religion or belief
- Sexual orientation
- Or a combination of these

Individuals may also be targeted due to other issues which identify them as different. 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

The police and other organisations work together to intervene under safeguarding adults policy and procedures to ensure a robust, coordinated and timely response to situations where adults at risk become target for hate crime.

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Domestic Abuse

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

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

“Coercive behaviour” is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

Whatever form it takes, domestic abuse is rarely a one-off incident and should be 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 or geography. The figures show, however, that it consists mainly by men against women.

Effective safeguarding is achieved when organisations share information to obtain an accurate picture of the risk and then work together to ensure the safety of adults at risk is prioritised. The abusive partner should not be informed of any disclosures.

Forced Marriage

A forced marriage is a marriage that is performed under duress and without the full and informed consent or free will of both parties.

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

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involved. Duress can include physical, psychological, sexual financial and emotional pressure. Guidance recommends that cases involving forced marriage are best dealt with by child protection or adult protection specialists.

In a situation where there is concern that an adult at risk is being forced into marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provision and the safeguarding adults process. In this case action will be co-ordinated with the police and other relevant organisations.

Allegations Against Carers who are Relatives of Friends

It is important to remember that adults at risk may be abused by a wide range of people including relatives and family members. It is always essential to remain open minded when responding to allegations and be aware of the potential impact on carers when allegations are subsequently deemed to be unfounded.

In cases where unintentional harm has occurred this may be due to lack of knowledge or due to the fact that the carer's own physical or mental needs make them unable to care adequately for the adult at risk. The carer may also be an adult at risk. In this situation the aim of safeguarding adults work will be to support the carer to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. It is important to ensure that the views of the alleged perpetrator are sought and that consideration is given as to their involvement in future care planning if they are to remain the carer.

Abuse of Trust

A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. There is a particular concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and wellbeing of a person at risk who in many cases could be dependent on their care. There is always a power imbalance in a relationship of trust.

Where the person who is alleged to have caused harm is in a position of trust with the adult at risk, they may be deterred from making a complaint or taking action out of a sense of loyalty, fear of abandonment or other repercussions.

Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are a member of staff, paid employee, a paid carer, a volunteer or a manager or proprietor of our organisation,

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we will invoke our disciplinary procedures as well as taking action under safeguarding adults policy and procedures.

If the person alleged to have caused the abuse is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, in many cases the policy and procedures will be used to ensure that adults at risk receive the services and support they may need.

In all cases, consideration should be given to issues of consent, confidentiality and information sharing.

Roles and Responsibilities

In its broadest terms, safeguarding is everybody's business. Adult abuse can happen to anyone, anywhere and responsibility for dealing with it lies with us all as public, volunteers and employees.

Everyone – all staff and volunteers

The first priority should always be to ensure the safety and protection of the adult at risk.

All staff and volunteers should know about the policy and procedures. All staff and volunteers who have contact with adults at risk have a responsibility to be aware of issues of abuse, neglect or exploitation. All staff and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult who is vulnerable in being, or is at risk of being, abused, neglected or exploited and to ensure that the situation is assessed and investigated.

Staff and volunteers should:

- Be aware that they must call the police and/or 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
- Be authorised to 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 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 a manager

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- Know they must inform their line manager. If their line manager is implicated in the abuse then they should inform a more senior manager.
- Know what services are available and how to access help and advice for the adult by contact Adult Social Care Direct
- Know how and where to make a direct referral to Adult Social Care Direct where speaking to a manager would cause delay.
- Know that they must make a clear factual record of their concern and the action taken.

Manager (Bernadette Gill) should:

- Ensure the alleged victim is made safe
- 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
- Ensure that appropriate information is provided in a timely way
- 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
- Operate safe recruitment practices and routinely take up and check references
- Adhere to and operate within their own organisations' 'whistle blowing' policy and support staff who raise concerns.

Managers must fulfil their legal obligations under the Vulnerable Groups Act 2006 and refer to the Disclosure and Barring Service where appropriate. Managers have responsibility for making checks on and referring staff and volunteers who have been found to have harmed and adults at risk or vulnerable adult at risk of harm.

Managers in health settings should report concerns as a serious incident in line with procedures, and a decision must be made whether the circumstances meet the criteria for referral to the Safeguarding Adults process in line with the policy and procedures.

Responsibilities to those who are alleged to have caused the harm

Adults who are alleged to have abused an adult at risk have the right to be assumed innocent until the allegations against them are proven on the evidence. Whether they are a member of staff, a volunteer, a relative, a carer or another service user they also have the right to be treated fairly and their confidentiality respected.

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Arrangements for Managing Safeguarding Adults

Information Sharing

Effective and structured sharing of information between partners has the ability to inform planning, allow for an understanding of trends and patterns of activity to be developed, to respond to emergencies and disasters appropriately, and to intervene and support the lives and safety of individuals, families and communities.

In a world of increased information gathering and recording, individuals and organisations have a moral and statutory responsibility to share information carefully and responsibly.

Organisations involved in providing services to the public have a legal responsibility to ensure that their use of personal information is lawful, properly controlled and that an individual's rights are respected. This must however be balanced with the need to share information to provide safe quality services, to protect individuals and the wider public and the protection of those individual's confidentiality.

Uncertainty over the legal position may lead to information not being readily available to those who have a genuine need to know in order for them to do their job properly and provide the services required to safeguard adults at risk.

Whistle Blowing Guidance

It is the legal duty of every employee that works with adults at risk to report potential or actual abuse. This does not make the process comfortable or easy. Strong group cultures may be acting against the whistleblower. Therefore it is the responsibility of the employer to promote openness among staff and promote this process, taking the lead in giving clear priority to the protection of adults at risk.

Processes which empower staff to voice concerns about the practice they encounter is in place and can be found within the Code of Conduct and Whistle Blowing policies. Any complaints received from any source will be handled in line with the complaints procedure and our policies and procedures regarding record keeping and confidentiality can be referred to for additional guidance on recording and storage of records.

Risk Assessments

Risk assessments carried out also include assessment of risk of abuse, neglect and exploitation of people using the services. Assessment of risk is ongoing and reviewed regularly so that adjustments can be made in response to changes in

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levels and nature of risk. The primary aim of a safeguarding adults risk assessment is to assess:-

- Current risk that people face
- Potential risks they and other adults may face

A safeguarding adults risk assessment will determine:

- What the actual risks are – the harm that has been or may be caused and the level of severity of that harm and the views and wishes of the adult at risk
- The person's ability to protect themselves
- Who or what is causing the harm
- Factors that contribute to the risk (person, environmental etc)
- Relationships that result in increased or decreased risk
- The risk of future harm from the same source

A plan to manage the identified risk and to put in place protection measures will include:-

- What action must be taken immediately to protect the person at risk
- What needs to be in place to meet the need for an interim protection plan
- What measures need to be taken to address risks that are caused by the setting which is providing care to the person at risk
- What needs to be put in place to meet the ongoing support needs of the person at risk

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Section 2 – Procedures

Introduction

The six key stages of the safeguarding adults process are as follows:

1. Alert
2. Referral decision
3. Strategy
4. Case conference
5. Review
6. Quality assurance

Foundations Furniture are part of the alerting process.

Stage	Actions for Consideration	Responsibility	Timescale
Stage 1 Alert Raise an alert via Adult Social Care Direct	<ul style="list-style-type: none"> • Act to protect adult at risk • Deal with immediate needs • Report to relevant manager • Consider reporting to police, if a crime • Gather initial information to clarify facts • Record • Raise alert via Adult Social Care Direct <p>Take any immediate action to identify and address the risk.</p>	Everyone with a duty of care within the organisation	Immediate, if emergency Or Within same working day (this should be within four hours)

Alerting refers to the duty of all staff and volunteers of any service involved with adults at risk to raise a safeguarding alert with Adult Social Care Direct at Gateshead Council. An alert will place the information about the concern in a multiagency context on Gateshead Council’s Care First System.

Alerts can also be made by people who are not managers, staff or volunteers of an organisation, including family members, neighbours and the adult at risk themselves.

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Taking Immediate Action

Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger:

- Where appropriate, dial 999 for an ambulance if there is need for emergency medical treatment
- Consider contacting the police if a crime has been or may have been committed
- 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
- If possible, make sure that the other service users are not at risk

Responding to an Adult at Risk who is Making a Disclosure

- Assure them that you are taking them seriously
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage
- Do not give promised of complete confidentiality
- Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them
- Reassure them that they will be involved in decisions about what will happen
- Explain that you will try to take steps to protect them from further abuse or neglect
- If they have specific communication needs, provide support and information in a way that is most appropriate for them
- Do not be judgemental or jump to conclusions

Consider the Alleged Perpetrator

If the Alleged Perpetrator is an Employee

- Consider liaison with the police regarding the management of risks involved
- An immediate decision has to be made based on the organisations procedures for suspensions of staff and/or removal to another area of work. The employee has a right to know in broad terms what allegations or concerns have been made about them
- If no reasonable alternative can be found, suspension can be the only option, but lengthy suspensions during investigations should be reviewed to see if an alternative is possible where the investigation can allow this.

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- Ensure that any staff or volunteer who has caused risk or harm is not in contact with service users and others who may be at risk, for example, whistle blowers.
- Consider whether any allegations against employees in their work situation may place their family members, dependents or the public at risk. In such cases, referrals must be made to relevant organisations/services and consideration of referral to the police where there is an imminent risk of harm.

If the Alleged Perpetrator is a Service User

- Consider liaison with the police regarding the management of risks involved
- If the person causing harm is another service users, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met.

Informing a Manager

- Inform you line manager immediately
- If you are concerned that a member of staff has abused an adult at risk, you have a duty to report these concerns. You must inform your line manager.
- If you are concerned that your line manager has abused an adult at risk, you must inform a senior manager in your organisation or another designated manager for safeguarding adults
- If you are concerned that an adult at risk may have abused another adult at risk, inform your line manager.

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 must be kept as safe as it may be necessary to make records available as evidence to disclose them to a court.

You must make sure your record includes:

- Date and time of the incident
- Exactly what the adult at risk said, using their own account about the abuse and how it occurred or exactly what has been reported to you

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- Appearance and behaviour of the adult at risk
- Any injuries observed
- 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.

Policy Links: Lone Working, Risk Assessment, Health and Safety and Gateshead Multi-Agency Safeguarding Adults from Abuse Policy and Procedures.

Latest Policy Review: February 2022

Next Review Date: February 2024

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