

INTEGRATED NEUROLOGICAL SERVICES (INS)

SAFEGUARDING ADULTS POLICY

POLICY REFERENCE NUMBER	Safeguarding Adults
APPROVAL COMMITTEE (S)	DATE
Clinical committee	Feb 2023
NEXT REVIEW DATE	Feb 2024

ACCOUNTABLE SENIOR MANAGER**Chief Executive Officer/Clinical Lead****POLICY AUTHORS****Chief Executive Officer/Clinical Lead**

Introduction

Integrated Neurological Services (INS) is a charity based in West London supporting adults with neurological and other long-term conditions and their carers. Our service delivers face to face, telephone and online services to individuals using a mixture of trained staff and volunteers. Face to face services are delivered at our venue in Twickenham, third party venues and individual's home.

INS are committed to safeguarding and promoting the welfare of the clients in our services. We believe that individuals should be able to live a life free from abuse and neglect regardless of gender, ethnicity, disability, sexuality or beliefs and have their rights and choice respected. **This policy applies to staff (permanent and bank), trustees, volunteers and contractors. For the purpose of this document, employees, bank workers, agency staff, interim staff and volunteers will be known under the general term 'staff'.**

All people have the potential to abuse others and it occurs in all races, cultures and social classes. It is also important to consider that someone who abuses an individual could be a member of their immediate or extended family, a friend, a neighbour or stranger to them or a member of staff. Abuse can happen anywhere, for example, in a care home, in hospital, in someone's own home, in college or in a public place. It can take place when an adult lives alone or with others.

It is therefore essential to remain alert to the possibility that abuse 'can happen here' and consequently staff are required to adopt an approach that is professional, open minded and that respectfully takes action in order to facilitate an appropriate response in line with safeguarding procedures.

1. Purpose

The aim of this procedure is to provide a clear framework for how we promote individuals' wellbeing, prevent harm and reduce the risk of abuse or neglect. It ensures that concerns are handled sensitively, professionally and in ways that support the needs of the individual. It provides clear direction to staff and others about their duty of care to all individuals, and how to act accordingly.

2. Roles and responsibilities

All staff have a duty to identify, and report concerns about the safety of an adult at risk – SAFEGUARDING IS EVERYONE'S BUSINESS

It is the expectation that all staff, regardless of their position, have access to the INS safeguarding policy and procedures and will familiarise themselves with the content and comply with these at all times.

Safeguarding lead for organisation: Chief Executive/Clinical Lead - Sarah Vines

Responsibility committee: Clinical committee

Safeguarding lead Trustee/ Chair of Clinical Committee - Sue Stevens

3. Legal Framework

The Care Act 2014

Health and Social Care Act 2008

Mental Capacity Act and Code of Practice 2005

Safeguarding Vulnerable Groups Act 2006

Human Rights Act 1998

Equality Act 2010

Protection of Freedoms Act 2012

4. Local Framework

Safeguarding at INS adopts the Pan-London approach and refers to the London Safeguarding Policy saved in the Policies and Procedures file.

<https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>

5. Recognising adult abuse and neglect

It is not always easy to recognise when an adult is being abused and/or neglected and often there will be other explanations for the signs you may see and interpret as indicators of abuse. However, abuse and neglect can cause significant harm and therefore any concerns must be raised as soon as possible.

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. In order to see these patterns, it is important that information is recorded and appropriately shared.

5.1 Definition – Safeguarding

The Care Act (2014) defines Safeguarding as follows:

‘Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. Safeguarding involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

5.2 Definition - Adult at Risk

This is defined in the Care Act (2014) as a person who is 18 years or older and who meets the following criteria:

- has needs for care and support (whether or not the local authority is meeting any of those needs),
- is experiencing, or at risk of, abuse or neglect, and
- because of their care and support needs, the adult is unable to protect him or herself from either the risk of, or the experience of, abuse.

It is essential to understand that adults have a legal right to make decisions about their own lives. If the adult is not the person raising the safeguarding concern, wherever possible

every effort should be made to seek their views and agreement regarding this. At the earliest opportunity establish their views including:

- Whether they see the issue as a cause for concern or not
- What they want to happen, if anything, including any actions they might want taken or may want to take themselves or not take: if the adult agrees that a safeguarding concern should be raised, what they want to be achieved from this and if they do not agree the reasons for this

However, there are 3 main factors which may affect an adult's right to control the decision regarding whether a safeguarding concern is shared with the local authority and other appropriate agencies, or not:

- The adult lacks capacity to give consent
- Irrespective of whether the adult has capacity to give consent, action may need to be taken if others (children or adults) are, or may be, at risk of abuse or neglect
- Where it is in the public interest to take action because a criminal offence has occurred.

Where an adult with capacity to make an informed decision about their own safety does not want any action taken, this does not override a professional's responsibility to raise a safeguarding concern and to share key information with relevant professionals in the circumstances outlined above.

5.3 Key principles

The following six principles underpin all adult safeguarding work and should inform practice with all beneficiaries of INS:

- **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. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** - Accountability and transparency in safeguarding practice

5.4 Prevent

"Prevent" is a key part of the Government's Counter Terrorist Strategy, CONTEST. It is the preventative strand of the strategy and its aim is to stop people becoming terrorists or supporting terrorism. It is well documented that more vulnerable people can be at greater risk of being radicalised. Indicators for vulnerability to radicalisation include:

- Family tensions
- Sense of isolation
- Migration
- Distance from cultural heritage
- Experience of racism or discrimination
- Feeling of failure

5.5 Types of Abuse

The Care Act outlines the different types and patterns of abuse and neglect, and the different circumstances in which they may take place. The Care and Support statutory guidance identify the following main types of abuse, however this list is not exhaustive, and you must always report your concerns.

Physical Abuse

This may be defined as 'non-accidental infliction of physical force that results in bodily injury, pain or impairment. Examples included assault, hitting, slapping and pushing, misuse of medication, restraint or inappropriate physical sanctions.

Signs that indicate physical abuse may have taken place include:

- bruises, broken bones, open wounds and black eyes
- any injury for which there is no adequate explanation
- burns of any shape or size
- incorrect administration of medication
- weight loss
- injuries which are untreated or inadequately treated

Psychological Abuse

Can include emotional abuse, threats of harm or abandonment, deprivation of contact with others, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Signs that indicate psychological abuse may have taken place:

- Sudden changes in behaviour such as anger, aggressiveness, confusion, agitation, fear or helplessness
- High levels of anxiety, withdrawal or unhappiness

Financial or material abuse

Can include theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connections with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

Signs that indicate financial or material abuse may have taken place:

- Change in living conditions
- Lack of heating, clothing or food
- Inability to pay bills/unexplained shortage of money
- Unexplained withdrawals from an account
- Unexplained loss/misplacement of financial documents
- The recent addition of authorised signers on a client's or donor's signature
- Sudden or unexpected changes in a will or other financial documents
- "Cuckooing" befriending and using a person's home for criminal activity.

Sexual Abuse

Direct or indirect involvement in sexual activity without valid consent (this can include when an adult has not or cannot consent or was pressured into consenting). Can include rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts.

Signs that indicate sexual abuse may have taken place:

- Pain, itching, bruising or bleeding in the genital or anal areas
- Sexually transmitted diseases
- Urinary tract infections or genital discharge
- Stained, torn or bloody underclothing

Discriminatory Abuse

This can occur when values, beliefs or culture results in a misuse of power that denies opportunity to some groups or individuals. Includes forms of harassment, slurs or similar treatment because of race, gender identity, age, disability, sexual orientation, or religion.

Signs that indicate discriminatory abuse may have taken place include:

- Unequal treatment
- Inappropriate use of language
- Harassment
- Deliberate exclusion
- Verbal abuse

Neglect and acts of omission

Includes ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

Signs that indicate neglect and acts of omission may have taken place include:

- Weight loss
- Inadequate clothing which may be dirty or damaged and offers no protection from the weather
- Condition of home is squalid, unhygienic or dangerous
- Constantly tired or lacking in energy
- Incorrect administration of medication

Self-neglect

This is the inability (intentional or non-intentional) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their community.

Signs that indicate self-neglect may have taken place include:

- Poor personal hygiene
- Unkempt appearance
- Malnutrition and/or dehydration
- Hoarding
- Inability or unwillingness to take medication or treat illness or injury

Organisational Abuse

This occurs when an organisation's systems and processes, and/or management of these, fails to safeguard a number of adults leaving them at risk of, or causing them, harm. Also includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a person's own home.

Signs that indicate organisational abuse may have taken place include:

- Lack of individualised care
- Inappropriate use of rules
- Lack of flexibility and choice for people using the service

Domestic Abuse

This is 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, and emotional. Includes so called 'honour' based violence, female genital mutilation and forced marriage.

Modern Slavery

Includes exploitation in the sex industry, forced labour, domestic servitude in the home and forced criminal activity. These types of crime are often called human trafficking.

Hate crime

This is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

Mate crime

This happens when someone is faking a friendship in order to take advantage of a vulnerable person. A 'mate' may be a friend, family member, supporter, paid staff or another person with a disability.

5. Confidentiality and information sharing

When there are concerns raised about an individual's welfare, INS may need to share information and work in partnership with other agencies. A disclosure from an adult about a concern or allegation must not be discussed with another member of staff unless specifically needed for liaison and safeguarding purposes, and under the direction of the Safeguarding Lead/Registered Manager.

Sensitive information about an adult at risk does sometimes need to be shared both inside and outside the organisation. This may include an individual's Social Worker, Care Manager or funding authority. The purpose of this will always be to safeguard the individual from harm and to meet statutory requirements.

6. Working with families

It is good practice regarding general care and health issues for all staff to work in close partnership with families of the clients. However, in certain Safeguarding situations, concerns cannot be discussed without advice from the local Safeguarding Adults Team to ensure that doing so does not put an individual at greater risk.

Information sharing with families is also impacted upon by the requests and views of the person. Where the person has the capacity to decide that they do not want their parents/families informed about a concern, the INS will respect this choice, unless there are clear reasons why this cannot be upheld.

Although INS do not work directly with children, children may be living within households we visit or may be involved in care. Safeguarding of children is covered under INS Safeguarding of Children Policy. As part of the Richmond Carers Hub, INS will also seek advice regarding child carers from Richmond Carers Centre.

If an accusation or concern is made regarding a member of the INS team towards a child, the trustees have a responsibility to inform the Local Authority Designated Officer of the relevant borough.

Richmond:

<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/media/upload/fck/file/LADO%20Leaflet%202017.pdf>

Hounslow: <https://www.hscb.org.uk/>

7. Procedure for reporting adult abuse concerns

A concern may arise by:

- A direct disclosure by the adult
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public
- An observation of the behaviour of the adult, of the behaviour of another person or persons towards the adult at risk or of one adult towards another

7.1 Initial Reporting

After ensuring the individual is safe from any immediate harm (and intervening where necessary and possible to stop further harm), you must:

- **Immediately** inform the Manager on duty and/or the Safeguarding Lead
- Record the incident detailing what you have been told or witnessed ensuring as much detail as possible is included. A body map may also be required.
- **Staff do not have a responsibility to assess or investigate but to receive, record and refer.**

If the allegation is against the Safeguarding Lead, immediate contact should be made with the chair of trustees or chair of the clinical committee.

The safeguarding lead will:

- Gather the initial facts to inform decision making
- Ensure that measures are in place to minimise any further 'potential' risk
- Consider whether to suspend an employee if an allegation is made about them
- Discuss with the individual, seeking their consent as required and identify the desired outcome
- Contact the local safeguarding adults' team.

7.2 Immediate action to safeguard adults.

If there is a possibility that an adult may be in immediate danger or if there is evidence that a criminal offence has been committed, you must act without delay. Contact the police, call 999 for emergencies or 101 for non-emergencies.

7.3 Notification about concern

The Safeguarding Lead will:

- Inform local safeguarding team
- Inform the Chair of clinical committee and chair of trustees

7.4 Next steps

Where there is a concern that a crime has been committed, the police will be contacted, and they will decide whether a criminal investigation will take place.

If the incident involves an INS member of staff, an internal investigation will always take place after an external investigation so that INS can determine whether any internal actions are required (such as under the Disciplinary policy) or whether any changes need to be made.

INS Trustees will need to consider whether serious incidents meet the reporting criteria as defined by Charity Commission and notify as required.

8. Support

Clients are able to receive further support from our counselling team following consultation with INS and wider statutory services.

Staff have individual supervision and support sessions with a line manager where they will be offered support and have the opportunity to discuss any safeguarding concerns they may have. Any staff in a safeguarding investigation will be made aware of the services available through the Employee Assistance Programme.

9. Recruitment

All offers of employment and volunteering at INS are subject to satisfactory references, confirmation that the person is fit to work and the required level of Disclosure. Each position is subject to a probation period. Further information is detailed in INS Safer Recruitment and Vetting Policy.

10. Ongoing checks

All client facing staff will have a DBS check every 2 years. Staff will be encouraged to register for the update service.

11. Training

All staff (contact staff, non-contact staff, Trustees, volunteers etc.) are required to complete Adult Safeguarding Awareness Level 1 training on induction. This must be refreshed annually.

Client facing staff must achieve Level 2. This must be refreshed every year.

The safeguarding lead and safeguarding trustee must achieve Level 3 Adult Safeguarding Training. This must be refreshed every 2 years.

Equivalent levels of training undertaken by individuals within other organisations will be accepted on provision of an in-date certificate.

INS will provide access to training via NHS or local authority online platforms. Updates may be provided by face to face/zoom.

12. Whistleblowing

INS has a whistleblowing policy which all staff should be made aware of. The policy is provided to reassure staff that it is safe and acceptable to speak up and raise any concern about malpractice/wrongdoing at an early stage and in the right way in line with the Public Interest Disclosure Act 1998.

13. Visitors/contractors

All visitors/contractors to the services must sign in when they arrive and carry an ID badge with them. All INS staff must challenge anyone who is trying to gain access to services without ID. Visitors/contractors to Regulated services should be supervised (based on risk assessment) whilst they are in the service.

14. Monitoring

All adult abuse concerns are recorded on the internal reporting system and signed off by a Senior Manager.

Information is compiled and recorded for quarterly Clinical Committee meetings. Any concerns will be discussed and reviewed.

Safeguarding Policy and Procedures will be reviewed on an annual basis or in required due to legislation change.

15. Associated INS Policies and Procedures

- Duty of Candour Policy
- Equal Opportunities Policy
- Disciplinary Policy and Procedures
- Mental Capacity Policy and Procedures
- Safer Recruitment and Vetting Policy
- Whistleblowing Policy and Procedures
- Health and Safety Policy and Procedures