

Lancaster & District Homeless Action Service

Safeguarding Policy

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Lancaster & District Homeless Action Service Ltd

Safeguarding Policy

1. INTRODUCTION

The Care Act 2014 was implemented in April 2015 and sets out the first ever statutory framework for adult safeguarding. Local authorities are required to make enquiries into allegations of abuse or neglect. Safeguarding is mainly aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others. In these cases, local services must work together to identify those at risk and take steps to protect them.

1.1 Why is Safeguarding Necessary

Care providers play an important role in helping people with care and support needs to live full lives, free from abuse and neglect. Good care adopts the principles of person-centered approaches and takes account of the individual's qualities, abilities and interests. Good care also includes preventing abuse, minimising risk without taking control away from individuals, and responding proportionately if abuse or neglect has occurred.

Safeguarding vulnerable adults is a complex area. It is extremely wide, ranging from individuals who are incapable of looking after any aspect of their lives, to individuals experiencing a short period of illness or disability. A wide range of community services and professionals can also be involved, making it difficult to identify those with responsibility. Safeguarding vulnerable adults is everybody's responsibility.

A key area of consideration is the implementation of the Mental Capacity Act (MCA) which is supported by a Code of Practice and sets out the legal framework for people who lack capacity. The MCA identifies who can take decisions and in what situations, as well as protecting the right of the individual not to be treated as unable to make a decision merely because they make an unwise decision.

1.2 Scope

The aim of this policy is to ensure that throughout the work of the Charity as a provider of day centre care for homeless and vulnerably housed people we will safeguard and promote the welfare of vulnerable adults. We aim to do this by ensuring that we comply with statutory and local guidance for safeguarding and by ensuring safeguarding the rights of vulnerable adults is integral to all we do.

The Charity is committed to implementing this policy and the practices it sets out. The Charity will provide learning opportunities and make provision for appropriate safeguarding vulnerable adults training to all staff. This policy will be made widely accessible to staff and reviewed annually.

This policy applies to all individuals, including employees, officers, workers, agency workers, independent consultants or contractors, volunteers, interns, or casual workers (referred to as 'staff' in this policy).

This policy addresses the responsibilities of all staff. It is the responsibility of the centre manager and the safeguarding lead to brief all staff on their responsibilities under the policy.

Throughout this policy those vulnerable adults in our care will be referred to as 'service users'.

1.3 Principles

The Charity recognises that safeguarding vulnerable adults is a shared responsibility with the need for effective joint working between staff, external agencies, professionals, service users and relatives with acknowledgement of different roles and expertise if the vulnerable adult at risk is to be protected from harm. In order to achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:

- the commitment of all staff, at all levels within the Charity, to safeguarding and promoting the welfare of vulnerable adults;
- the commitment of senior managers to seek continuous improvement with regards to safeguarding
- clear lines of accountability within the charity for work on safeguarding;
- developments that take account of the need to safeguard and promote the welfare of vulnerable adults and is informed, where appropriate, by the views of the vulnerable adult and where appropriate, their relatives;
- staff supervision, training and continuing professional development so that staff understand their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding vulnerable adults.
- Safe working practices including staff recruitment and vetting procedures.
- Effective interagency working, including effective information sharing.

1.4 Breaches of Policy

For employees, failure to adhere to the Safeguarding Adults Policy could lead to possible disciplinary action being taken, up to and including dismissal. For all other categories of 'staff', their contract with the Charity may be terminated.

1.5 Key Definitions

1.5.1 Adult Safeguarding

Safeguarding is about embedding practices throughout the Charity to ensure the protection of vulnerable adults wherever possible.

The Department of Health (2011) and the Care Act (2014) have agreed best practice principles for safeguarding vulnerable adults that should be utilised to provide a benchmark for achieving good outcomes for service users.

Principle 1 – Empowerment - Presumption of person led decisions and consent.

Vulnerable adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. Clear justification must be made and documented where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they should still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

Principle 2 Protection - Support and representation for those in greatest need

All staff have a duty to support all service users to protect themselves. Staff have a positive obligation to take additional measures for service users who may be less able to protect themselves.

Principle 3 Prevention

Prevention of harm or abuse is a primary goal. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within the service.

Principle 4 Proportionality. Proportionality and least intrusive response appropriate to the risk presented.

Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's age, culture, wishes, lifestyle, and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

Principle 5 Partnerships. Local solutions through services working with their communities.

Safeguarding vulnerable adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse. The skills of the multiagency team should be utilised when safeguarding vulnerable adults.

Principle 6 Accountability. Accountability and transparency in delivering safeguarding.

The Charity is accountable to service users and to their commissioning agencies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

1.5.2 Vulnerable adult

The definition of a vulnerable adult has been taken from Section 42 of the Care Act 2014:

1. An adult who may be vulnerable to abuse or maltreatment is deemed to be someone aged 18 or over, who is in an area and:
2. Has needs for care and support (whether or not the Local Authority is meeting any of those needs).
3. Is experiencing, or is at risk of, abuse or neglect; and
4. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

This could include people with learning disabilities, mental health problems including dementia, elderly and frail people, people with physical or sensory disabilities, or a severe physical illness. This can include people who are vulnerable themselves as a consequence of their role as a carer. They may need additional support to protect themselves, for example, in situations such as domestic violence, or where caring for a person with physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems.

Support provided should be appropriate to the person's physical and mental abilities, culture, religion, gender, and sexual orientation and tailored to enable people to live lives that are free from violence, harassment, humiliation and degradation.

1.6 Adults with Capacity

A person's ability to make a decision in regard to adult abuse may be affected by (not an exhaustive list):

- Duress and undue influence.
- Lack of mental capacity.
- Use of threat or influence
- Power imbalance within a relationship

There may be a fine distinction between a person who lacks the mental capacity to make a particular decision and a person whose ability to make a decision is impaired, e.g., by duress of undue influence. Nonetheless, it is an important distinction to make.

Vulnerable adults who are in receipt of health or social care services and whose independence and well-being is at risk due to abuse can expect arrangements to be made that will promote their safety, independence, and well-being in both the short and longer term. The Charity will ensure all relevant and appropriate professionals are alerted and involved to support all vulnerable adults wherever possible: -

- The right to be safeguarded from abuse.
- Their needs regarded as paramount.
- The right to be taken seriously.
- To be offered independent advocacy and/or support and be kept informed of safeguarding processes and outcomes, as appropriate. The Charity will support any adult in facilitating access to advocacy services including making a referral in the absence of statutory services.
- The right to appropriate information on the safeguarding vulnerable adults process.
- The right to privacy and confidentiality throughout the safeguarding process, except where there is a requirement to override.
- The right to be involved in decisions regarding themselves, made as a result of the safeguarding process.

Any intervention to protect a vulnerable adult must be carried out with the consent of the adult concerned, however there may be occasions where their consent may not be valid, due to consent needing to be over-riden by an agency's duty to protect others. This may be when there are concerns regarding wider groups of vulnerable adults or children or when a criminal offence has taken place.

1.7 Lack of Mental Capacity For a Specific Decision.

The Mental Capacity Act (MCA) 2005 provides a statutory framework that underpins issues relating to capacity and protects the rights of individuals where capacity may be in question. MCA implementation is integral to safeguarding vulnerable adults.

The 5 principles of the MCA must be followed and are directly applicable to safeguarding:

1. **A person must be assumed to have capacity unless it is established that he lacks capacity.** Assumptions should not be made that a person lacks capacity merely because they appear to be vulnerable.
2. **A person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success.** Empower the person to make decisions about managing risks e.g., use communication aides to assist someone to make decisions; choose the optimum time of day where a person with dementia may best be able to evaluate risks.
3. **A person is not to be treated as unable to make a decision because he makes an unwise decision.** The person will wish to balance their safety with other qualities of life such as independence and family life. This may lead them to make choices about their safety that others may deem to be unwise, but they have the right to make those choices.
4. An act or decision made under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests. Best interest decisions in safeguarding take account of all relevant factors including the views of the person, their values, lifestyle and beliefs and the views of others involved in their care.
5. **Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's right and freedom of action.**

Where a person lacks capacity to make a decision, any use or restriction and restraint must be necessary and proportionate and to prevent harm to that person. Safeguarding interventions need to balance the wish to protect the person from harm with protecting other rights such as right to family life.

All interventions in safeguarding vulnerable adults must be:-

- lawful.
- proportionate to the risk.
- Respectful of the wishes of the person at risk about their human rights.
- Documented within the person's care plan.

2. SAFEGUARDING ADULTS POLICY

2.1 Statement of Responsibilities

Centre Manager:

- To ensure that safeguarding vulnerable adults is integral to governance and operational arrangements within the service;
- Ensure that the service meets the contractual governance and operational arrangements on safeguarding vulnerable adults.
- To ensure that all staff in contact with vulnerable adults are alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.
- To ensure that the service operates safe recruitment processes in line with national and local guidance and the Charity's own policies and procedures, including satisfactory clearance by the Disclosure and Barring Service (DBS) prior to commencing employment and ensuring that during employment DBS re-checking is undertaken as a minimum every 3 years.
- Ensure safeguarding responsibilities are reflected in all job descriptions.

Designated Safeguarding Manager: (Centre Manager)

The roles and responsibilities do not equate to a full-time role but where a person is identified to take on this role, these duties should be included in the job description.

Their role is to:

- Act as a contact on safeguarding adult and Mental Capacity Act matters; this may include requests to contribute to sharing information required for safeguarding investigations where appropriate.
- Disseminate information in relation to safeguarding vulnerable adults / Mental Capacity Act to all staff members.
- Act as a point of contact for family members to bring any concerns that they have, to document those concerns and to take any necessary action to address concerns raised.
- Share information received on safeguarding concerns promptly with Local Authority Enquiry Team, clarifying or obtaining more information about the matter as appropriate and as advised.
- Facilitate access to support and supervision for staff working with vulnerable adults and families.
- Ensure that the staff team complete the service's agreed incident forms as appropriate.

Their responsibilities are to:

- Be fully conversant with the Charity's Safeguarding Adult policy.
- Be responsible for facilitating training opportunities for individual staff groups.
- The service's safeguarding lead and Mental Capacity Lead is Phil Moore
- His deputy is David Bristow
- **Individual staff members:**

- To be alert to the potential indicators of abuse or neglect for vulnerable adults and know how to act on those concerns in line with national guidance and the Local Authority Safeguarding Adult procedures;
- To report any concerns about abuse in a timely manner.
- To be aware of and know how to access the Local Authority Safeguarding Adults Board's policies and procedures for safeguarding vulnerable adults.
- To take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding vulnerable adults and implementation of the Mental Capacity Act.
- Understand the principles of confidentiality and information sharing in line with local and government guidance;
- To contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect vulnerable adults.
- Recognise the importance of sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour.
- To minimise any potential risk to vulnerable adults.
- Treat service users with dignity and respect and in strict accordance with their care plans or any behaviour management plans.
- Where appropriate to attend training on Managing Challenging Behaviours and to recognise when an approved intervention is necessary to protect staff and the service user which is lawful, proportionate to the risk and respectful. All such interventions should be documented in the care plan and if necessary and appropriate an incident form should be raised and completed.

3. RECOGNITION OF THE ABUSE AND NEGLECT OF VULNERABLE ADULTS

Safeguarding means protecting a vulnerable adult's right to live in safety, free from abuse and neglect. It is about 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 vulnerable adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that vulnerable adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances. The Charity should work with the professionals involved and the adult at risk to establish what being safe means to them.

Consideration needs to be given to several factors; abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented to, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. The following categories of abuse are taken directly from the Care Act.

3.1 Categories of Abuse

Physical abuse: including assault, hitting, slapping, pushing and misuse of medication, restraint, or inappropriate physical sanctions.

Domestic violence: including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

Modern slavery: encompasses slavery, human trafficking and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse: including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Institutional abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within a charity.

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

Self-neglect: this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

It is important to note that any or all these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

3.2 Prevent

(Radicalisation of vulnerable people)

Radicalisation is defined as the process by which people (children or adults) begin to support terrorism and violent extremism and in some cases, to then participate in terrorist groups. Radicalisation is the process where someone has their vulnerabilities or susceptibilities exploited towards crime or terrorism – more often by a third party, who has their own agenda; this may take place face to face or via social media or the internet.

Prevent is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism. It seeks to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views.

- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support.
- Work with a wide range of sectors where there are risks of radicalisation and a multi-agency approach is needed including education, criminal justice, faith, charities, the internet, and health.

Prevent addresses all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. Work is conducted with the Police, Local Authorities, Government Departments, and health services.

Channel is a multi-agency process within Prevent, which aims to support those who may be vulnerable to being drawn into violent extremism. It works by identifying individuals who may be at risk, assessing the nature and extent of the risk; and where necessary, referring cases to a multi-agency panel which decides on the most appropriate support package to divert and support the individual at risk.

The key challenge is to be vigilant for signs that someone has been or is being drawn into terrorism. Examples of concerns could be overhearing a staff member's conversation with a service user in which they are being encouraged to finance this type of activity. The Charity's Safeguarding/Prevent Lead will advise and signpost in raising concerns following the referral pathway in line with the policy and procedure.

It is important to note that Prevent operates within the pre-criminal space and is aligned to the multi-agency safeguarding agenda.

- **NOTICE**

If you have a cause for concern about someone, perhaps their altered attitude or change in behaviour.

- **CHECK**

Discuss your concern with appropriate other person (safeguarding lead)

- **SHARE**

Appropriate, proportionate information (with safeguarding lead / police)

Further information can be found on the local County's Constabulary website.

4. WHAT TO DO IF YOU HAVE CONCERNS ABOUT A VULNERABLE ADULTS WELFARE

4.1 Responding to an Adult who tells you About Abuse

Concerns about the wellbeing and safety of an Adult at Risk must always be taken seriously; this includes situations where the person who raised the alert remains anonymous.

A staff member, who is either directly or indirectly involved, who first becomes aware of concerns of abuse must report those concerns as soon as possible and in any case within the same working day to the relevant senior manager/safeguarding lead within the Charity. If the staff member is unable to speak to an internal source, they should refer their concerns to the Local Authority immediately.

When a vulnerable adult makes a disclosure, it is important to reassure the adult at risk and that the information will be taken seriously. Give them information about what steps will be taken, also including any emergency action to address their immediate safety or well-being.

If an adult in need of protection or any other person makes an allegation to you asking that you keep it confidential, you should inform the person that you will respect their right to confidentiality as far as you are able to, but that you are not able to keep the matter secret and that you must inform your manager/safeguarding lead within the Charity and the Local Authority safeguarding team.

If it is thought a crime could have been committed, the centre manager, or an appropriate person in charge, should contact the police immediately. It is important that you do not contact the alleged perpetrator or anyone that might be in touch with them. The disclosed information must be recorded in the care records in the way that the vulnerable adult at risk describes the events, as this information could be required at a later stage to support the investigation. It is not your responsibility to investigate any alleged abuse but to refer to clear and concise information regarding the nature of your specific concerns.

The human rights and views of the vulnerable adult at risk should be considered as a priority, with opportunities for their involvement in the safeguarding process to be sought as appropriate in ensuring that the safeguarding process is person centred. Ability to consent to the safeguarding process should be determined by the person's mental capacity at that specific time and their understanding of risk and consequences of their situation. In determining validity of consent to making a safeguarding adult alert, the possibility of threat or coercion from others should also be explored and considered.

There may be instances where a safeguarding alert can be made without a vulnerable adult at risk's consent, this could include circumstances where others could be at risk if the alert is not made or instances where a crime may have been committed and this is known as a public interest disclosure, to share information. If in doubt about making an alert, the case can be discussed with a senior colleague/ line manager, safeguarding lead, or a member of the safeguarding team.

Anyone who is unsure as to whether abuse has occurred should make an alert in order for the relevant information to be gathered and a decision to be made about the appropriate course of action. Advice on this can be sought from the Care Commissioning Group (CCG) safeguarding team and by contacting the Local Authority Safeguarding Adults Team.

4.2 Risk Assessment

It is best practice to raise an alert as soon as the abuse is witnessed, suspected or a disclosure is made. A preliminary risk assessment should be undertaken with the main objective to act in the adult at risk's best interest and to prevent the further risk of potential harm. It is important to consider the following:

- Is the adult at risk, still in the place where the abuse was alleged or suspected or is the adult about to return to the place where the abuse was alleged or suspected.
- Will the alleged perpetrator have access to the adult at risk or others who might be at risk?

- What degree of harm is likely to be suffered if the alleged perpetrator is able to come into contact with the adult at risk or others again?

Once the alert has been raised and if appropriate to be managed by the safeguarding process, the multi-agency safeguarding plan sets out an individual risk assessment plan to ascertain what steps can be taken to safeguard the adult at risk, review their health or social care needs to ensure appropriate accessibility to relevant services and how best to support them through any action to seek justice or rectify the situation in line with Local Authority procedures.

4.3 Making an alert to Local Authority Safeguarding Adults Team

An 'alert' is a response to a concern, where an individual believes that a vulnerable adult may be at risk of harm or abuse. Alerts should be raised as soon as abuse or neglect is witnessed or suspected. This should always be the case if the adult remains in or is about to return to the place where the suspected/alleged abuse occurred, and the alleged abuser is likely to have access to the adult or others who might be at risk. This can be done directly to the Safeguarding team or out of hours' service or via whistleblowing procedures where necessary.

On receiving an alert, the person responsible must decide whether to make a referral to the Local Authority safeguarding team. Anyone who suspects or knows that abuse has taken place (or is still occurring) has a duty of care to report immediately to their own line manager and raise an alert directly to the Local Authority Safeguarding Adults Enquiry Team immediately when the concern is identified.

The person who raised the alert is not expected to prove abuse has happened but to provide information based on the disclosure from the vulnerable adult or based on what they may have witnessed or been made aware of. All staff have a duty of care in terms of challenging poor practice and escalating their concerns appropriately. Failure to report abuse by an employee may be considered to be gross misconduct which could result in disciplinary action and lead to dismissal.

Information required to raise the alert:

- Who the alleged victim is.
- Who the alleged perpetrator is.
- What has happened?
- When abuse has happened
- Where abuse has happened
- Who witnessed it
- How often is it happening?

What to do if there is a professional disagreement

Generally, there are good working relationships between agencies, but occasionally there will be a difference of professional views. At no time must professional disagreement detract from ensuring that the vulnerable adult is safeguarded. The person's welfare and safety must remain paramount throughout.

Where there is a difference of opinion between professionals, refer to the Local Authority Safeguarding Adult Board procedures.

5. RECORDING INFORMATION

Where there are concerns about a vulnerable adult's welfare, all concerns, discussions and decisions made and the reasons for those decisions must be recorded in writing in the care records. Any bruises, marks and/or unexplained injuries observed should be clearly documented in a timely manner on a body map within the records.

6. MANAGING ALLEGATIONS

6.1 Managing allegations against workers who have contact with vulnerable adults.

Vulnerable adults can be subjected to abuse by those who have contact with them in any and every setting. All allegations of abuse or maltreatment of vulnerable adults by staff will be taken seriously and treated in accordance with Local Authority Safeguarding Adult Board policy and procedures. Where an employee is the alleged perpetrator, this includes possible suspension without prejudice. If the alleged perpetrator is not an employee, this includes instructing the person not to attend the premises.

Suspension / removal of the person concerned should not be automatic, but should be considered if:

- There is reasonable cause to suspect an Adult at Risk has suffered abuse or neglect; and/or
- The allegation warrants investigation by the police; and/or
- The allegation is so serious that it might be grounds for dismissal.

The centre manager should, following consultation with the Local Authority Safeguarding Adults Enquiry Team and the Police where appropriate, inform the subject of the allegations and confirm any formal suspension of an employee both verbally and in writing. If it is deemed appropriate to conduct an investigation prior to informing those who are implicated, then clear record needs to be made of why the centre manager took the decision and any outcomes of those investigation should be clearly documented.

To ensure any police investigation is not compromised, until such time as the Police have authorised, it is usual practice not to conduct any internal investigation in line with the Charity's Disciplinary Procedure, (for example interview witnesses and the alleged perpetrator). It should be noted however that the Charity's disciplinary procedure is an entirely separate procedure to any criminal investigation.

The centre manager will need to balance supporting the alleged victim, the wider staff team, the investigation and being fair to the alleged perpetrator. The alleged perpetrator will be considered innocent until there is reasonable belief otherwise. Suspension offers protection for them as well as the alleged victim and other service users and enables a full and fair investigation/safeguarding risk assessment to take place.

All allegations should be investigated as thoroughly as possible, regardless of whether the person allegedly involved resigns her/his post, responsibilities, or a position of trust or even if the person refuses to co-operate with the process by going off sick for example. Settlement Agreements', where a legal agreement is drawn up to mutually agree to terminate the employment of an employee, must not be used in these cases.

The outcome of the case conference may be used to support the next steps. When it is concluded there is insufficient evidence to determine whether the allegation is substantiated, the chair of the safeguarding strategy meeting will ensure that relevant information is passed to the centre manager. The centre manager will consider what further action, if any, should be taken in consultation with the Local Authority safeguarding lead for Managing Allegations. If the alleged perpetrator is an employee, only after conducting their own separate thorough investigation in accordance with the Charity's disciplinary procedure, will the centre manager be able to decide whether disciplinary action is necessary.

When an allegation of abuse or neglect has been substantiated and /or where, following completion of the Charity's formal disciplinary procedures, there is reasonable belief that the alleged abuse occurred, the centre manager should consult with the Local Authority safeguarding team for advice on referral to the Local Authority Designated Officer (LADO) and whether it's appropriate to make a referral to the professional or regulatory body and to the Disclosure and Barring Service (DBS), because the person concerned is considered unsuitable to work with vulnerable adults.

The abuse of service users is considered gross misconduct and will result in the employee's dismissal without notice from their employment with the Charity

The centre manager should review the procedures to help prevent similar events from occurring in the future and to ensure lessons learnt are implemented.

6.2 Whistleblowing

The Charity recognises the importance of building a culture that allows all staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns they have about service users. This will also include raising concerns about any behaviour that is not linked to safeguarding but that has pushed the boundaries beyond acceptable limits. The Charity's Whistle-blowing Policy and procedure can be found in the Employee Handbook.

6.3 Complaints procedure

The Charity has a clear, well publicised procedure that is capable of dealing with complaints from all service users and relatives (Code of Conduct) Consideration should always be given to whether a complaint meets the criteria for an adult safeguarding referral or managing allegations procedures.

7. INFORMATION SHARING

Sharing of information is vital for early intervention to ensure that vulnerable adults get the services they require. It is also essential to protect vulnerable adults from suffering harm from abuse or neglect. It is essential that all staff understand when, why and how they should share information.

Always consider the safety and welfare of the vulnerable adult when making decisions on whether to share information about them.

Where there is concern that the vulnerable adult may be suffering or is at risk of suffering significant harm then their safety and welfare must be the overriding consideration and information must be shared.

Below are 7 key points on information sharing but for further detailed guidance refer to *Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers* (HM Government 2015)

Seven key points on information sharing:

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent** where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

8. ATTENDANCE AT SAFEGUARDING MEETINGS

The Charity's contribution to multiagency safeguarding vulnerable adults meetings is invaluable and supports best practice. Priority should be given to attendance by the centre manager wherever possible. A written report should be made available for the meeting where the centre manager will not be in attendance. There is an expectation that an alternative senior member of the Charity is in attendance.

9. SAFEGUARDING CHILDREN

This policy recognises a Child as defined in the Children Act 1989 and 2004; a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout. The Charity acknowledges accountability for the safeguarding of Children who are visiting the premises, although there is a standing protocol that no one under the age of 18 is admitted into the offices of the Charity.

10. STAFF TRAINING

To protect vulnerable adults from harm, all staff must have the appropriate level of knowledge to recognise vulnerable adults at risk of or actual abuse and to take effective action as appropriate to their role.

The Charity will provide training on the specific topic of safeguarding and employees are expected to update their individual Training Record to evidence they have undertaken this training. This training will form part of the induction training and will be required to be undertaken at regular intervals thereafter to ensure ongoing familiarity.

The Charity will hold regular team meetings where safeguarding vulnerable adults will feature as a discussion topic. The purpose of this is to make sure all members of staff are fully aware of the policy and know what to do if they are worried an adult is being abused or neglected.

11. SUPERVISION OF STAFF

Staff working with vulnerable adults need to have access to support and supervision; this will provide an opportunity for staff to share their concerns and to enable them to manage the stresses inherent in this work. It also promotes good standards of practice, which are soundly based and consistent with local and national guidance for safeguarding vulnerable adults.

Supervision also provides an opportunity to ensure there is an understanding of roles and responsibilities, as well as the scope of professional discretion and authority. Safeguarding incidents should be discussed at team meetings to support wider learning of recommendations for practice. Opportunities for reflection and to identify any development needs may also be available through the appraisal process as safeguarding issues should form a standard part of this process. It is important to note that staff shouldn't wait until supervision to share immediate concerns which need to be alerted to the safeguarding team.

Further guidance is available from the safeguarding lead.

