



## **Safeguarding Adults Policy and Procedure**

# 1. Policy Statement

## 1.1 Introduction

This policy will enable Action East Devon (AED) to demonstrate its commitment to keeping safe the adults whom it works alongside. AED acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse in accordance with the Care Act 2014 (updated 2020 & April 21)

The policy applies to all staff, including senior managers, trustees, paid staff, volunteers, sessional workers, agency staff, students and anyone else working on behalf of AED.

This Policy Statement and Procedures have been drawn up in order to enable AED to:

- promote good practice and work in a way that can prevent harm, abuse and coercion occurring.
- to ensure that any allegations of abuse or suspicions are dealt with appropriately and the person experiencing abuse is supported.
- to ensure that individuals in receipt of allegations or disclosures of abuse are supported.

## 1.2 The key objectives of this policy and procedure

In order to implement the policy AED will:

- Work to promote the freedom and dignity of the person who has or is experiencing abuse.
- Work to promote the rights of all people to live free from abuse and coercion.
- Work to ensure the safety and wellbeing of people who do not have the capacity to decide how they want to respond to abuse that they are experiencing.
- manage services in a way which promotes safety and prevents abuse.
- recruit staff and volunteers safely, ensuring all necessary checks are made.
- provide effective management for staff and volunteers through supervision, support and training.
- ensure that all trustees, staff, volunteers, service users, and carers/families are familiar with this policy and procedures.
- work with other agencies within the framework of the Torbay and Devon Safeguarding Adults Partnership Policy and Procedures.
- act within its confidentiality policy and will usually gain permission from service users before sharing information about them with another agency.
- pass information to the Torbay and Devon Safeguarding Adults Partnership team when more than one person is at risk. For example, if the concern relates to a worker, volunteer or organisation who provides a service to vulnerable adults or children.
- inform service users that where a person is in danger, a child is at risk, or a crime has been committed then a decision may be taken to pass information to another agency without the service user's consent.
- make a referral to the Torbay and Devon Safeguarding Adults Partnership team as appropriate.
- keep up to date with national developments relating to preventing abuse and welfare of adults.
- ensure that the Designated Safeguarding Lead understands his/her responsibility to refer incidents of adult abuse to the relevant statutory agencies (Police/Devon Safeguarding Adults Board).
- ensure that service users have access to this policy and understand how to raise concerns or make a disclosure.
- ensure that all staff are trained in safeguarding and the implementation of this policy.

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## 2. Procedures

### 2.1 Introduction

These procedures have been designed to ensure the welfare and protection of any adult who accesses services provided by AED. As a service we recognize that all adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice.

The procedures recognise that adult abuse can be a difficult subject for workers to deal with. The organisation commits to ensuring that the rights, dignity and worth of all adults are respected.

AED is committed to the belief that the protection of adults from harm and abuse is everybody's responsibility, and the aim of these procedures is to ensure that all managers, trustees, staff and volunteers act appropriately in response to any concern around adult abuse.

All allegations will be taken seriously and responded to quickly in line with AED's Safeguarding Adults Policy and Procedure.

AED recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of [Torbay and Devon Safeguard Adults Partnership](#).

### 2.2 The six principles of adult safeguarding

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults:

- Empowerment - People being supported and encouraged to make their own decisions and informed consent.
- "I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens."
- Prevention – It is better to take action before harm occurs.
- "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- Proportionality – The least intrusive response appropriate to the risk presented.
- "I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed."
- Protection – Support and representation for those in greatest need.
- "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
- Accountability – Accountability and transparency in delivering safeguarding.
- "I understand the role of everyone involved in my life and so do they."

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### 2.3 Making Safeguarding Personal

‘Making safeguarding personal’ means that adult safeguarding should be person led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as improving quality of life, well-being and safety.

Wherever possible discuss safeguarding concerns with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process, seeking their consent to share information outside of the organization where necessary.

### 2.4 Legislation

The practices and procedures within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards Policy and Procedures.

They take the following into consideration:

- The Human Rights Act (1998)
- The Data Protection Act (1998)
- Sexual Offences Act (2003)
- The Safeguarding Vulnerable Groups Act (2006)
- The Equality Act 2010
- The Protection of Freedoms Act (2012)
- Domestic Violence, Crime and Victims (Amendment) Act (2012)
- The Prevent Duty (2015)
- The Care Act 2014 (Updated 2020 & April 2021)
- Mental Capacity Act 2005 (updated Jan 2021)

## 3. Recognising the Signs and Symptoms of Abuse

AED is committed to ensuring that all staff, trustees and volunteers undertake training to gain a basic awareness of signs and symptoms of abuse. AED will ensure that the Designated Safeguarding Lead and other members of staff, trustees and volunteers have training on Safeguarding Adults.

Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts. People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions.
- Someone losing or gaining weight / an unkempt appearance.
- A change in the behaviour or confidence of a person. For example, a participant may be looking quiet and withdrawn when their brother comes to collect them from sessions, in contrast to their personal assistant whom they greet with a smile.
- They may self-harm.
- They may have a fear of a particular group or individual.

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- They may tell you / another person they are being abused – i.e. a disclosure.

## 4. Process for Disclosure

**REACT** If you have a suspicion of abuse or if a young person or volunteer makes a disclosure or allegation you have a duty to react. Safeguarding is everyone's responsibility.

### RESPOND

- Your first duty is to assess if the individual is at immediate risk of harm. If they are injured or at risk of immediate harm phone 999 and request the relevant service.
- You also have a duty to maintain your own safety.
- When an adult presents a disclosure or allegation:
- Reassure the person concerned; and,
- Remain calm and do not show shock or disbelief.

### RECORD

- As soon as practicable, make a note of what the person has said using their own words using a Safeguard Disclosure Form.
- Do not ask investigative questions. Use phrases like "tell me... explain.... describe..." In the notes, describe the circumstances in which the disclosure came about.
- Use an injury map if necessary.
- Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.
- Tell the child or young person what will happen next.
- Make sure you include any nonverbal signs or indicators in your report.
- Be mindful of the need to be confidential at all times. Information must only be shared with your line manager and the DSL.

### REPORT

- Complete an Adult Safeguarding Disclosure Form and submit to the safeguarding lead as soon as possible and within 24 hours.
- When submitting the form, you must password protect the document and send to [molly.mayfield@actioneastdevon.org.uk](mailto:molly.mayfield@actioneastdevon.org.uk). Remember to send the password in a separate email or text message.

### REVIEW

- All situations of abuse or alleged abuse will be discussed with the Designated Safeguarding Lead or their deputy.
- If a trustee, staff member or volunteer feels unable to raise this concern with the Designated Safeguarding Lead or their deputy then concerns can be raised directly with **Torbay and Devon Safeguarding Adults Partnership on 01392 383000**. The alleged victim must be told that this will happen.

## 5. Process for Referrals

### 5.1 Referral Procedure

To make an adult safeguarding referral you need to call Torbay and Devon Safeguarding Adults Partnership. A conversation can be had with the safeguarding adults team without disclosing the identity of the person in the first instance. If it is thought that a referral needs to be made to the safeguarding adults team, consent should be sought where possible from the adult at risk.

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Individuals may not give their consent to the sharing of safeguarding information with the safeguarding adults team for a number of reasons. Reassurance, appropriate support and revisiting the issues at another time may help to change their view on whether it is best to share information.

If they still do not consent, then their wishes should usually be respected. However, there are circumstances where information can be shared without consent such as when the adult does not have the capacity to consent, it is in the public interest because it may affect other people, or a serious crime has been committed. This should always be discussed with the safeguarding lead and the Torbay and Devon Safeguarding Adults Partnership.

If someone does not want you to share information outside of the organization or you do not have consent to share the information, ask yourself the following questions:

- Is the adult placing themselves at further risk of harm?
- Is someone else likely to get hurt?
- Has a criminal offence occurred? This includes theft or burglary of items, physical abuse, sexual abuse, financial abuse or harassment.
- Is there suspicion that a crime has occurred?

If the answer to any of the questions above is 'yes' - then you can share without consent and need to share the information.

## **5.2 Referral contact information**

### **Torbay and Devon Safeguarding Adults Partnership**

Phone: [0345 1551 007](tel:03451551007)

Email: [adultsc.safeguardingadultservices-mailbox@devon.gov.uk](mailto:adultsc.safeguardingadultservices-mailbox@devon.gov.uk)

## **6. A Named Person for Adult Safeguarding**

They should be contacted for support and advice on implementing this policy and procedures.

### **4.1 The Designated Safeguarding Adults Lead (DSAL):**

Molly Mayfield

Telephone: 01404 549045

Email [molly.mayfield@actioneastdevon.org.uk](mailto:molly.mayfield@actioneastdevon.org.uk)

### **6.2 The Deputy Designated Safeguarding Adults Lead (DDSAL):**

Chris Botham

Telephone: 07881 787072

Email [chris.botham@actioneastdevon.org.uk](mailto:chris.botham@actioneastdevon.org.uk)

### **6.3 The roles and responsibilities of the named persons are:**

- to ensure that all staff including volunteers and trustees are aware of what they should do and who they should go to if they have concerns that an adult may be experiencing or has experienced abuse or neglect.
- to ensure that concerns are acted on, clearly recorded and referred to an Adult Social Care Direct team and or to the LADO to the allocated social worker/care manager where necessary.
- to follow up any referrals and ensure the issues have been addressed.
- consider any recommendations from the Safeguarding Adults process.

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- to reinforce the utmost need for confidentiality and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and security. This is because it is around the time that a person starts to challenge abuse that the risks of increasing intensity of abuse are greatest.
- to ensure that staff and volunteers working directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision.
- If appropriate, staff or volunteers will be given support and afforded protection, if necessary, under the Public Interest Disclosure Act 1998; they will be dealt with in a fair and equitable manner and they will be kept informed of any action that has been taken and its outcome

## 7. Capacity – Guidance on Making Decisions

The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions and provides the framework for this to happen.

To help you to understand the MCA, consider the following five points:

1. Assume that people are able to make decisions, unless it is shown that they are not. If you have concerns about a person's level of understanding, you should check this with them, and if applicable, with the people supporting them.
2. Give people as much support as they need to make decisions. You may be involved in this – you might need to think about the way you communicate or provide information, and you may be asked your opinion.
3. People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, consider how risks might be minimized.
4. If someone is not able to make a decision, then the person helping them must only make decisions in their "best interests". This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.
5. Find the least restrictive way of doing what needs to be done.

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## **8. What happens next?**

You will be asked to provide as much information as possible. The Care Direct Team will then follow the Devon County Council guidance on deciding when and how to carry out a safeguarding adults enquiry.

A decision on whether a reported concern requires a safeguarding adults enquiry will usually be taken within 2 working days. There are limitations on what personal information can be shared with other people but wherever possible you will be informed of the outcome of reporting your concern as soon as possible. Taking action to protect people at risk will be given the first priority.

The Designated Safeguarding Lead will have an overview of this process so they can explain it to the person concerned and offer all relevant support to the person and process. This could be practical support e.g. providing a venue, or information and reports and emotional support.

Information should be provided to the individual. This could be about other sources of help or information that could enable them to decide what to do about their experience, enable them to recover from their experience and enable them to seek justice.

## **9. Managing allegation made against member of staff or volunteer**

AED will ensure that any allegations made against a member of staff/volunteer will be dealt with swiftly.

Where a member of staff/volunteer is thought to have committed a criminal offence the police will be informed. If a crime has been witnessed the police should be contacted immediately.

The safety of the individual(s) concerned is paramount. A risk assessment must be undertaken immediately to assess the level of risk to all service users posed by the alleged perpetrator. This will include whether it is safe for them to continue in their role or any other role within the service whilst the investigation is undertaken.

The Designated Safeguarding will liaise with Adult Social Care and LADO to discuss the best course of action and to ensure that the AED's disciplinary procedures are coordinated with any other enquiries taking place as part of the ongoing management of the allegation.

AED has a whistle blowing policy and staff are aware of this policy. Staff will be supported to use this policy.

## **10. Disseminating/Reviewing policy and procedures**

This Safeguarding Adults Policy and Procedure will be clearly communicated to staff, trustees, volunteers, service users, parents and carers. The Designated safeguarding lead will be responsible for ensuring that this is done.

## **11. Review**

The Safeguarding Adults Policy and Procedures will be reviewed annually by the Board of Trustees. The Designated safeguarding lead for Safeguarding Adults will be involved in this process and can recommend any changes. The safeguarding lead will also ensure that any changes are clearly

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communicated to staff, trustees and volunteers. It may be appropriate to involve service users in the review and service users and parents/carers need to be informed of any significant changes. In addition to an annual review of the policy and procedure, the Board of Trustees will have Safeguarding as a standard agenda item at each of their meetings throughout the year.

## APPENDIX A

### Types of Abuse and Neglect

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour which could give rise to a safeguarding concern.

**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.

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

**Domestic Abuse and coercive control** – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. It can occur between any family members.

**Discrimination** - discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

**Organizational 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 on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organization.

**Physical Abuse**- including hitting, slapping, pushing, kicking, and misuse of medication restraint or inappropriate sanctions.

**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.

**Financial or Material Abuse** – including theft, fraud, internet scamming, coercion in relation to an adults financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

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

**Emotional or Psychological Abuse/ Coercive control** –

this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

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**Cyber Bullying** – cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person.

**Forced Marriage** – forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry. The forced marriage of adults with learning disabilities occurs when the adult does not have the capacity to consent to the marriage.

**Mate Crime** – a 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

**Radicalization** – the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

## Definitions

**Adult** is anyone aged 18 or over.

**Adult at Risk** is a person aged 18 or over who has needs for care and support (whether or not the local authority is meeting any of those needs).

- Is experiencing, or is at risk of, abuse or neglect, and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

**Adult in need of care and support** is determined by a range of factors including personal characteristics, factors associated with their situation or environment and social factors.

Naturally, a person's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult in need of care and support experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors.

In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse.

**Abuse** is a violation of an individual's human and civil rights by another person or persons.

**Adult safeguarding** is protecting a person's right to live in safety, free from abuse and neglect.

**Capacity** refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005- update 2020).

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