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|  | | **Safeguarding Policy**  First Issued 1997 |
| Policy Number | | **G005** |
| Date Reviewed and Reissued | | **April 2024** |
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| **Overview of Policy**  Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop the risks and experiences of abuse, neglect or improper practice, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate having regards to their views, wishes, feelings and beliefs in deciding on any action.  The aim of this policy is to ensure that throughout the work of AFG we will safeguard and promote the welfare of adults at risk. We aim to do this by ensuring that we comply with statutory and local guidance for safeguarding and by ensuring safeguarding the rights of adults at risk is integral to all we do.  Please note: safeguarding adults and children’s local multi-agency policy and procedures take primacy over this policy. | | |
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| **Policy Lead** | Safeguarding and Mental Capacity Lead | |
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| **Approved By** | Quality and Compliance Group | |

# Introduction and Scope

Safeguarding is everyone’s responsibility and aims to protect people’s health, wellbeing, and human rights and to enable people to live free from abuse and neglect.

This policy provides guidance for all staff to ensure the principles of safeguarding adults are embedded in all areas of practice. The [Care Act 2014](https://www.legislation.gov.uk/ukpga/2014/23/contents) and accompanying Care and Support Statutory guidance underpins AFG safeguarding policy.

The aims of adult safeguarding are to:

* stop abuse, neglect, or improper practice wherever possible;
* prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
* safeguard adults in a way that supports them in making choices and having control about how they want to live;
* promote an approach that concentrates on improving life for the adults concerned;
* raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect;
* provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
* address what has caused the abuse, neglect, or improper practice.

## Who is an adult at risk?

The Safeguarding Adults policy applies to people who are aged 18 years or more, and

* Have needs for care and support (whether or not these are currently being met)
* Are experiencing, or at risk of abuse or neglect.
* Because of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

At AFG we work in partnership with local statutory agencies and other relevant agencies to provide an effective safeguarding response. AFGS policy and safeguarding response is based on the six principles that underpin all adult safeguarding:

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| Empower | Adults are encouraged to make their own decisions and are provided with support and information. ‘I am consulted about the outcomes I want from the safeguarding process, and these directly inform what happens’ |
| Prevention | Strategies are developed to prevent abuse and neglect that promotes resilience and self – determination. ‘I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help’ |
| Proportionality | A proportionate and least intrusive response is made balanced with the level of risk. ‘I am confident that the professionals will work in my interest and only get involved as much as needed.’ |
| Protection | Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding ‘I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able’ |
| Partnership | Local Solutions through services working together within their communities ‘I am confident that the information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation’ |
| Accountability | Accountability and transparency in delivering a safeguarding response. ‘I am clear about the roles and responsibilities of all those involved in the solution to the problem’ |

## Making Safeguarding Personal

The Care Act and statutory guidance puts an emphasis on getting the balance right between promoting safety and respecting the views and wishes of the individual concerned. This approach is known as “Making Safeguarding Personal”. Adult safeguarding work must be person-led and outcome-focused. It must engage the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing, and safety. Here at AFG, we will meet the aims of Making Safeguarding Personal by safeguarding adults at risk. Keeping the person at the heart of the process. Striving to understand the outcomes they want to achieve from the safeguarding work and supporting them to achieve these outcomes. The most important thing to remember when it comes to safeguarding is to make the person you support your top priority and to treat them with respect and dignity.

# Key Principles

## Key Principle 1

Care and treatment for people supported must not be provided in a way that –

1. Includes discrimination against a person on grounds of any protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation) of the person.
2. Includes acts intended to control or restrain a person that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the person or another individual if the person was not subject to control or restraint.
3. Is degrading for the person, or significantly disregards the needs of the person for care or treatment.

## Key Principle 2

Safeguarding means protecting an 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, neglect, or improper treatment, 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. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances.

The wellbeing of people supported is paramount. We must work with the person to establish what being safe means to them and how that can be best achieved. “Safety” measures must always take account of individual well-being.

## Key Principle 3

We must safeguard and promote the welfare of children and young people. There will be occasions when those working with adults at risk identifies risks to children and young people, and occasions when safeguarding adults and safeguarding children procedures need to operate side by side.

Concerns about abuse or neglect of children and young people under the age of 18 must be referred to the local child protection procedures.

## What is abuse?

Abuse can take many forms and the circumstances of the individual must always be considered. It may consist of a single act or repeated acts. See below for examples of issues that would be considered as abuse or neglect:

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| Physical abuse | Includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions |
| Domestic abuse | Is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse by someone who is or has been an intimate partner or family member. Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation |
| Sexual abuse | Includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent, or was pressured into consenting. This also includes acts of grooming, voyeurism, exposure and exploitation. |
| Psychological abuse | Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks |
| Financial and material abuse | Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits |
| Modern slavery | Includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhuman treatment |
| Neglect acts of omission | Includes 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. Failure to follow care plans and risk assessments. |
| Discriminatory abuse | Includes abuse based on a person’s race, sex, gender, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime |
| Organisational abuse | Includes neglect and poor 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 organisation |
| Self-neglect | covers a wide range of behaviours, such as neglecting to care for one’s personal hygiene, health or surroundings and includes behaviours such as hoarding. A safeguarding response in relation to self-neglect may be appropriate where a person is declining assistance in relation to their care and support needs, and the impact of their decision, has or is likely to have a substantial impact on their overall individual wellbeing |

## Exploitation

## PREVENT

(Radicalisation of vulnerable people)

Radicalisationis 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 [prevent strategy](https://afgltd-my.sharepoint.com/personal/wendy_pike_afgroup_org_uk/Documents/Desktop/updated%20SG%20POLICY/Policy%20Development_G010_Appendix%201_Policy%20Template%20-%20Draft%20-%20Copy.docx) 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, or a service user being encouraged to finance this type of activity. The Domiciliary provider Safeguarding/Prevent Lead will advise and signpost in raising concerns following the referral pathway in line with this 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.*

## Cuckooing / County Lines

Cuckooing is an act in which Drug Dealers or Organised Crime gangs will take control of an adult at risk’s home/property in order to run their business and activities, usually by befriending or offering drugs to the victim as a means to gain control. They will often use threats and other intimidation towards the victim.

Cuckooing is often targeted at adults at risk and those with a Learning Disability, Mental Health condition, experiencing social isolation or inability to adequately protect themselves.

County Lines operations are where Drug Dealers will transport drugs from larger cities, for sale and distribution into smaller areas. This may mean adults at risk, or children, can be exploited or threatened into forced labour or slavery as part of a plan to move, sell or store drugs and other items including weapons.

Signs that an adult may be at risk of Cuckooing/County Lines activity include:

* Frequently missing from home or being found out of area, or leaving Home or Care without explanation;
* Phones, clothes, money or other material items that are unexplained, and not within normal budget to afford;
* Excessive phone calls and texts;
* Controlling relationships/friendships, especially those with gang associations;
* Suspected or observed physical harm or unexplained injuries; and,
* Significant changes in emotional well-being.

## What is a Safeguarding Adults Enquiry?

Where a local authority believes an adult at risk is experiencing or at risk of experiencing abuse or neglect, it must make enquiries (this is not necessarily an investigation), or cause others to do so.

This is a duty under S42 of The Care Act 2014. An enquiry must establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

The objectives of an adult safeguarding enquiry are to:

* Establish facts;
* Ascertain the adult’s views and wishes;
* Assess and address their need for protection and support, in accordance with the wishes of the adult;
* Make decisions as to what follow-up action must be taken; and,
* Enable the adult to achieve resolution and recovery.

## Responding to an adult Safeguarding concern

Responsibilities of all employees:

If any member of staff has reason to believe that abuse is or may be taking place, they have a responsibility to act on this information.

**Doing nothing is not an option.**

If an adult discloses any experience of abuse or neglect, staff must:

* Assure the person their concerns are taken seriously.
* Listen carefully to what the person is saying.
* Stay calm. Get as clear a picture as possible.
* Explain duty for staff to pass this information on to their supervisor/manager and/or Adult Safeguarding Lead.
* Reassure the person they will be involved in all decisions made about them.

**Staff must not**

* Be judgmental or jump to any conclusions.
* Start to investigate or ask detailed or probing questions.
* Promise to keep secrets.

**Staff’s responsibilities are to**:

* Act to keep the person safe if possible.
* If urgent police presence is needed to keep someone safe, call 999.
* If the person needs urgent medical assistance, call 999.
* Inform their line manager.
* Clearly record what they have witnessed or been told, and any responses or actions taken. If a crime has occurred, be mindful of the need to provide evidence, and any relevant reference numbers must be sent with the referral to MASH/Safeguarding Adults Teams.

## Deciding whether a referral to the Local Authority is required,

In all cases where it’s suspected that an adult in need of care and support might be experiencing or at risk of experiencing abuse or neglect, in line with local authority threshold guidance this must be reported to the relevant local authority and the police (where it is believed or suspected that a crime has been committed). It must never be assumed that someone else will pass on this information. Reports must be made at the time of disclosure, or as soon as risk/possibility is identified.

A safeguarding enquiry will be the responsibility of the local authority. The Care Act requires local authorities to make proportionate enquiries, or to make sure that as the lead agency enquiries are carried out by the relevant organisation. As an organisation who provides support to adults who may be experiencing, or who are at risk of, abuse and neglect we may be called upon to lead on an enquiry.

The Appendix 1 Procedural Guidance and Appendix 10 Safeguarding Threshold Tool must be referred to consider the level of risk, and possible actions or outcomes at the time of concerns.

**Staff need to establish:**

* The current level of risk and what immediate steps are needed to ensure safety.
* The individual’s wishes and views about the safeguarding issue including their views regarding sharing information with other agencies i.e. the local authority or the police.
* Wherever possible, safeguarding concerns must be raised with the consent of the person we support (however consent is not required to raise a safeguarding concern).

## Prevention

AFG understand the importance of a preventative approach because well-being cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating.

It is far better to put in place preventative strategies to minimise the likelihood of abuse occurring, than to deal with abuse after it has happened.

Prevention needs to take place in the context of person-centred support, with individuals empowered to make choices and supported to manage risks. In order to prevent and minimise abuse from occurring, AFG will:

* Ensure safe and robust recruitment procedures and that all individuals who are employed to work with adults at risk are subject to enhanced DBS checks.
* All staff will receive regular training, supervision, and safeguarding supervision where appropriate.
* Staff to support adults to recognise and protect themselves from abuse

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**How do I know which Local Authority to raise a Safeguarding Concern with?**

Staff need to identify in which local authority the possible abuse/neglect is occurring and to make contact with the relevant Adult Social Care Department to raise the concern. Below are the links for local procedures.

[Bolton Policy and Procedures](https://www.proceduresonline.com/favicon.ico)

[Cheshire East Safeguarding Adults Policies and procedures](http://stopadultabuse.org.uk/professionals/policies-and-procedures.aspx)

[Cheshire West and Chester Safeguarding Adults Procedures](https://www.cheshirewestandchester.gov.uk/residents/health-and-social-care/adult-social-care/keeping-safe/vulnerable-adults/vulnerable-adults.aspx)

[Knowsley Policy and Procedures](http://www.knowsley.gov.uk/residents/care/safeguarding-adults)

[Lancashire Policy and Procedures](http://www.lancashiresafeguarding.org.uk/lancashire-safeguarding-adults/information-for-providers.aspx) (includes link to Blackburn with Darwen Procedures)

[Liverpool Policy and Procedures](https://liverpool.gov.uk/media/8902/liverpool-inter-agency-safeguarding-adults-policy-and-procedure.pdf)

[Manchester Policies & Procedures](https://www.manchestersafeguardingboards.co.uk/resource/msab-multi-agency-policy-procedures-resources-practitioners/)

[Merseyside Policy and Procedure](https://www.merseysidesafeguardingadultsboard.co.uk/) (covers Knowsley, Liverpool, Sefton and Wirral)

[Rochdale Policy and Procedure](https://www.rbsab.org/professionals/multi-agency-policy-and-procedures/)

[Sefton Policy and Procedures](https://www.sefton.gov.uk/media/1612433/Sefton-Safeguarding-Adults-Procedures.pdf)

[St Helens Policy and Procedures](https://www.sthelens.gov.uk/media/3514/1401235_st_helens_safeguarding_adults_edition_april_2015.pdf)

[Stockport Policy and Procedures](http://www.safeguardingadultsinstockport.org.uk/wp-content/uploads/2020/12/Safeguarding-Adults-at-Risk.pdf)[Warrington policy and procedures](https://www.warrington.gov.uk/sites/default/files/2019-10/wsab_safeguarding_practice_guidance_nov_2017.pdf)

[Wigan policy and procedure](http://wigansafeguardingadults.org/Professionals/Wigan-policy.aspx)

[Wirral policy and procedures](https://www.wirral.gov.uk/health-and-social-care/adult-social-care/safeguarding-adults/policies-procedures-guidance-and)

## Mental Capacity

The Mental Capacity Act (MCA) 2005 provides a [statutory framework](#_The_Mental_Capacity) 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.

In the event that people lack the capacity to provide consent, action must be taken in line with The Mental Capacity Act 2005.

* There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity to make decisions about their safety, decision making will be made in their best interests as set out in the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice
* Adults at risk will have access to supported decision making to achieve their desired outcomes involving their representative/advocate where appropriate

The Care Act requires that a local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adults Review (SAR) where the adult has “substantial difficulty” in being involved in the process and where there is no other appropriate individual to help them.

# Roles and Responsibilities

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| Board of Trustees | The Board of Trustees have overall accountability for the activities of the organisation. The Board must ensure receive appropriate assurance that safeguarding legislation, regulation, and best practice is met.  Trustees must report serious safeguarding incidents to the Charity Commission where the reporting threshold is met. |
| Executive Team | **Responsible for:**   * Ensuring appropriate policies and controls are in place to meet safeguarding legislation, regulation, and best practice. * Ensuring AFG have competent staff to implement the roles and responsibilities contained within the safeguarding policy. |
| Head of Operations | **Responsible for:**   * Applying the Serious Untoward Incident (SUI) criteria to safeguarding events thus deciphering which are SUI’S. * Responding in line with Local Authority Policy to any information shared under People in a Position of Trust (PiPoT) Policy and instigate AFG PiPoT procedures (appendix 8) * Reviewing safeguarding events, responding to patterns, themes, and learning. Ensuring that Action Plans from safeguarding events or SUI’S are met. * Allocating Enquiry Managers to safeguarding events. * Reviewing Safeguarding reports to ensure that the enquiry is in accordance with the plan and responds to the service user’s wishes and desired outcomes. * Ensuring that where a staff member resigns pending a safeguarding enquiry that a DBS Investigation plan and Report are completed to ensure the DBS Referral Criteria is met. See Appendices 7 and 8 for Plan and Report Template. |
| Area Managers, Registered Managers, and similar roles | **Responsible for:**   * Sharing information where necessary with external partners and agencies. See Appendix 1. * Ensuring that robust safeguarding actions are put in place to prevent a recurrence of the concern. A decision as to whether to suspend the staff member(s) must be made by the Area Manager/Registered Manager (Independent Hospital) in liaison with their Head of Operations and Employee Relations Lead, whenever possible and following guidance within the Disciplinary Policy and Procedures. * Liaising with Safeguarding Lead for any person at risk of significant harm. This must include recurrent or difficult issues such as service user to service user abuse and self-neglect . Area Manager to liaise with the Safeguarding Lead who will arrange and chair an urgent internal strategy meeting and agree an action plan with the Area Manager. Area Manager to oversee this and report outcome/ concerns to Head of Operations. * Planning and coordinating the safeguarding enquiries, liaising with Safeguarding Lead and informing Head of Operations. * Agree with the Team Leader the completion of HR024 Initial Fact Find following an allegation relating to an AFG staff member. Store the completed Form in the Significant Event under Documents. * Follow Appendix 8/9 for any PiPoT allegations. * A CQC Abuse notification must be completed for all safeguarding events where the Local Authority or the police have been notified and the person supported is in receipt of regulated activity. * Ensure that all concerns have been logged in the Care Management System. See Appendix 4 for further guidance around self-neglect. * Ensure that Team Leaders/Nurses are logging self-neglect significant events and completing (and notifying the Head of Operations where appropriate) self-neglect assessments for any individuals who are self-neglecting their personal hygiene, health, or surroundings. * Decide whether Duty of Candour applies and if so ensure that the Duty of Candour Regulations are met. * Liaise with HR if the member of staff is registered with a professional regulatory body e.g., NMC or HCPC where misconduct or competency has been upheld to determine whether this is notifiable – see Professional Registration Policy, HR007. * The Care Management System (and SelectHR by the Employee Relations Lead for staff outcomes) must be updated by the Area Manager when the enquiry activity is concluded. Individual staff outcomes are not to be recorded in THE CARE MANAGEMENT SYSTEM – the Area Manager must record ‘see SelectHR’. * DBS barring information and guidance is in Appendix 6 and 7. * If the member of staff was provided by an agency, the legal duty sits with the agency to refer. * Escalate concerns to the Head of Operations and Safeguarding Lead where there is a significant risk of harm to an adult at risk. This includes recurrent issues such as service user to service user abuse and high risk/difficult to resolve issues such as self-neglect. * Review responses to events ensuring that learning/outcomes have been identified and that improvements/actions take place. * Initiates actions planning to address all recommendations of the Safeguarding Investigation report * Ensure that QAF Safeguarding Audits are completed. * Escalate any concerning findings, responses and improvements needed to the Safeguarding Lead. * Complete the Safeguarding Outcomes Tab and CQC Tab and Area Manager tab to conclude the outcomes. |
| Line Manager/Team Leader/Nurse/On Call Responsibilities | **Responsible for:**   * Ensure the safety of all persons involved and that medical/health assistance has been arranged where there is a concern that a person may be injured or hurt. Including when injuries are unexplained, obtaining medical advice with regards to treatment and pain management but also information relating to possible causes to assist any investigation. * Ensure that all staff and anyone else present have made an accurate record of the safeguarding concern. Make arrangements for these records to be kept confidential and secure any other evidence has been secured. * The concern must be recorded in The Care Management System as a Significant Event, by the end of the next working day including the adult’s views, wishes, beliefs and desired outcomes. Record any immediate action taken and the reasons for those actions. * Follow Appendix 8 and 9 for any PiPoT allegations. * Appendix 4 includes guidance in relation to the definition of self-neglect and what constitutes a significant event. Refer to this guidance for concerns relating to any neglect relating to personal hygiene, health or accommodation including hoarding. * Ensure that self-neglect concerns are logged as significant events. * Complete a self-neglect assessment (Appendix 4) for any individual where there are general concerns that a person is neglecting their personal hygiene, health, or environment. Where the outcome is medium to severe risk forward the assessment to your Head of Operations and Safeguarding Lead. Save all assessments in The Care Management System under Service User Documents. * Inform Area Manager and Human Resources (if concern relates to a staff member). * Agree with the Area Manager the completion of HR024 Initial Fact Finding following an allegation relating to an AFG staff member. Store the completed Form in the Significant Event under Documents. * The consent of the person supported must be sought prior to sharing information. Where a person refuses this must normally be respected except when a criminal offence may have taken place or the individual or another person are at significant risk of abuse or harm. * Managers must access the Local Authority Safeguarding Procedures to determine whether the safeguarding concerns is reportable or follow the response required if not. Update The Care Management System with this information. * Managers need to look for past incidents, concerns, risks, and patterns. (In many situations, abuse and neglect arise from a range of incidents over a period of time.) * Ensure that the person supported involvement in the safeguarding process is empowering and supportive. * The response must be multi-agency, swift and personalised, involving the adult in decision making. * The response needs to consider reduction or removal of the safeguarding risks, identify any support to protect the adult and where necessary help the adult to recover and develop resilience. * Managers must work in partnership with other relevant bodies to contribute to individual risk assessments and to develop plans for safeguarding children and adults at risk, and when implementing these plans. * The response must be **proportionate** and improve outcomes for people concerned. * The response must include what support and advice (including advocacy) the adult and any alerters or witnesses require. It will clearly not be suitable for a person to be regarded an appropriate person (to support the adult) where they are implicated in any enquiry of abuse or neglect. * The Team Leader/Nurse must update the Safeguarding Tab and Team Leader tab The Care Management System on conclusion of the response demonstrating what action has been taken. |
| Enquiry Manager Responsibilities | **Responsible for:**   * The manager who will lead the enquiry activity can only be agreed and the activity instigated following instruction from the Police (where appropriate) and Local Authority after referral of the alert. AFG must receive the agreed plan from the strategy discussion/meeting, if however, this is not received HR024 process must be followed. * In any enquiry activity it is essential that the wishes of the person are clearly established and given due regard – see Mental Capacity Act 2005. * The enquiry manager must ensure that appropriate support and safeguards are in place for the affected person throughout the investigation; and * The investigation must be conducted in accordance with the Disciplinary Policy and Procedure. * With regard to abuse, neglect and misconduct within a professional relationship, codes of professional conduct and/or employment contracts must be followed and must determine the action that can be taken. * A chronology of the actions taken, and decisions made must be completed and recorded on the Care Management System . This must include views of service users or others acting on their behalf. * On completion of the enquiry an enquiry report or investigation report must be completed. The report must clearly identify the outcome of the enquiry, the rationale for the outcome and whether the abuse was proven. * Submits draft report to the Head of Operations and Safeguarding Lead by assigned deadline. * Revises/refines the draft enquiry report as per feedback. * It is important to contact the alerter and person affected to inform them that the enquiry is now completed and to update them on events. This does not mean that you disclose any confidential details such as any individual staff outcomes. |
| Safeguarding Lead | **Safeguarding Lead Responsibilities:**   * To provide advice, support, and guidance across the organisation to ensure that safeguarding policy, procedures and processes are upheld. * To participate in and record concerns, issues and agreed actions for internal strategy meetings for **serious** safeguarding concerns e.g., self-neglect issues, capacity/safeguarding/risk issues, recurrent hard to resolve issues, compatibility issues. * Where there are recurrent or difficult issues such as service user to service user abuse and self-neglect. Area Manager to liaise with the Safeguarding Lead who will arrange and chair an urgent internal strategy meeting and agree an action plan with the Area Manager. Area Manager to oversee this and report outcome/ concerns to Head of Operations. * Review the Safeguarding policy and procedures when required to ensure they are up to date with legislative, regulatory, contractual, and best practice guidance. Involve service users and stakeholders through the Safeguarding Group in the review and produce easy read guides. * Bring learning from safeguarding concerns to the safeguarding group to share the learning and put in place safeguards across AFG. * To monitor in conjunction with the Safeguarding Group, safeguarding incidents and produce reports analysing service type, abuse type, alleged abuser group, investigation type and outcome, establishing any trends for further investigation. * Share Lessons Learnt. Top Tips and suggestions to improve via Organisational Briefings * Produce an annual report of all safeguarding issues for the Safeguarding Group and the Board of Trustees, use this information to agree annual work plan and provide copies to Care Quality Commission upon request. * Escalate risks/concerns from the Safeguarding Group to the Quality and Compliance Committee. * Work alongside Learning and Development to ensure appropriate training resources are produced. * Co-ordinate the Safeguarding Group to promote compliance and improvements across the organisation in safeguarding. * To complete assurance Safeguarding visits across the organisation which embodies a preventative approach. Providing effective intervention, support, and reviews where concerns have been identified. * Also undertakes the role of Mental Capacity Act Lead. |

# 7. Compliance and Monitoring

Processes to measure compliance internally include Making Safeguarding Personal data collection (enquiry plan) and review (enquiry report), QAF Safeguarding Audit, Annual Safeguarding Report, Performance Indicators, and governance through the Safeguarding Group and Quality and Compliance Committee.

External compliance measures include Local Authority Enquiry Processes and monitoring. Monitoring Safeguarding Personal outcomes, commissioning and contract monitoring, internal/external inspections and audits and feedback from people supported, advocates, professionals and other stakeholders.

# 8. Support for Implementation

Staff will be supported by their Line Manager to understand and implement this policy as appropriate through induction, supervision, appraisal and training. Upon request AFG will make this policy available in alternative formats (e.g., Braille, other languages, large type). Staff can request a copy of all company policies from their line manager or electronically at head office and/or registered service location.

## 9. Health and Safety

All employees are reminded of their legal duty under the Health and Safety at Work, etc. Act 1974,to take reasonable care of their own health and safety and that of other people when implementing this policy.

# 10. Appendices

## Appendix 1 Procedural Guidance

## Appendix 2 Enquiry Plan

## Appendix 3 Enquiry Report

## Appendix 4 Self Neglect Assessment

## Appendix 5 Self Neglect Escalation Meeting Template

## Appendix 6 DBS Investigation Plan

## Appendix 7 DBS Investigation Decision Report

## Appendix 8 PiPoT Procedures

## Appendix 9 PiPoT Risk Assessment

## Appendix 10 Safeguarding Threshold Tool

# 11. Related Legislation

Alternative Futures Group as a provider of Health and Social Care are required to meet the requirements of the Care Act 2014. This policy is the foundation for the development of practice to meet those requirements.

[The Care Act 2014](http://www.legislation.gov.uk/ukpga/2014/23/contents)

[The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014](http://www.legislation.gov.uk/uksi/2014/2936/contents/made)

[The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015](http://www.legislation.gov.uk/uksi/2015/64/pdfs/uksi_20150064_en.pdf)

[Children Act 1989](http://www.legislation.gov.uk/ukpga/1989/41/contents)

[Children Act 2004](http://www.legislation.gov.uk/ukpga/2004/31/contents)

[Children and Young Persons Act 1933](http://www.legislation.gov.uk/ukpga/Geo5/23-24/12/contents)

[Criminal Justice and Courts Act 2015](http://www.legislation.gov.uk/ukpga/2015/2/pdfs/ukpga_20150002_en.pdf)

[Crime and Security Act 2010 - Domestic Violence](http://www.legislation.gov.uk/ukpga/2010/17/crossheading/domestic-violence)

[Deprivation of liberty safeguards - Code of Practice](http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476)

[Equality Act 2010](http://www.legislation.gov.uk/ukpga/2010/15/contents)

[Equality Act 2010: Chapter 1 (protected characteristics) Chapter 2 (prohibited conduct) and Chapter 3 (services and public functions)](http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf)

[Human Rights Act 1998](http://www.legislation.gov.uk/ukpga/1998/42/schedule/1)

[Mental Capacity Act 2005](http://www.legislation.gov.uk/ukpga/2005/9/contents)

[Mental Capacity Act Code of Practice](https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice)

[Mental Health Act 1983](http://www.legislation.gov.uk/ukpga/1983/20/contents)

[Mental Health Act 2007](http://www.legislation.gov.uk/ukpga/2007/12/contents)

[Mental Health Act Code of Practice 2015](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/396918/Code_of_Practice.pdf)

[Protection of Freedoms Act 2012 – links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012](http://www.legislation.gov.uk/ukpga/2012/9/contents)

[Safeguarding Vulnerable Groups Act 2006](http://www.legislation.gov.uk/ukpga/2006/47/contents)

[Regulation 13: Safeguarding service users from abuse and improper treatment | Care Quality Commission](http://www.cqc.org.uk/content/regulation-13-safeguarding-service-users-abuse-and-improper-treatment)

[Regulation 20: Duty of Candour](http://www.cqc.org.uk/content/regulation-20-duty-candour)

[Care Act Statutory Guidance](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf)

[Making Safeguarding Personal (LGA, ADASS)](http://www.local.gov.uk/documents/10180/11779/Making+Safeguarding+Personal++2013-14+full+report/758639a5-cadf-4f75-998a-0d232c35113e)

[Safeguarding Adults, Roles and Responsibilities in Health and Care Services (LGA, DoH, CQC, ADASS, ACPO)](http://www.pasauk.org.uk/upload/public/featurebox/Safeguarding%20Adults.%20Roles%20and%20responsibilities%20in%20health%20and%20care%20services.pdf)

[Adult Safeguarding - Sharing Information, SCIE](http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/files/sharing-information.pdf)

[Deprivation of liberty: a practical guide - The Law Society](https://www.lawsociety.org.uk/support-services/advice/articles/deprivation-of-liberty/)

[Self-neglect policy and practice: building an evidence base for adult social care - SCIE Report](http://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/)

[Serious Crime Act 2015, Section 76, coercive or controlling behaviour](http://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted)

[County Lines Exploitation: Applying All Our Health](https://www.gov.uk/government/publications/county-lines-exploitation-applying-all-our-health/county-lines-exploitation-applying-all-our-health#modern-slavery)

# 12. Version Control

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| --- | --- | --- | --- | --- |
| Version No | Details of Changes | Section(s) Changed | Author | Date |
| 17 | Summary amended. Introduction, safeguarding six principles and abuse categories added for clarity. Added information regarding Making Safeguarding Personal, what is Abuse, Prevent and what is an Adult Safeguarding Enquiry, Responding to concerns and deciding if a referral to a LA is required. Added guidance around MCA and advocacy. Added information around Prevention.  Removal of appendix 1 as this is now in main body and merged appendix 5 and 9. This is now appendix 4 |  | Wendy Pike | December 2021 |
| 18 | Amendment to key principles, abuse type examples. Section 4 updated to reflect Cuckooing and County Lines (4.2), including link to resource.  Update to ‘staff must not’ in 5.1. Update to 5.2 to clarify prompt reporting and introduction of risk screening tool. |  | Natalie Bell & Investigations Compliance Manager. | January 2023 |
| 19 | New procedural guidance introduced as appendix 1, including flow process and quality assurance information. Threshold tool removed from policy and now standalone appendix 10.  Appendices number changes with updates to layout.  Minor wording changes to policy body. | New Appendix 1 Procedural Guidance.  Main Policy Body.  New Appendix 10 | Natalie Bell | March 2024 |