

# OP05 - Safeguarding Policy

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## 1. Introduction

- 1.1. "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 or neglect, whilst at the same time making sure that the adults well-being is promoted," Care and Support Statutory Guidance (2016).
- 1.2. This policy aims to ensure the people who use our service are protected from abuse and their safety and well-being is maintained through informed practice and individual's human rights are respected and upheld.
- 1.3. This policy aims to provide mandatory and optional training requirements for all colleagues.
- 1.4. This policy ensures colleagues are aware of local arrangements surrounding Adult Protection Boards.
- 1.5. At Keystage Housing, we recognise that everyone has the right to live their lives free from violence and abuse, and any type of exploitation. The Human Rights Act (1998) reinforced the duty on public agencies to intervene respectively to protect the rights of individuals and for care agencies, The Care Act (2014) and its statutory guidance document.
- 1.6. Abuse of adults is the violation of an individual's civil or human rights by others. Such violations may be intentional or unintentional and may be a single act or repeated over a period, by one person or several people. The purpose of this policy is to enable those working with adults at risk to be able to recognise instances of abuse and to address them effectively.
  - 1.6.1. This involves the prevention of abuse, early detection, protection, and work with those adults following interventions to combat further abuse. Care providers play a key 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-centred 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.
- 1.7. Safeguarding adults at risk of abuse 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 brief period of illness or disability.
  - 1.7.1. Safeguarding adults is everybody's responsibility, and all services have a duty to respond and report all concerns regarding the abuse of an individual who has care and support needs.

## 2. Aim

- 2.1. The aim of Adult Safeguarding is to:
  - 2.1.1. Stop abuse or neglect wherever possible.
  - 2.1.2. Reduce the risk of abuse or neglect to tenants, reducing the circumstances that may lead to vulnerability and risk, including isolation, by adopting preventative strategies.
  - 2.1.3. Safeguard adults in a way that supports them in making choices and having control about how they want to live Promote tenants' well-being by adopting an approach that concentrates on improving life for the adults concerned.



2.1.4. Information and support in accessible ways to help tenants understand the different types of abuse, how to stay safe and how to raise a concern.

### 3. **Scope**

- 3.1. The aim of this policy is to ensure that throughout the work of Keystage Housing services we will safeguard and promote the welfare of adults at risk of abuse. We aim to do this by ensuring that we comply with statutory and local guidance for safeguarding and by ensuring safeguarding the rights of individuals we support is integral to all we do.
- 3.2. All Keystage Housing services are committed to implementing this policy and the practices it sets out. The services will provide learning opportunities and make provision for appropriate safeguarding adult training for all staff. This policy will be made widely accessible to staff.
- 3.3. This policy addresses the responsibilities of all employees. It is the responsibility of the manager to brief all staff on their responsibilities under the policy.

### 4. **Definitions**

- 4.1. Safeguarding is used as an umbrella term to capture notions of promoting welfare and protecting from harm.
- 4.2. The Care Act altered the term 'vulnerable adult,' to 'adult at risk' as it was felt that the original term indicated that some of the blame lay with the victim, which of course is not the case.
- 4.3. Defined an adult at risk as:
  - 4.3.1. Has needs for care and support (whether or not the authority is meeting any of those needs),
  - 4.3.2. Is experiencing, or is at risk of, abuse or neglect, and
  - 4.3.3. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it
- 4.4. These duties apply equally to all adults with care and support needs regardless of:
  - 4.4.1. Whether or not they are in receipt of any services
  - 4.4.2. Regardless of who funds any service they may be in receipt of (including those who fund their own care, have a personalised budget, or receive a Direct Payment)
  - 4.4.3. Whether or not they have the mental capacity to make decisions and regardless of where they live (other than prisons and approved premises)
- 4.5. Who might be included as an 'adult at risk'?
  - 4.5.1. People with learning disabilities, physical and/or sensory disabilities
  - 4.5.2. People with mental ill health
  - 4.5.3. People who are frail due to their age or with dementia
  - 4.5.4. People with brain injuries
  - 4.5.5. People with drug or alcohol issues
  - 4.5.6. Homeless young people (18+)
  - 4.5.7. Young people in transition, leaving care, secure units, or young offender institutions



- 4.5.8. Those who are trafficked and/or sexually exploited
- 4.5.9. Victims of domestic abuse, honour-based crimes and forced marriage
- 4.6. Abuse is described as:
  - 4.6.1. "A violation of an individual's human and civil rights by any other person or persons."
  - 4.6.2. "Abuse may consist of a single act or repeated acts."
  - 4.6.3. "Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it."
- 4.7. Significant Harm is described as:
  - 4.7.1. A determination of how serious or extensive abuse may be.
  - 4.7.2. "'Harm' does not only include the physical aspects, such as with sexual or physical abuse, but also the impairment of, or an avoidable deterioration in physical or mental health; and the impairment of physical, emotional, social, or behavioural development" 'Who Decides' Lord Chancellor's Department (1997)
- 4.8. Safeguarding Adults Boards (SAB):
  - 4.8.1. The Care Act introduced the notion that local authorities must provide a SAB.
  - 4.8.2. SABs are responsible for ensuring the protection of Adults at Risk through multi agency working.

## 5. **Responsibilities**

- 5.1. Managing Directors:
  - 5.1.1. Overall responsibility for safeguarding within Keystage Housing lies with the Proprietors and the elected safeguarding lead.
- 5.2. Managers:
  - 5.2.1. It is the responsibility of the Manager to ensure that adequate practices are in place on their sites concerning adult safeguarding and that these practices effectively link with and reflect those of the Local Authority.
  - 5.2.2. Are to ensure Keystage Housing are following safer recruitment procedures.
  - 5.2.3. Are to ensure that all colleagues read this policy.
  - 5.2.4. Will ensure all colleagues will receive basic training in safeguarding adults and training will be appropriate to the level of their responsibilities surrounding the people we support.
  - 5.2.5. Will work closely with local authorities to provide an effective multi-agency approach to the prevention, detection, and enquiry into abuse. The tenant should always be involved from the beginning of any enquiry and anything that happens as a result, wherever possible, must reflect the tenant's wishes, as stated by them or by their representative or advocate. If they lack capacity, a 'Best Interests Decision' on how to proceed must be taken.
- 5.3. Designated Safeguard Lead
  - 5.3.1. Introduced to Keystage Housing provision In 20205, the DSL Is responsible for the overall monitoring of safeguarding across Keystage Housing Services. The DSL will:
    - 5.3.1.1. Monitor and track all safeguarding's made



- 5.3.1.2. Review and analyse repeated safeguards for the same Individual, and advocate for further support
- 5.3.1.3. Support services with risk management
- 5.3.1.4. Attend MDTs and CASPA meetings
- 5.3.1.5. Be a point of contact for staff for safeguarding advice
- 5.3.1.6. have good knowledge of the most up-to-date safeguarding practices for each county of operation

#### 5.4. Staff:

- 5.4.1. Are responsible for ensuring they maintain clear and professional boundaries between themselves and tenants. These boundaries define the limits of behaviour that allow colleagues and tenants to engage safely in a professional and supportive relationship. The boundaries are based on trust, respect, and appropriate use of power, with the focus on the needs of the tenant. Blurring of these boundaries and moving the focus of care away from the tenant's needs can lead to confusion and the possibility of the development of abuse. Personal relationships with tenants are never acceptable.
- 5.4.2. All colleagues must work within the framework of the law and behaviour which is unlawful will not be condoned. Appropriate action will be taken against colleagues behaving outside the framework of the law.
- 5.4.3. Colleagues should be alert to indications of possible abuse of adults and understand how to raise any concerns appropriately. Safeguarding procedures should be seen as an integral part of the philosophy and working practices.
- 5.4.4. Immediately any concerns of abuse are raised the primary concern must be the safety and interests of the individual or group of individuals. Adults have a right to have their decisions respected, even if this involves taking risks, so careful assessment of the individual's mental capacity in relation to making decisions about the specific issue is essential to protect these rights.
- 5.4.5. Colleagues must be sensitive to diverse cultural, religious, and ethnic identities of tenants in all aspects of safeguarding adult work. Where spoken English is not the adult's primary language, or they communicate non-verbally, the assistance of appropriate interpreters will be used to ensure people's needs are being met and their views heard.
- 5.4.6. It is the responsibility of all colleagues to read this policy, to complete the Safeguarding training provided relevant to their job role, and to report any concerns to the Designated Adult Safeguarding Officer/lead on site, or a senior colleague.
- 5.4.7. It is the responsibility of all colleagues to advise their manager of any concerns they have about the safety and wellbeing of tenants. If colleagues do not feel their concerns are being taken seriously or sufficiently responded to within Keystage Housing, they should follow the guidelines in the Whistleblowing policy.
- 5.4.8. Colleagues may also report safeguarding concerns directly to the local Safeguarding board, if they feel it is necessary. In matters of safeguarding, it should never be assumed that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult.

## 6. Legislation

- 6.1. The Care Act 2014 Sections 42-47 define the legal obligations for providers of care and local authorities surrounding the safeguarding of adults at risk.
- 6.2. The Care Act promotes the idea of adult wellbeing and indicates that all agencies who are involved in caring for adults at risk, and therefore in safeguarding them, must focus on joining up around an individual, making the tenant the starting point for planning, looking at the tenant holistically. It is not possible to promote adult wellbeing without establishing a foundation where tenants are safe, and their care is on a secure footing.
- 6.3. Wellbeing, as described in the Care Act, broadly covers the following areas:
  - 6.3.1. Personal dignity (including treatment of the individual with respect)
  - 6.3.2. Physical and mental health and emotional wellbeing
  - 6.3.3. Protection from abuse and neglect
  - 6.3.4. Control by the individual over day-to-day life (including over care and support provided and the way it is provided)
  - 6.3.5. Participation in work, education, training, or recreation
  - 6.3.6. Social and economic wellbeing
  - 6.3.7. Domestic, family, and personal
  - 6.3.8. Suitability of living accommodation
  - 6.3.9. The individual's contribution to society
- 6.4. Local authorities now have a duty to initiate enquiries where there is an allegation or suspicion of abuse including the duty to initiate serious case reviews where a tenant has suffered serious harm or has died because of abuse. As well as this, LA's have a legal obligation to oversee and coordinate the Safeguarding Adults Process.
- 6.5. Safeguarding adult's boards are mandatory in every locality and have the power to demand cooperation and/or information from local agencies in the interest of safeguarding the person. Care and Support Statutory Guidance 2016 Chapter 14 of this act provides guidance on sections 42 to 46 of the Care Act 2014 and covers:
  - 6.5.1. Adult safeguarding: what it is and why it matters
  - 6.5.2. Abuse and neglect
  - 6.5.3. Understanding what they are and spotting the signs
  - 6.5.4. Reporting and responding to abuse and neglect
  - 6.5.5. Carers and adult safeguarding
  - 6.5.6. Adult safeguarding procedures
  - 6.5.7. Local authority's role and multi-agency working
  - 6.5.8. Criminal offences and adult safeguarding
  - 6.5.9. Safeguarding enquiries
  - 6.5.10. Safeguarding Adults Boards
  - 6.5.11. Safeguarding Adults Reviews
  - 6.5.12. Information sharing, confidentiality and record keeping
  - 6.5.13. Roles, responsibilities and training in local authorities, the NHS, and other agencies

6.6. The safeguarding duties apply to an adult who:

6.6.1. Has needs for care and support (if the local authority is meeting any of those needs)

6.6.2. Is experiencing, or at risk of, abuse or neglect

6.6.3. As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect

6.7. Human Rights Act 1998

6.7.1. The Human Rights Act is a UK law passed in 1998. It means that you can defend your rights in the UK courts and that public organisations (including the Government, the Police, and local councils) must treat everyone equally, with fairness, dignity, and respect.

6.8. Care Standards Act 2000

6.8.1. The Act is in nine Parts:

6.8.1.1. Part I provides for the establishment of the National Care Standards Commission in England and establishes the National Assembly for Wales as the equivalent registration authority in Wales.

6.8.1.1.1. Part I also contains definitions for the purposes of the Act;

6.8.1.2. Part II makes provision for the regulatory procedures to be followed by the National Care Standards Commission in England and the National Assembly for Wales. The Secretary of State and National Assembly for Wales are given powers to make regulations in relation to the care services regulated under this Part of the Act and to issue national minimum standards applicable to all the services to which the registration authorities and providers must have regard;

6.8.1.3. Part III provides for the inspection of local authority fostering and adoption services by the National Care Standards Commission and the National Assembly for Wales;

6.8.1.4. Part IV concerns the functions of, and procedures to be followed by the General Social Care Council and the Care Council for Wales;

6.8.1.5. Part V provides for the establishment of an independent Children's Commissioner in Wales;

6.8.1.6. Part VI provides for the regulation of child minding and day care services for young children and provides for checks on the suitability of persons working with older children;

6.8.1.7. Part VII imposes a duty on the Secretary of State to maintain a list of individuals who are considered unsuitable to work with vulnerable adults, and makes amendments to the Protection of Children Act 1999;

6.8.1.8. Part VIII makes provision about children in boarding schools and further education colleges and makes new arrangements for the regulation of nurses' agencies; and for statutory guidance on local authority charges for home care services; and

6.8.1.9. Part IX contains supplementary provisions. Mental Health Act 1983 & 2007 The 1983 Act is concerned with the circumstances in which a person with a mental disorder can be detained for treatment for that disorder without his or her consent. It also sets out the processes that must be followed and the safeguards for patients, to ensure.

6.9. Mental Health Act 1983 & 2007

6.9.1. The 1983 Act is concerned with the circumstances in which a person with a mental disorder can be detained for treatment for that disorder without his or her consent. It also sets out the processes that

must be followed and the safeguards for patients, to ensure that they are not inappropriately detained or treated without their consent. The main purpose of the legislation is to ensure that people with serious mental disorders which threaten their health or safety, or the safety of the public can be treated irrespective of their consent where it is necessary to prevent them from harming themselves or others.

6.9.2. The changes in relation to the MCA (Mental Capacity Act) are in response to the 2004 European Court of Human Rights judgment (HL v UK (Application No.45508/99)) (the “Bournewood judgment”) involving an autistic man who was kept at Bournewood Hospital by doctors against the wishes of his carers. The European Court of Human Rights found that admission to and retention in hospital of HL under the common law of necessity amounted to a breach of Article 5(1) ECHR (deprivation of liberty) and of Article 5(4) (right to have lawfulness of detention reviewed by a court).

#### 6.10. Mental Capacity Act 2005

6.10.1. The Act aims to clarify many legal uncertainties and to reform and update the current law where decisions need to be made on behalf of others. The Act will govern decision-making on behalf of adults, both where they lose mental capacity at some point in their lives, for example because of dementia or brain injury, and where the incapacitating condition has been present since birth. It covers a wide range of decisions, on personal welfare as well as financial matters and substitute decision-making by attorneys or court-appointed “deputies” and clarifies the position where no such formal process has been adopted. The Act includes new rules to govern research involving people who lack capacity and provides for new independent mental capacity advocates to represent and provide support to such people in relation to certain decisions. The Act provides recourse, where necessary, at the appropriate level, to a court with power to deal with all personal welfare (including health care) and financial decisions on behalf of adults lacking capacity.

6.10.2. The Act replaces Part 7 of the Mental Health Act 1983 and the whole of the Enduring Powers of Attorney Act 1985. A new Court of Protection with more comprehensive powers will replace the current Court of Protection, which is an office of the Supreme Court.

#### 6.11. Deprivation of Liberty Safeguards

6.11.1. The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only.

6.11.2. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

6.11.3. The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital.

6.11.4. In other settings the Court of Protection can authorise a deprivation of liberty.

6.11.5. Care homes or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation.

6.11.6. There are six assessments which must take place before a standard authorisation can be given.

6.11.6.1. If a standard authorisation is given, one key safeguard is that the person has someone appointed with legal powers to represent them. This is called the relevant person's representative and will usually be a family member or friends.

6.11.6.2. Other safeguards include rights to challenge authorisations in the Court of Protection, and access to Independent Mental Capacity Advocates (IMCAs).

## 6.12. Liberty Protection Safeguards (LiPS)

6.12.1. In March 2017, the Law Commission produced its final proposal on a replacement for the Deprivation of Liberty Safeguards (DoLS), and suggested amendments to the Mental Capacity Act itself. The changes to the act are to incorporate the new scheme, called the Liberty Protection Safeguards (LiPS), and to strengthen people's rights in areas such as best interest decisions.

6.12.2. The proposed scheme:

6.12.2.1. Applies in any health and social care setting, not just care homes and hospitals

6.12.2.2. Applies to anyone from 16 years old and above, rather than 18, as is the case with DoLS

6.12.2.3. Introduces a two-tier system of protection

6.12.3. In most cases, the "responsible body" (which replaces the supervisory body, and which would be the local authority in most social care cases, and the NHS for most hospitals) would conduct – making use of existing assessments where possible – a capacity assessment, a medical assessment, and an assessment of whether the planned care arrangements are "necessary and proportionate." An independent reviewer, working for the responsible body but not otherwise involved in the person's care, would then look at the assessments, and approve the arrangements if satisfied.

6.12.4. An Approved Mental Capacity Professional (replacing the Best Interests Assessor role) would only be called in on those cases where the person was objecting to their care arrangement or had made previous statements that would indicate an objection to their care arrangements.

## 6.13. Equality Act 2010

6.13.1. The Act has two main purposes – to harmonise discrimination law, and to strengthen the law to support progress on equality.

6.13.2. The Act brings together and re-states all the enactments and several other related provisions. It will harmonise existing provisions to give a single approach where appropriate. Most of the existing legislation will be repealed.

6.13.3. The Equality Act 2006 will remain in force (as amended by the Act) so far as it relates to the constitution and operation of the Equality and Human Rights Commission; as will the Disability Discrimination Act 1995, so far as it relates to Northern Ireland.

6.13.4. The Act also strengthens the law in many areas. It:

6.13.4.1. Places a new duty on certain public bodies to consider socio-economic disadvantage when making strategic decisions about how to exercise their functions;

6.13.4.2. Extends the circumstances in which a person is protected against discrimination by allowing people to make a claim if they are directly discriminated against because of a combination of two relevant protected characteristics;

6.13.4.3. Creates a duty on listed public bodies when carrying out their functions and on other persons when carrying out public functions to have due regard when carrying out their functions

- to: the need to eliminate conduct which the Act prohibits; the need to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not; and the need to foster good relations between people who share a relevant protected characteristic and people who do not. The practical effect is that listed public bodies will have to consider how their policies, programmes and service delivery will affect people with the protected characteristics;
- 6.13.4.4. Allows an employer or service provider or other organisation to take positive action to enable existing or potential employees or customers to overcome or minimise a disadvantage arising from a protected characteristic
  - 6.13.4.5. Extends the permission for political parties to use women-only shortlists for election candidates to 2030;
  - 6.13.4.6. Enables an employment tribunal to make a recommendation to a respondent who has lost a discrimination claim to take certain steps to remedy matters not just for the benefit of the individual claimant (who may have already left the organisation concerned) but also the wider workforce;
  - 6.13.4.7. Amends family property law to remove discriminatory provisions and provides additional statutory property rights for civil partners in England and Wales;
  - 6.13.4.8. Amends the Civil Partnership Act 2004 to remove the prohibition on civil partnerships being in religious premises.

## 7. The Principles of Safeguarding

- 7.1. Safeguarding incorporates prevention, empowerment, and protection to enable adults who are in circumstances that make them vulnerable to abuse to retain independence, wellbeing, and choice, and to access their right to a life free from abuse and neglect.
- 7.2. The Department of Health (2011) and the Care Act (2014) have agreed best practice principles for safeguarding adults that should be utilised to provide a benchmark for achieving good outcomes for individuals.
- 7.3. The National Safeguarding Principles are:
  - 7.3.1. Principle 1 – Empowerment - Presumption of person led decisions and consent 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.
  - 7.3.2. Principle 2 Protection - Support and representation for those in greatest need. All staff have a duty to support all individuals to protect themselves. Staff have a positive obligation to take additional measures for individuals who may be less able to protect themselves.



- 7.3.3. 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.
- 7.3.4. 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.
- 7.3.5. Principle 5 Partnerships - Local solutions through services working with their communities. Safeguarding 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 multi-agency team should be utilised when safeguarding adults.
- 7.3.6. Principle 6 Accountability - Accountability and transparency in delivering safeguarding. All Keystage Housing services are accountable to the individuals we support and to their commissioning agencies.
- 7.3.7. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

## 8. **Categories and Indicators of Abuse Under the Care Act**

8.1. Abuse was redefined and re-categorised into ten categories, these are as follows:

- 8.1.1. Physical Abuse Including but not exclusive to; assault, hitting, slapping, misuse of medication, restraint, or inappropriate use of physical sanctions.
- 8.1.2. Can be indicated by; physical marks such as bruises and cuts to the body, a lack of willingness to be touched, flinching and withdrawal.
- 8.1.3. Psychological Abuse Including but not exclusive to; emotional abuse, threats of harm, 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.
- 8.1.4. Can be indicated by; Lowered self-esteem and motivation, feelings of worthlessness, withdrawal, and depression.
- 8.1.5. Sexual Abuse Including but not exclusive to; 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 assault to which the adult has not consented to or was pressured into consenting.
- 8.1.6. Can be indicated by; unusual sexual behaviour, including increased touching of oneself, unusual or more frequent washing, withdrawal, flinching, physical fear towards members of abuse, gender, and increased sensitivity.
- 8.1.7. Financial Abuse Including but not exclusive to; Theft, fraud, internet scamming, coercion in relation to adults' financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possession of benefits.

- 8.1.8. Can be indicated by; Missing funds, inability to account for funds, lack of trust surrounding money.
- 8.1.9. Neglect or Acts of Omission Including but not exclusive to; ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and support or education services, the withholding of necessities in life such as; medication, nutrition, and heating.
- 8.1.10. Can be indicated by; decline in physical, psychological health, withdrawal, depression.
- 8.1.11. Organisational Abuse Including but not exclusive to; neglect and poor care practice within an institution or specific care setting such as a supported living service, this may range from on-off incidents to on-going ill-treatment. It can be neglect or poor professional practice because of the structure, policies, processes, and practices within an organisation.
- 8.1.12. Can be indicated by; Lack of choice/freedom to make own decisions surrounding own life, feeling of 'this is the way ... company does it.'
- 8.1.13. Modern Day Slavery Including but not exclusive to; slavery, human trafficking, forced labour and domestic servitude.
- 8.1.14. Can be indicated by; withdrawal, controlled behaviour, lack of freedom surrounding choice.
- 8.1.15. Discriminatory Abuse Including but not exclusive to; forms of harassment, slurs, or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation, or religion.
- 8.1.16. Can be indicated by withdrawal, fear, lowered self-esteem.
- 8.1.17. Domestic Violence Including but not exclusive to; psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence.
- 8.1.18. Can be indicated by; Physical signs, psychological signs, sexual signs, and discriminatory signs.
- 8.1.19. Self-Neglect Including but not exclusive to; neglecting to care for one's personal hygiene, health or surroundings, and includes behaviours such as hoarding.
- 8.1.20. Can be indicated by; lack of notion towards personal care and/or wellbeing, decline in physical appearance, hoarding of objects in a way which impacts day to day life.
- 8.1.21. Additional Areas of Abuse to be Considered:
- 8.1.22. Female Genital Mutilation
- 8.1.23. Forced Marriage
- 8.1.24. Honour Based Abuse
- 8.1.25. Cyber Bullying
- 8.1.26. Internet Crime/Abuse
- 8.1.27. Hoarding
- 8.1.28. Hate Crime
- 8.1.29. Anti-Social Behaviour
- 8.1.30. Sex Working

## 9. Prevention of Abuse

- 9.1. Messages from Serious Case Reviews:
  - 9.1.1. Policy, procedures and guidance not used
  - 9.1.2. No overall ownership of the case at hand



- 9.1.3. Poor recording, quality of assessment, risk analysis and prevention planning
- 9.1.4. Limited understanding of the complex relationship between mental capacity, risk, choice, and safeguarding, and how to work effectively within these complexities.
- 9.1.5. Poor multi-agency working/communication with agencies - focusing on single issues and not sharing information.
- 9.2. How can we minimise the risk of something similar happening in our own work setting?
  - 9.2.1. Valuing and respecting every aspect of each individual's identity.
  - 9.2.2. Promoting an individual's well-being
  - 9.2.3. Involving and listening to people to the maximum level of their mental capacity and offering choice and self-determination
  - 9.2.4. Having clear, current, realistic, and accessible policies and procedures
  - 9.2.5. Ensuring risk assessments are undertaken before the service commences any activity and any appropriate risk management strategies are implemented and regularly reviewed.
  - 9.2.6. Ensuring that the person is involved in developing their support plans and ensuring support plans are kept up to date and reviewed regularly.
  - 9.2.7. Sharing information about safeguarding and good practice with all individuals using our services, their families, staff, volunteers, and relevant contractors.
  - 9.2.8. Sharing information about concerns with statutory agencies.
  - 9.2.9. Providing effective management for staff and volunteers through supervision, support and training.
  - 9.2.10. Committing to reviewing our policy and good practice annually to make sure they are still relevant and effective.
- 9.3. We will:
  - 9.3.1. Accept the essential Importance of personal dignity
  - 9.3.2. Assist people In developing Improved communication skills
  - 9.3.3. Work to empower people to know their rights and have a greater voice In their lives
  - 9.3.4. Follow safer recruitment guidance to ensure people In a position of trust are safe and appropriate
- 9.4. Safer Recruitment
  - 9.4.1. Safer recruitment policies must be followed for all colleagues, including volunteers. Agency colleague's references and Disclosure and Barring Service checks are the responsibility of their employee i.e., the Agency, but must be confirmed in writing to the site prior to any shift being worked. Agency colleague's induction will include an overview of safeguarding procedures specific to the site. It is the responsibility of the Service Manager to ensure agency colleagues have been recruited using full safer recruitment processes by their employer i.e., the agency.
  - 9.4.2. Keystage Housing services have adopted appropriate recruitment and selection procedures for staff in the context of safeguarding and these include the following:
  - 9.4.3. Ensuring that the recruitment and selection policy is up to date.
  - 9.4.4. Ensuring that Keystage Housing services' commitment to safeguarding is included in all recruitment and selection materials.
  - 9.4.5. Ensuring that we have an up-to-date job/role description and person specification for the role we wish to recruit to.

- 9.4.6. Ensuring that our methods for attracting candidates e.g., advertising containing all the necessary information about the role, timetable for recruitment and our commitment to safeguarding.
  - 9.4.7. Ensuring that we have received application forms of potential candidates
  - 9.4.8. Ensuring that each application received is scrutinised in a systematic way by the Manager and the Managing Directors to agree the shortlist before sending invitations to interview.
  - 9.4.9. Ensuring that all shortlisted candidates receive the same invitation to interview, supplying them with all the necessary information.
  - 9.4.10. Ensuring that an interview is conducted for all short-listed candidates based on an objective assessment of the candidate's ability to meet the person specification and job description as part of a face-to-face interview.
  - 9.4.11. Ensuring that all specific questions designed to gain required information about each candidate's suitability have been asked, including those needed to address any gaps in information supplied in the application form.
  - 9.4.12. Ensuring that we can make a confident selection of a preferred candidate based upon their demonstration of suitability for the role.
  - 9.4.13. Ensuring that all appropriate checks have been undertaken on the preferred candidate, including references and DBS checks.
  - 9.4.14. Ensuring that the preferred candidate is informed that the offer of employment (including volunteer positions) is conditional on receiving satisfactory information from all necessary checks.
- 9.5. Notifications to Regulatory, Professional or Vetting and Barring Bodies
- 9.5.1. The Safeguarding Vulnerable Groups Act (2006) introduced a new vetting and barring scheme for all those who work with children and vulnerable adults. Across the UK this list is kept by the DBS. Employers are required to make referrals to the DBS about individuals they believe to pose a risk of harm to vulnerable groups. There is a referral guidance document available from the DBS
  - 9.5.2. [www.gov.uk/government/publications/dbs-referralsform-and-guidance](http://www.gov.uk/government/publications/dbs-referralsform-and-guidance).
  - 9.5.2.1. It is an offence for employers to employ anyone who is barred under the scheme.
  - 9.5.3. The vetting and barring schemes are linked so that they are all able to identify when an individual has been negatively reported in the system of any country in the UK.
  - 9.5.4. It is the responsibility of the manager to notify their specific regulatory body and DBS, if an employee is dismissed on safeguarding grounds in consultation with the proprietor. The responsibility to notify also applies if someone resigns or retires at the time of a safeguarding concern when there is sufficient evidence to dismiss them, or they resign to avoid disciplinary action.
- 9.6. Designated Roles
- 9.6.1. Keystage Housing will have a nominated senior colleague as the Designated Adult Safeguarding lead, with the manager as the safeguarding contact on their own site
- 9.7. Multi-Agency Cooperation
- 9.7.1. No effective adult safeguarding process can work unless those concerned are committed to the concept of multi-agency and multi-professional working. All the agencies involved, private or public bodies, should have the well-being, rights and safety of the adult at risk as the first priority.



- 9.7.2. Multi-agency cooperation is aimed at sharing information, improving joint working and addressing barriers.
- 9.7.3. Where intervention is necessary, this should be commensurate with the level of concern and the least restrictive and intrusive into people's lives. Support should be aimed at enabling the person to achieve their highest level of independence, and should be in partnership with the local authorities, the adult at risk and their carers where appropriate.
- 9.8. Information shared between agencies, including the local social services department and the police, must be treated with the strictest confidentiality (but this must not be confused with secrecy).
  - 9.8.1. The safety of the adult at risk, however, depends on the willingness of those agencies, or organisations, to share and exchange relevant information when there is concern. Early sharing of information is the key to providing an effective response where there are emerging concerns.
  - 9.8.2. Where there is a general non-specific safeguarding concern, it is good practice to convene a professionals' meeting with other external agencies
- 9.9. Visitors
  - 9.9.1. All visitors to and from any site must be recorded and supervised as appropriate.

## **10. Restriction and Restraint**

- 10.1. The inappropriate use of physical interventions, restriction or restraint can also be classified as a form of abuse.
- 10.2. When using physical interventions staff must be suitably trained and only use them as a last resort, following the failure of all other calming strategies failing.
- 10.3. Staff must record appropriately all use of physical interventions and ensure that following on from the intervention the tenant receives the correct level of support and reassurance.
- 10.4. Under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, a tenant must not be unreasonably restricted or restrained, unless it is in their best interest to do so. This includes but is not exclusive to:
  - 10.4.1. Using locks or keypads which stop a person going out or into different areas of a building
  - 10.4.2. The use of some medication, for example, to calm a person
  - 10.4.3. Close supervision in the home, or the use of isolation
  - 10.4.4. Requiring a person to be supervised when out
  - 10.4.5. Restricting contact with friends, family and acquaintances, including if they could cause the person harm
  - 10.4.6. Physically stopping a person from doing something which could cause them harm
  - 10.4.7. Removing items from a person which could cause them harm
  - 10.4.8. Holding a person so that they can be given care, support or treatment
  - 10.4.9. Bed Rails, wheelchair straps, restraints in a vehicle, and splints the person having to stay somewhere against their wishes or the wishes of a family member
  - 10.4.10. Repeatedly saying to a person, they will be restrained if they persist in a certain behaviour.

- 10.5. Carrying out any activity described above without the appropriate authorisation or unnecessarily constitutes abuse. Keystage Housing will ensure that no staff members unreasonably restrict or restrain without the appropriate safeguards in place.
- 10.5.1. The first safeguard is the assessment process for a standard authorisation which involves at least two independent assessors who must have received training for their role. There will always be one mental health assessor and one best interest's assessor who will stop deprivation of liberty being authorised if they do not think all the conditions are met.
- 10.5.2. Family, friends, and paid carers who know the person well should be consulted as part of the assessment process. They may have suggestions about how the person can be supported without having to deprive them of their liberty. Those people who do not have family or friends who can represent them have a right to the support of an Independent Mental Capacity Advocate (IMCA) during the assessment process. And always, the fifth principle of the Mental Capacity Act, that any decision made in a person's best interests must be the least restrictive of their rights and freedoms, should be borne in mind.
- 10.5.3. If standard authorisation is granted the following safeguards are available:
- 10.5.3.1. The person must be appointed a relevant person's representative as soon as possible. Usually this will be a family member or friend who agrees to take this role.
- 10.5.3.2. If there is no one willing or able to take this role on an unpaid basis, the supervisory body must pay someone, such as an advocate, to do this.
- 10.5.3.3. The person and their representative can require the authorisation to be reviewed at any time, to see whether the criteria to deprive the person of their liberty are still met, and if so whether any conditions need to change.
- 10.5.3.4. The person and their relevant person's representative have a right to challenge the deprivation of liberty in the Court of Protection at any time.
- 10.5.3.5. If the person has an unpaid relevant person's representative, both they and their representative are entitled to the support of an IMCA. It is good practice for supervisory bodies to arrange for an IMCA to explain their role directly to both when a new authorisation has been granted.
- 10.5.3.6. The home or hospital should do all it reasonably can to explain to a detained person and their family what their rights of appeal are and give support
- 10.6. For more information, please refer to the Mental Capacity Policy and the Deprivation of Liberty Safeguards.

## 11. Radicalisation

- 11.1. Keystage Housing recognises that there is a threat of terrorism and understands that many terrorists are radicalised during their day-to-day contact with others.
- 11.2. Keystage Housing works with vulnerable people who are often experiencing a personal crisis, have a low economic status and are socially isolated. This group are particularly prone to being exploited and adopting an extremist agenda. The UK government's Prevent Strategy (2011), which is a key aspect of



safeguarding, outlines the commitment to be made by organisations such as Keystage Housing in ensuring that threats of this kind are understood and responded to.

- 11.3. PREVENT / RADICALISATION PREVENT is a key element of the Government’s Counter Terrorism Strategy and is aimed at stopping people from supporting or participating in terrorism. The Counter Terrorism and Security Act 2015 contains a PREVENT duty for statutory agencies. At its heart, is the concept of early intervention to divert people away from being drawn into terrorist activity.
- 11.4. The Counter Terrorism and Security Act 2015 Indicators of someone potentially being at risk of radicalisation can include but are not limited to:
- 11.4.1. Family tensions
  - 11.4.2. Sense of isolation
  - 11.4.3. Migration
  - 11.4.4. Personal identify problems or distancing from cultural heritage
  - 11.4.5. Experience of racism or discrimination
  - 11.4.6. Feeling of failure
  - 11.4.7. Spending time in the company of suspected terrorists
  - 11.4.8. Changing style of dress or personal appearance to accord with a group
  - 11.4.9. Day-to-day behaviour becoming centred on extremist ideology, group or cause
  - 11.4.10. Loss of interest in other friends and activities not associated with the extremist ideology, group of cause
  - 11.4.11. Possession of material or symbols associated with an extremist cause
  - 11.4.12. Attempts to recruit others to the ideology, group or cause
  - 11.4.13. Communication with others that suggests identification with an ideology, group or cause
- Channel is the multiagency conference system for early intervention and support for those identified as being radicalised. Revised Prevent Duty Guidance Channel draws on existing collaboration between local authorities, statutory partners, Police, and the local community to identify at an early stage and support any individual who may be at risk of becoming involved in violent extremism (domestic and international) or have already been recruited by violent extremists.
- 11.4.14. This is regardless of age, faith, ethnicity or background. Referrals to Channel are received by the Police via the PREVENT pathway.
- 11.5. Concerned staff should inform their manager and if required contact the Local Safeguarding Adults Team or the Police on 101.

## 12. Disclosures of Abuse

- 12.1. Barriers to disclosure:
- 12.1.1. For an adult to make a disclosure of abuse to a member of staff takes great courage. There are many factors which may influence an adult at risks ability to make a disclosure, these include:
  - 12.1.2. Fear of more abuse
  - 12.1.3. Shame or humiliation
  - 12.1.4. Blame

- 12.1.5. Loss of affection or love for abuser
- 12.1.6. Concerned about repercussions
- 12.1.7. Family loyalty
- 12.1.8. Fear of being moved out of home
- 12.1.9. May not realise that abuse is occurring
- 12.1.10. Threats from perpetrator
- 12.1.11. Not being aware of options and resources
- 12.1.12. Only alternative accommodation may be residential care
- 12.1.13. Loss of entire social network
- 12.1.14. Impairment
- 12.1.15. Guilt
- 12.1.16. Not able to leave the home to disclose the abuse
- 12.2. As well as this, there is the barrier due to the reaction tenants may receive from the staff when making a disclosure.
- 12.3. All of us have a natural revulsion upon hearing that someone has deliberately harmed someone, sometimes we:
  - 12.3.1. Find it hard to believe
  - 12.3.2. Cannot believe the suspicion that it may be someone we know.
  - 12.3.3. Fear getting it wrong
  - 12.3.4. Believe the adult protection services are stigmatising
  - 12.3.5. Simply do not want to be involved
  - 12.3.6. Do not have the information on what to do or who to contact.
- 12.4. Breaking down the barriers
  - 12.4.1. It is important as professionals that we work closely with the people who use our services to ensure that barriers to disclosures being made are broken down by the following steps:
    - 12.4.1.1. Creating a culture where adults at risk are listened to
    - 12.4.1.2. Believing an adult at risk
    - 12.4.1.3. Having policies and procedures which are robust and living day to day in the organisation
    - 12.4.1.4. Effective and regular training for all staff on abuse and recognising abuse
    - 12.4.1.5. Ensuring staff who receive the disclosure are supported and de-briefed.
    - 12.4.1.6. Ensuring a named professional is contactable and identifiable.
    - 12.4.1.7. How to respond to a disclosure of abuse:
    - 12.4.1.8. Staff will listen and not interrupt the person at risk.
    - 12.4.1.9. Staff will positively reinforce the person at risk making the disclosure and use positive phrases such as; 'thank you for telling me' And 'you have done the right thing telling.'
    - 12.4.1.10. After the adult is finished, ask them if there is anything else they wish to tell you.
    - 12.4.1.11. Ensure the tenant knows and understands that you cannot keep a secret or keep it confidential if the adult is at risk.

12.4.1.12. Ask for the adult permission to report this further and ensure they are aware of what steps you, and the manager will take to keep them safe (refer to the easy read guide regarding safeguarding).

12.4.1.13. Be appropriate with the person at risks capacity (please see policy on Mental Capacity)

12.4.1.14. Keep the adult at risk informed of the process at each step.

12.4.2. Things NOT to do when receiving a disclosure:

12.4.2.1. React strongly with phrases such as ‘that’s disgusting’.

12.4.2.2. Jump to conclusions

12.4.2.3. Speculate or accuse anybody

12.4.2.4. Ask leading questions, replace this with TED: Tell me / Explain / Describe

12.4.2.5. Tell them you will keep their secret

12.4.2.6. Make promises you cannot keep

12.4.2.7. Stop a person who is speaking freely

12.4.2.8. Tell someone not to tell anybody else about their abuse

12.4.2.9. Delay reporting or recording.

12.5. Gaining Consent:

12.5.1. It is always essential in safeguarding to consider whether the adult at risk can give informed consent. If they are, their consent should be sought. The third core principle of the Mental Capacity Act 2005 gives a person with a mental impairment or disorder of the mind the right to make unwise decisions if they have the mental capacity to make that specific decision. Amongst staff teams there are therefore often false perceptions about needing evidence or consent to share safeguarding information with safeguarding agencies (local authority or/and the police), particularly in circumstances where a person has the mental capacity to make decisions around their own safety. Some frontline staff and managers can be over-cautious about sharing personal information, particularly if it is against the wishes of the individual concerned. They may also be mistaken about needing hard evidence or consent to share information.

12.5.2. The risk of sharing information is often perceived as higher than it is. This may be in relation to whether they give consent to:

12.5.2.1. An activity that may be abusive – if consent to abuse or neglect was given under duress, for example, because of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded

12.5.2.2. A Safeguarding Adults investigation going ahead in response to a concern that has been raised.

12.5.2.3. The recommendations of an individual protection plan being put in place

12.5.2.4. A medical examination

12.5.2.5. An interview

12.5.3. Certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the adult at risk. Where an adult at risk with capacity has decided that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected.

- 12.5.4. The person must be given information and can consider all the risks and fully understand the consequences of that decision over the short and long term. It is important that staff consider the risks of not sharing safeguarding information when making decisions.
- 12.5.5. If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, staff must always share safeguarding concerns in line with our organisation's safeguarding policy, usually with their manager/deputy manager or manager on call in the first instance except in emergency situations. As long as it does not increase the risk to the individual, the member of staff should explain to them that it is their duty to share their concern with their manager.
- 12.5.6. With regards to sharing the report with external agencies, the adults' wishes will be respected unless:
- 12.5.6.1. There is a public interest, for example, not acting will put other adults or children at risk
  - 12.5.6.2. There is a duty of care to intervene, for example, a crime has been or may be committed.  
The alleged abuser has care and support needs and may also be at risk
  - 12.5.6.3. A serious crime has been committed
  - 12.5.6.4. Staff are implicated
  - 12.5.6.5. The person has the mental capacity to make that decision, but they may be under duress or being coerced
  - 12.5.6.6. The risk is unreasonably high and meets the criteria for a safeguarding referral
  - 12.5.6.7. A court order or other legal authority has requested the information.
- 12.5.7. It is important that staff consider the risks of not sharing safeguarding information when making decisions in this area.
- 12.5.8. If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the person:
- 12.5.8.1. Support the person to weigh up the risks and benefits of different options ensure they are aware of the level of risk and possible outcomes
  - 12.5.8.2. Offer to arrange for them to have an advocate or peer supporter
  - 12.5.8.3. Offer support for them to build confidence and self-esteem if necessary
  - 12.5.8.4. Agree on and record the level of risk the person is taking
  - 12.5.8.5. Record the reasons for not intervening or sharing information
  - 12.5.8.6. Regularly review the situation
  - 12.5.8.7. Try to build trust and use gentle persuasion to enable the person to better protect themselves. Achieving Best Evidence: Consider any forensic evidence – fingerprints, encouraging a person not to wash etc.
  - 12.5.8.8. Seek advice from whoever is leading the multi-agency investigation regarding what action to take and what can and cannot be discussed.

## 13. Recording and Reporting

### 13.1. Make Safe

- 13.1.1. The first thing to do when you have concerns about an individual's welfare is to take reasonable and practical action to ensure that they are in no immediate danger or in need of medical attention. If a person is in danger and/or in need of emergency medical treatment, you have a duty to contact emergency services immediately.
- 13.1.2. If you suspect that a crime has been committed, you must also take reasonable and practical action to ensure that any evidence is protected.
- 13.2. Report your concerns
  - 13.2.1. No safeguarding incident or suspected safeguarding incident should be handled in isolation, so make sure you report your concerns to the manager/ deputy manager or manager on call without delay.
  - 13.2.2. All discussions should take place 'verbally.' Email and voicemail messages are not considered as appropriate communications methods when reporting safeguarding incidents or concerns. If out of hours, contact the manager on call without delay.
- 13.3. Doing nothing is not an option!
- 13.4. If you are worried about a person using our services, then you need to report your concerns to your manager or the manager on call for your service area without delay
- 13.5. If the issue is one of poor practice, the manager or manager on call will either:
  - 13.5.1. Deal with the matter themselves or
  - 13.5.2. Seek advice from the company Directors
- 13.6. If the concern is more serious i.e., abuse, where possible contact the manager/deputy manager or manager on call first. In an emergency where the person is in immediate danger contact the police first before contacting your manager.
- 13.7. If the person needs urgent medical treatment call emergency services immediately and tell them this is a safeguarding concern. Let your manager/deputy manager or manager on call know what action you have taken and they in turn will inform the company Directors.
- 13.8. If at any time you are not able to contact your manager or manager on call, then you can contact the company Directors directly. If this is not possible (e.g., out of hours) contact the relevant Local Authority Safeguarding Team on their emergency duty contact number.
- 13.9. If you think the matter is clearly life-threatening or is a criminal matter, then you must contact the police and the relevant Local Authority Safeguarding Team.
- 13.10. Your manager or manager on call will help you to assess the situation and can ask you to report it to the appropriate Local Authority Safeguarding Team or they will report the concern themselves.
- 13.11. If because of these discussions, it is agreed that there is no safeguarding incident to report, you must ensure that your concerns and the outcome of your discussions are logged on the Safeguarding Incident/Concerns Log form, held within your local service area.
- 13.12. Record:
  - 13.12.1. The safeguarding incident report form is the first recording of your concerns or observations of something you have witnessed and will provide other agencies like the safeguarding team with a clear account of what your concerns or observations were.
  - 13.12.2. Members of staff should record all allegations or suspected cases of abuse using the Safeguarding Incident Report form as well as record relevant information in the person's own file. Any

bruises, marks and/or unexplained injuries observed should be clearly documented on a body map within the records.

13.12.3. All contact with the person at risk of abuse must be recorded in detail, noting exactly the words used, where possible. All recordings including rough notes must be retained.

13.12.4. When contacting staff or other agencies, the nature of the questions asked, and the information given should be recorded.

13.13. Points for consideration including diversity:

13.13.1. Questions may be asked about recording a disclosure on a phone or Dictaphone etc. This is not allowed and will also intimidate the person making the disclosure. Other questions may arise about photographing injuries, this is for the medical profession and at no point should an injury be photographed, it should be recorded on a body map.

13.13.2. If the adult has used language which you do not understand, check it out with them. Also, if the adult uses swear words such as 'Fuck' or 'Shit' this should be recorded as this not 'F\*\*k' and 'S\*\*t'.

13.14. Completing Safeguarding Records:

13.14.1. Should be typed or if handwritten black ink should be used.

13.14.2. Complete all the information on the form within 24 hours

13.14.3. Ensure the person who has noticed the concern completes the form first, then complete your actions

13.14.4. Record all witnesses present

13.14.5. Ensure record states what was occurring prior to the disclosure

13.14.6. Ensure the record states any non-verbal cues from the person disclosing.

13.14.7. State any injuries and the nature of the concern

13.14.8. State whether consent was sought and what the outcomes were

13.14.9. Record verbatim notes of what person says with context

13.14.10. Ensure there are no abbreviations, slang or jargon.

13.14.11. Ensure there is an action plan that states what will happen next.

13.14.12. Ensure a record includes who to share information with and why as well as whether consent was sought.

13.14.13. Ensure any errors are struck through with one single line and that date and initials are recorded. This is to ensure no one else has altered or edited your document.

13.14.14. The date and time of the written entry are recorded

13.14.15. The record is signed

13.14.16. The signature has a clearly printed name on it.

13.14.17. Your professional qualification is listed in full.

13.14.18. Your job title is recorded

13.14.19. Judgements and assumptions are not made.

13.14.20. Your record is recorded on a clean piece of paper or a relevant form.

13.14.21. If you later recall further information do not change original record, add as addendum

13.14.22. Store safely and share with other agencies (if appropriate)

- 13.14.23. Remember to be clear, concise and honest; adults at risk / carers, and professionals may have access to the record in the future.

## **14. The Safeguarding Process**

- 14.1. Stage 1: Raising an alert:
- 14.1.1. Act to protect adult at risk
  - 14.1.2. Dealing with immediate needs
  - 14.1.3. Report to designated person
  - 14.1.4. Record
  - 14.1.5. Responsibility of everyone to raise concerns about the safety or welfare of the adult at risk, this should be raised immediately with the designated person on site.
  - 14.1.6. Designated person should take any immediate management action to identify and address the risk.
  - 14.1.7. Decide if a referral is needed immediately or within 24 hours.
- 14.2. Stage 2: Making a Referral
- 14.2.1. Refer to the safeguarding adult's referral point or immediately or within 24 hours.
  - 14.2.2. Report to the police if a crime happens immediately or within 24 hours
  - 14.2.3. Notify CQC if necessary ( Keystage Housing are not a regulated service, however we may work in partnership with services that are.)
  - 14.2.4. The designated person should gather initial information, clarify facts and evaluate the risk with the Safeguarding Adults Manager (SAM) from the local authority within 24 hours of the referral. The SAM will decide if safeguarding adult's procedures apply and agree to an interim protection plan. At this point a police investigation may have begun, and the SAM will work with the police to ensure their work does not impact the police investigation. The SAM will decide if a strategy meeting or discussion is needed.
- 14.3. Stage 3: Strategy discussion or meeting:
- 14.3.1. Either the same day or within 5 working days.
  - 14.3.2. Multi-disciplinary meeting/discussion
  - 14.3.3. Decide upon investigation, and if so an investigation plan.
  - 14.3.4. If no investigation is needed, Safeguarding Adults process and close the discussion
- 14.4. Stage 4: Investigation
- 14.4.1. Within 20 days the SAM and relevant agencies investigate and re-evaluate the risk.
  - 14.4.2. Evidence collated and shared.
- 14.5. Stage 5: Case conference and Protection Plan
- 14.5.1. All relevant agencies are invited to case conference. All evidence discussed and the risk to the adult is discussed, and process is either closed, or a protection plan is put in place.
- 14.6. Stage 6: Review of protection plan
- 14.6.1. The protection plan is reviewed within three months.
- 14.7. Stage 7: Closing the Safeguarding Adults Process



14.7.1. The SAM completes and signs off the Safeguarding Adults process, a decision is made as to whether a referral is required to serious case review, Lessons are learnt.

## **15. Managing allegations against staff**

- 15.1. In the event of allegations made against staff, the following procedure should be followed:
- 15.1.1. Staff are responsible for whistle blowing and sharing their concern with the Manager or manager on call who will explore the seriousness of the allegation/concern.
  - 15.1.2. The responsible manager, in consultation with the managing directors, will determine if the Safeguarding Adults Team and the police need to be contacted.
  - 15.1.3. In dealing with any allegation the responsible manager needs to balance: the seriousness of the allegation; the risk of harm to the individual; contamination of the evidence and the welfare of the person concerned.
  - 15.1.4. The responsible manager will require a written account from the member of staff reporting the allegation/concern and a summary of any available additional information including the names and addresses of any potential witnesses. Both documents should be signed and dated.
  - 15.1.5. The member of staff should be informed about the allegation or concern as soon as possible but not before consultation with the Manager, the Managing Directors, and the Safeguarding Adults Team/police where necessary, in respect of timing and content. Suspension of the person needs to be considered so an enquiry can take place. The police and the safeguarding adult's enquiry will usually need to take place prior to any disciplinary enquiry and the results may inform the disciplinary enquiry. The outcome of any enquiry must be recorded, and a copy kept on the member of staff's personnel file.
  - 15.1.6. Under no circumstances should the accused or their colleagues contact or try to retaliate against those that have raised the concern or those involved in the investigation.
  - 15.1.7. Those involved in managing the concern are not permitted to discuss the situation with others except for co-operating fully with those performing the enquiry. Failure to comply will likely result in disciplinary action.
  - 15.1.8. If an allegation has been made and the accused staff member requires advice/support, they should speak with the identified support person. The Manager will keep the member of staff informed of the progress of the case.
  - 15.1.9. If the concerns are about the Manager/Deputy Manager or Manager on call, they should be raised with the Managing Directors.
- 15.2. Support for staff raising concern:
- 15.2.1. Keystage Housing services will fully support and protect any member of staff who, in good faith, reports his or her concern that a colleague is, or maybe abusing an individual using our services.
- 15.3. No compromise agreements:
- 15.3.1. The fact that a member of staff tenders his/her resignation or ceases to provide their services will not prevent an allegation or concern from being followed up in accordance with these procedures and a conclusion reached. A so called 'compromise agreement' by which an individual agrees to resign, and

an employer agrees not to pursue disciplinary action, and both agree to a form of words to be used in future references will never be used by Keystage Housing services in situations where there are concerns about their behaviour towards children or adults at risk of abuse.

15.4. Referral for consideration of barring:

15.4.1. If an allegation/concern is substantiated and the person is dismissed, resigns or Keystage Housing decides to cease the person's employment, then the Manager in conjunction with the Safeguarding adults Team will decide whether a referral should be made to the Disclosure and Barring Service as regards whether that individual is barred from, or has conditions imposed in respect of working with children or adults at risk of abuse.

15.5. Poor practice:

15.5.1. There may be circumstances where allegations are about poor practice rather than child abuse but, where there is any doubt, the manager or manager on call should consult with the Safeguarding Adults Team.

## 16. Whistleblowing

16.1. Keystage Housing 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 a colleague's behaviour. This will also include behaviour that is not linked to safeguarding but that has pushed the boundaries beyond acceptable limits.

## 17. Training

17.1. To protect adults at risk from abuse from harm, all staff must have the competences to:

17.1.1. Recognise signs and indicators of abuse

17.1.2. Know how to handle a disclosure

17.1.3. Know their duty to make the person safe

17.1.4. Know their duty to preserve potential evidence

17.1.5. Know what to do if a person does not give consent to disclose information to an external agency

17.2. In addition to ensuring all staff receive regular Safeguarding Adults Update training, all Keystage Housing services will hold regular team meetings where safeguarding adults will feature as a discussion topic within the organisation.

17.3. The purpose of this meeting is to make sure all members of staff are fully aware of the service's policy and know what to do if they are worried an adult is being abused or neglected.

17.4. As part of their role, all staff in frontline roles, or covering shifts in frontline roles are expected to complete the following training as standard, this is not an exclusive training list, however notes the safeguarding training offered:

17.4.1. Awareness of Health and Safety at Work

17.4.2. Safeguarding Adults Level 2

17.4.3. Mental Capacity Assessment and Deprivation of Liberty Safeguards



- 17.4.4. Understanding Professional Boundaries
  - 17.4.5. Modern Slavery and Trafficking
  - 17.4.6. FGM
  - 17.4.7. Prevent and Radicalisation
  - 17.4.8. Inclusive Behaviours and Unconscious Bias
  - 17.4.9. Dignity In Health and Social Care
  - 17.4.10. Person Centred Care In Health and Social Care
  - 17.4.11. Child Criminal Exploitation, Gangs and County Lines Training
  - 17.4.12. Understanding the Impact of Domestic Abuse
  - 17.4.13. Medication Management in Health and Social Care
- 17.5. In addition to the above standard training, Keystage Housing also offers further safeguard training. These are required modules for Seniors, Managers and Locality Managers:
- 17.5.1. Adult Sexual Exploitation
  - 17.5.2. Self-Neglect
  - 17.5.3. Sexual Health
  - 17.5.4. Self-Harm
  - 17.5.5. Suicidal Thoughts
  - 17.5.6. Mental Health and Wellbeing
  - 17.5.7. The Care Certificate
- 17.6. Keystage Housing will also assign additional safeguard training when opportunities arise, and at the request of staff.

## **18. Supervision of Staff**

- 18.1. Staff working with adults at risk of abuse 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 adults at risk of abuse or neglect.
- 18.2. 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 should not wait until supervision to share immediate concerns which need to be alerted to the safeguarding team.

## **19. Keystage Housing Safeguarding Process**

- 19.1. Safeguarding is a process of protecting adults and children from abuse or neglect. Sometimes within our role we may identify an issue where an individual may need safeguarding measures to be put in place.

Keystage Housing are committed to taking steps to safeguard individuals so that we help reduce harm and work within legislation.

19.2. Our responsibility is to therefore:

19.2.1. To create a safe environment.

19.2.2. Recognise signs of abuse.

19.2.3. Prevent abuse.

19.2.4. Help service users to safeguard themselves.

19.2.5. Work in Partnership with other agencies

19.2.6. Report concerns to the manager or senior staff member if you identify a concern or if a disclosure is made.

19.2.7. Record the information on the service user file and create an incident report.

19.2.8. Alert the Local Safeguarding Board and act on their guidance.

## **20. Monitoring and Review**

20.1. Line Managers will be responsible for general monitoring of these guidelines. Transgression will be reviewed with individual staff members, but in some cases, it may be appropriate to record examples for discussion as part of staff training or discussion at team meetings.

20.2. Significant and/or repeated breaches of this policy will lead to disciplinary action, up to and including dismissal.

