



Safeguarding Adults at Risk of Harm Policy

1. Introduction

PSPA provides services to a wide range of people throughout England, Wales, Scotland and Northern Ireland and we recognise that some people with whom we are in contact are adults at risk.

The aim of this policy is to ensure that PSPA acts appropriately when it becomes aware that an adult is at risk of harm. It also provides a framework which ensures that those involved in the care of adults at risk have the appropriate information and support to enable them to take the necessary steps to stop the neglect/abuse happening. Furthermore, PSPA must have appropriate mechanisms in place to prevent neglect or abuse by any employee, supporter, volunteer, or associate of the organisation.

This policy is designed to inform and offer guidance to all PSPA staff and volunteers, in the management of issues relating to protecting, safeguarding, and promoting the welfare of adults at risk. Whilst we are not a statutory social care organisation all staff and volunteers have an obligation and responsibility to be aware of and report concerns related to protection, safeguarding and promotion of the welfare of adults at risk from harm.

This policy will be reviewed and revised as and when it becomes necessary and at least every two years.

2. Principles

PSPA's safeguarding arrangements are underpinned by the following key principles:

- 2.1 Safeguarding is everyone's responsibility; for those adults we work with/come into contact with to be safe, and for our services to be effective, each employee and volunteer must play their full part in safeguarding adults at risk of harm.
- 2.2 All staff and volunteers working with adults at risk must listen to what they say, take their views seriously; and work with them collaboratively when deciding how to support their needs, as appropriate.
- 2.3 Procedures are in place to ensure concerns of abuse or neglect are dealt with appropriately and that action is taken promptly.

- 2.4 Recruitment and selection policies and procedures for staff and volunteers will take account of the need to safeguard and protect adults at risk.
- 2.5 Induction training for all new staff and volunteers will include safeguarding policies and procedures. Regular safeguarding training will be delivered at different levels, dependent on staff/volunteer's level of responsibility and their likely direct or indirect contact with adults at risk. Staff and volunteers will also have access to appropriate guidance and support when required and as appropriate.
- 2.6 All staff and volunteers will have access to the PSPA Designated Safeguarding Person (DSP) and details of the appropriate local agencies to which safeguarding concerns can be reported.
- 2.8 The policy reflects the differences in health and social care structures and legislation for safeguarding adults at risk across England, Wales, Scotland and Northern Ireland.

However, PSPA adopts the same safeguarding principles across all four Nations.

- 2.9 All Staff who have direct contact with adults, children and/or families at risk of harm - online, by telephone or face to face should be encouraged to access additional training and information that may enhance their role and confidence in identifying safeguarding risks and concerns. This may be training provided by Local Safeguarding Boards and other suitable local external providers, *as appropriate*.

3. Definitions

3.1 Who is an adult at risk of harm?

The original definition of a 'vulnerable adult' originated in the Department of Health guidance 'No Secrets' (2000), should now be replaced with the new definition from the Care Act (2014). This moves away from the terminology of 'vulnerable adults' towards 'adults at risk of harm' usually shortened to 'adults at risk'. There may also be reference to an 'adult with a care and support need'. The Care Act 2014 makes it clear that abuse of adults is linked to *circumstances* rather than the characteristics of people experiencing the harm.

An adult at risk is a person aged 18 years or over who is, or may be in need of, community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and is or may be unable to take care of him/herself, or unable to protect him/herself against harm or exploitation.

3.2 What does mental capacity mean?

Mental capacity refers to a person's ability to make decisions for themselves or about their own life. Some people have difficulties in making such decisions. This is called 'lacking capacity'. Under the Mental Capacity Act 2005 there are laws governing who can make decisions on someone else's behalf which help safeguard adults at risk of harm.

3.3 What do we mean by abuse?

Abuse is a violation of a person's human rights or dignity by any other person or persons. There are many kinds of abuse, which can be carried out deliberately or unknowingly and it may be a single or repeated act. Abuse includes physical, sexual, psychological, financial, or material, neglect or acts of omission (including self-neglect), discriminatory, institutional abuse, human and civil rights.

This is not an exhaustive list but provides a guide to the most regular forms of abuse.

3.4 Any of these forms of abuse can be either deliberate or the result of ignorance or lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways.

3.5 Who may be an abuser?

The person who is responsible for the abuse may be a stranger but is often well known to the person being abused and could be:

- A relative/family member
- Professional/staff member
- Paid care worker
- Volunteer
- Other service user
- Neighbour
- Friend or associate
- Children and young people can be abusers.

3.6 What are the signs?

Some of the following signs might be indicators of abuse or neglect:

- Multiple bruising or finger-marks
- Injuries the person cannot give a good reason for
- Deterioration of health for no apparent reason
- Loss of weight
- Inappropriate or inadequate clothing
- Withdrawal or mood changes
- A carer who is unwilling to allow access to the person

- An individual who is unwilling to be alone with a particular carer
- An unexplained shortage of money.

With respect to the PSPA's online forum, HealthUnlocked staff should look out for the following signs:

- Posting of inappropriate photos, images, or videos
- Suicide notes or good-bye letters
- Discussion of intentions to undertake risky activities, e.g. self-harm, or injury
- Discussion of illegal activities, e.g. substance abuse
- Sharing of personal information or pressurising others to share personal information, e.g. email addresses, phone numbers, instant-messaging
- Change in the tone of messages
- Direct reference to issues of a safeguarding nature, e.g. disclosure of abuse.

3.7 What is meant by the term 'Appropriate Agency'?

These agencies are responsible for the investigation and coordination of all incidents of suspected abuse. This would fall within the jurisdiction of the agency closest to where the adult at risk is residing.

Where there is an indication that a criminal offence has been committed the appropriate agency is **ALWAYS** the police.

3.8 Designated Safeguarding Person (DSP)

This is the manager designated within the Association to whom any safeguarding concerns should be escalated/reported.

Staff and volunteers should report any safeguarding concerns to their immediate line manager in the first instance. The line manager will report these concerns to DSP. If concerns are raised outside of office hours, staff and volunteers should contact the DSP on call.

4. Reporting Safeguarding Concerns and Making a Safeguarding Referral: Procedure for Staff and Volunteers

Please refer to flowchart diagram at the end of this policy document – 'Making a Safeguarding Referral for Adults at Risk of Harm' – **Appendix 1**

The following procedures should be followed if you need to report a safeguarding concern or make a safeguarding referral:

- 4.1 Your first priority should always be to ensure the safety and protection of an adult at risk. To this end, if any person at PSPA reasonably suspects or is told that an adult at risk is being, has been, or is likely to be abused they must take immediate action as set out in this policy and pass on their concerns to their immediate line manager.
- 4.2 It is important to emphasise to anyone seeking assistance from PSPA that we are **NOT** an agency with statutory powers to investigate allegations of abuse or neglect. Neither can we remove adults at risk from abusive situations. But you do need to stress that you will have to share your concerns with a manager and possibly make a referral to a statutory agency, as we have a responsibility to pass on such information where there is an adult at risk, suffering or likely to suffer significant harm.
- 4.3 If an adult discloses a safeguarding concern staff and volunteers should:
- Listen and acknowledge what is being said
 - Be reassuring and calm
 - Be aware that the person's ability to recount their concern or allegation will depend on age, culture, language and communication skills and disability
 - Not promise full confidentiality
 - Ask their consent to take up their concerns
 - Explain what you'll do next
 - Try to encourage and support them to share their information
 - Don't talk to the alleged abuser – confronting the abuser could make the situation much worse for the individual making the allegations, e.g. in situations where there is domestic violence
 - Don't delay in reporting the abuse – the sooner the abuse is reported after disclosure the better. Details will be fresh in your mind and action can be taken quickly
 - **Consult with your line manager, who in turn will discuss with PSPA's Designated Safeguarding Person (DSP).**
- 4.4 If a concern or allegation is made about a staff member or volunteer within PSPA: do not inform the person in question as this might prejudice any police investigations. Contact your line manager immediately, who in turn will contact the DSP and the CEO. If it is outside of office hours, contact the DSP on call (see section 4.6 below).
- 4.5 If the concerns or allegations are raised by a third party, e.g. a member of the public or another professional: the staff member/volunteer receiving the allegation must make notes of the information and contact their line manager who in turn will contact the DSP, who must consult with them immediately about what action to take.
- 4.6 **Out-of-Hours Emergency Response Service**

1. An out-of-hours Emergency Response Service will be provided by PSPA for the Safeguarding of adults and children/young people.

2. The out-of-hours service will operate at the following times:

Monday-Friday 5:00 p.m. – 9.00 p.m.

3. Outside of office hours staff and volunteers should telephone:

DSP on 078836 775376

4. The DSP will respond to the initial telephone call **within 2 hours** by telephoning back the staff member or volunteer on the number that they have given.

5. The DSP will provide advice on the situation and support the staff member or volunteer in respect of any immediate action that needs to be taken.

6. The Designated Manager will ensure that the CEO is informed of any implementation of the safeguarding policy.

7. It is not expected that the Designated Manager will be necessarily responsible for taking further action nor will they always have access to any computer or paper-based information such as details of local statutory service providers.

8. The DSP will log the call and follow-up the staff member or volunteer the next day to ensure that the call has been made and support given as necessary.

9. A record of the situation and actions taken will be recorded on Sharepoint and also enter the details onto the Association's Safeguarding Log.

10. Staff and volunteers should never feel inhibited to seek advice and guidance about any concern for the safety and wellbeing of an adult at risk of harm.

4.7 All concerns regardless of whether they lead to a referral should be discussed with a line manager as soon as possible. A decision should then be made about whether a referral is appropriate.

4.8 For volunteers, the immediate line manager is Director of Engagement

4.9 A telephone call to the relevant Adult Social Care service or the Police should be the first action when initiating a referral during office hours; outside of office hours the referral will be made to the Social Care Emergency Duty Team or the Police. The DSP will make the referral on behalf of staff, as appropriate.

- 4.10 It is the responsibility of the duty social worker taking the referral to assess the risk to the adult at risk of harm. All referrals should be followed up with a written referral.

Note: staff/volunteers should provide as much detail as they have. It can be helpful to make accurate notes on what the individual adult making an allegation said to you.

It is worth remembering that in most cases the individual and family of concern need support. Services will often work with the family, not against them.

- 4.11 The person making the referral should, in turn, be given details from Social Care, the Emergency Duty Team or Police Officer receiving the referral. A record of the conversation with the statutory agency, including the person's name, telephone number, time and outcome should be logged on Sharepoint.

- 4.12 The immediate line manager, in consultation with the DSP, will be available for advice and guidance throughout. Additional assistance to complete the referral form will be available to all staff as appropriate. Volunteers will not be expected to complete a referral form.

- 4.13 The referral should be followed up with the statutory agency in question a month later, and any outcome recorded in the PSPA Safeguarding Log. In the majority of cases, you will be told that 'no further action' has been taken. If, however, you are not satisfied with this response, escalate to your line manager who will liaise with the DSM, to challenge Social Care's decision.

Confidentiality

- 4.14 Disclosure by an adult at risk of harm, abuse, ill treatment or neglect, and the consequences of such a disclosure is not easy. It is likely to have profound effects on that individual and other family members. It may be difficult for them to agree to a referral to statutory services.

- 4.15 All adults at risk receiving support or services from PSPA must be made aware that complete confidentiality is not possible where there is a risk of significant harm or abuse to them or any other individual. Please refer to the PSPA Confidentiality and Data Protection Policies for details.

- 4.16 Where an individual has not consented to sharing information for a referral the reasons for the referral need to be clearly explained to them so that any ongoing/future supportive relationship can be maintained as far as is possible.

- 4.17 Any decision to breach or not to breach confidentiality, together with those reasons for doing so, must be recorded in the safeguarding notes on SharePoint.

- 4.18 Under no circumstances should an alleged abuser be alerted, directly or indirectly, that concerns have been raised. This may result in important evidence being lost, or further risk to the adult in question. Formal investigations will be carried out by the appropriate statutory agencies.
- 4.19 It is good practice to inform an adult at risk that a safeguarding referral concerning them is being made, dependent on the capacity and understanding of the adult. It should be made clear that it will be a statutory agency that will make a decision about what help and support they need to stay safe.
- 4.20 Safeguarding and General Data protection Regulations (GDPR)

Any safeguarding concerns you have should always take precedence.

- Don't avoid sharing a safeguarding concern with your manager because you are worried about contravening GDPR
- We should always try and share a safeguarding concern with the person's permission where at all possible (unless this would put an adult at further risk of harm)
- If we do have to breach their confidentiality, then the onus is on us to explain why we have done that, under GDPR
- Always seek guidance and advice from your line manager in such circumstances – and refer to PSPA's relevant policies and procedures
- Providing an individual has mental capacity, we have a duty to promote independence and to recognise that adults are best placed to judge their own well-being
- However, there are a number of circumstances, in which we might decide to share information with other agencies, without explicit consent, including:
 - we have reason to believe an adult does not have capacity
 - others may be at risk of harm
 - a crime could be committed
 - the alleged abuser has care and support needs
 - a serious crime has been committed
 - staff are implicated
 - an adult has mental capacity but may be under duress or being coerced (e.g. domestic violence)
 - the risk is unreasonably high and meets criteria for a multi-agency risk assessment conference or
 - there is a court order.
- Where we choose to breach confidentiality and share information without consent, we must record our reasons for this on the safeguarding written referral form and in the 'Safeguarding Notes' on SharePoint.

Informing your Manager of the Referral

- 4.21 On completion of the written referral form it should be sent to the DSP. The DSP should check that the referral form contains all relevant information about the concern discussed, including contact information for adult social care should they need further contact with the Association. Where necessary the DSP will provide support to staff to complete the referral form. Additional assistance will be provided to all volunteers, who will not be expected to make a safeguarding referral.
- 4.22 The referral should be sent by the DSP, as a PDF document, via secure email, to Adult Social Care.
- 4.23 All safeguarding referrals should be recorded within the PSPA's Safeguarding Log.

Recording Guidance

- 4.24 Whenever concerns are raised about an adult at risk, whether through an allegation or the observation of a set of circumstances, it is crucial to make and keep an accurate record. Line managers must use the staff and volunteer supervision and support structures to address safeguarding practice issues and concerns.
- 4.25 The following guidance should be followed:
- Whenever possible and practical, take notes during any conversation
 - Ask for consent to do this and explain the importance of recording information
 - Explain that the person giving you the information can have access to any information about them
 - Where it is not appropriate to take notes at the time, make a written record as soon as possible afterwards and always before the end of the day
 - Record the time, date, location, format of information (e.g. letter, telephone call, direct contact) and the persons present when the information was given
 - Include as much information as possible but be clear about which information is fact, hearsay, opinion and do not make assumptions or speculate
 - Include the context and background leading to the concern or disclosure
 - Include full details of referrals to Adult Social Care and the Police.
- 4.26 If the adult is not a service user and does not have a contact record on Salesforce, a new contact record must be made which will be kept securely and will contain all records, logs, events and information relating to the particular adult as appropriate.

Allegations against staff or volunteers

- 4.27 Allegations about staff or volunteers abuse of an adult must be raised immediately with the CEO who will alert the appropriate agency. The CEO in consultation with HR, will decide whether to suspend or remove the employee or volunteer from active service pending the outcome of an investigation.
- 4.28 If a DSP is suspected of abuse, this should be reported to the Chief Executive.
- 4.29 If a Trustee or CEO is suspected of abuse this should be reported to the Chair of Trustees, supported by the DSP. If a Chair of Trustees is suspected of abuse this should be reported to the Charity Commission.
- 4.30 Personal information may be disclosed without the individual's consent if there are reasonable grounds to believe that an individual is at risk of harm (see Confidentiality and Data Protection Policies).

5. 7c Risk Assessment

- 5.1 The risks of not observing this policy include:
- Abuse or harm to a vulnerable adult or child
 - Potential damage to the reputation of PSPA
 - PSPA could be open to complaints and legal action
 - Loss of confidence in PSPA.

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Change history

Date	Version	Created by	Description of change
July 2019	0.1	Carol Amirghiasvand	Basic document outline
October 2021	0.2	Carol Amirghiasvand	Update on wording

Making A Safeguarding Referral – Adult at Risk of Harm

Appendix 1

