

# **Conwy Mind Safeguarding Adults Policy, Practice Guidance & Procedures**

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## Contents

### **Section 1: Safeguarding Policy**

- 1.1 Introduction
- 1.2 Definitions
- 1.3 National Legislation and Guidance
- 1.4 Legislative responsibilities for Conwy Mind
- 1.5 Wellbeing and Making Safeguarding Personal
- 1.6 Who do safeguarding duties apply to?
- 1.7 Information Sharing, Confidentiality and Consent
- 1.8 Carers and Safeguarding
- 1.9 Advocacy under the Social Services and Wellbeing Act
- 1.10 Prevent and radicalisation
- 1.11 Prevention of abuse and neglect
- 1.12 Supporting adults at risk

### **Section 2: Safeguarding Best Practice**

- 2.1 What is Safeguarding Best Practice?
- 2.2 Mental Capacity
- 2.3 Risk Management
- 2.4 Recording of adult safeguarding

2.5 Organisational learning

### **Section 3: Safeguarding Procedures**

3.1 Safeguarding concerns

3.2 Informing the police

3.3 Raising a safeguarding concern with the local authority

3.4 If a person who uses the service is suspected of abuse

3.5 Potential service users who have a known record of abusing

3.6 Local Authority Safeguarding Response

3.7 Regulatory reporting for Conwy Mind registered services

3.8 Suicidal intent or intentional self-harm

3.9 Assisted suicide

3.10 Support for victims of abuse or neglect

3.11 Support for staff and volunteers

### **Safeguarding Appendices**

Appendix A: Types of Abuse (England and Wales)

Appendix B: Some useful Do's and Don'ts

Appendix C Alleged Safeguarding Disclosure/Observation Recording Form

Appendix D: Immediate action by the person raising the concern

Appendix: E Immediate actions to take as a line manager

Appendix F Body Map

## **Section 1: Safeguarding Policy**

### **1.1 Introduction**

**1.1.1** Conwy Mind is committed to safeguarding adults at risk and carers from abuse and neglect and protecting staff and volunteers from allegations of abuse.

**1.1.2** Conwy Mind provides care and support services to people with mental health issues across Conwy. This policy applies to all of Conwy Mind's services. All legislation puts the person at the centre of the safeguarding process and implements an outcome-based approach.

**1.1.3** The practices and procedures within this policy are based on the principles contained within UK legislation and guidance and take the following into consideration:

- The Care Act 2014
- Social Services and Wellbeing (Wales) Act 2014
- Mental Capacity Act 2005
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 1994 and 1998
- Adult Safeguarding: Prevention and Protection

**1.1.4** This document sets out the context of safeguarding legislation and guidance, expectations for safeguarding practice and safeguarding procedures.

**1.1.5** The Adult Safeguarding Policy and Procedure should be read in conjunction with the following:

- Safeguarding Children Policy
- Safeguarding Children Procedure
- Whistleblowing Policy
- Resolving Concerns at Work Policy
- Recruitment procedures
- Code of Conduct
- Information Management Policy

## 1.2 Definitions

**1.2.1** To assist working through and understanding this policy a number of key definitions need to be explained:

- **Adult at Risk** as defined by the Care Act is “a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect”. In recent years there has been a marked shift away from using the term ‘vulnerable’ to describe adults potentially at risk from harm or abuse.
- **Abuse:** The Care Act states the following regarding abuse: “Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered”. Conwy Mind will apply this statement when considering abuse. (See appendix A for types of abuse)
- **Adult** is anyone aged 18 or over.
- **Adult safeguarding** is protecting a person’s right to live in safety, free from abuse and neglect.
- Support or care provider is someone who provides care for a person with care and support needs. If a carer is being abused or harmed, intentionally or unintentionally, by the adult they care for then a safeguarding response is required.

## 1.3 National Legislation and Guidance

**1.3.1** The statutory framework for adult safeguarding is set out in the Social Services and Well-Being (Wales) Act 2014 and related statutory guidance and regulations. Statutory guidance states that ‘all workers need to be vigilant about adult safeguarding concerns’.

**1.3.2** The Social Services and Well-Being (Wales) Act 2014 sets out the following fundamental principles for adult safeguarding:

**Voice and control** – putting the individual and their needs at the centre of their care and giving them a voice in, and control over, reaching the outcomes that help them achieve well-being.

**Prevention and early intervention** – increasing preventative services within the community to minimise the escalation of critical need.

**Well-being** – supporting people to achieve their own well-being and measuring the success of care and support. Co-production – encouraging individuals to become more involved in the design and delivery of services.

**1.3.3** Part 7 of the Social Services and Well-Being (Wales) Act 2014 sets out in detail duties and responsibilities of adult safeguarding in Wales.

#### **1.4 Legislative responsibilities for Conwy Mind**

**1.4.1** Conwy Mind should ensure that all relevant people:

- receive the appropriate level of knowledge and have access to learning events in safeguarding adults, are well supported
- know how to respond and where to go for advice and assistance
- understand the importance of balancing choice and control with safety
- know about different types of abuse and neglect
- support people to keep safe
- know who to tell about suspected abuse or neglect

**1.4.2** Conwy Mind employees and volunteers will be supported through:

- High quality learning opportunities to enable them to recognise indicators of abuse and neglect and to know how to respond, including ongoing support through the Safeguarding Competency Framework.
- Support and guidance to enable them to deal with concerns about abuse and neglect in a timely and proportionate way
- Supervision and support throughout any safeguarding procedure,
- Support and advice if they are accused of abuse or neglect

#### **1.4.3** Conwy Mind will have systems in place for:

- The recruitment and selection of staff and volunteers in line with the requirements of the Disclosure and Barring Service
- Mandatory inclusion of safeguarding in induction programs
- Mandatory safeguarding learning pathways for staff and volunteers appropriate to their role
- The inclusion of safeguarding concerns in supervision
- monitoring of working standards of staff and volunteers via the supervision and support system
- Dealing with allegations or concerns relating to staff and volunteers
- working in accordance with local, multi-agency safeguarding arrangements
- The provision of clear information for people who use Conwy Mind's services on keeping themselves safe and raising safeguarding concerns.
- Whistleblowing

### **1.5 Wellbeing and Making Safeguarding Personal**

**1.5.1** Local Authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support. For safeguarding, this would include safeguarding activities in the widest community sense and is not confined to safeguarding enquiries.

**1.5.2** The impact of Wellbeing and Making Safeguarding Personal for Conwy Mind makes it important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and lifestyles, so it is unhelpful to prescribe a specific process that must be followed whenever a concern is raised. Making safeguarding personal means it should be person-led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

**1.5.3** When raising a concern, Conwy Mind must ensure that the person remains at the heart of the safeguarding process and can voice what they would like to happen as a result.

**1.5.4.** It is an expectation that staff and volunteers will discuss outcomes with the adult at risk to determine what they would like to be achieved through the safeguarding process.

## **1.6 Who do safeguarding duties apply to?**

**1.6.1** In Wales, an adult at risk is an adult who:

- is experiencing or is at risk of abuse or neglect; and
- has needs for care and support (whether or not the authority is meeting any of those needs); and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.”

## **1.7 Information Sharing, Confidentiality and Consent**

**1.7.1** Sharing of information as part of safeguarding practice is covered under the common law duty of confidentiality and the following legislation:

- Responsibilities for information sharing set out in the Care and support statutory guidance
- The Human Rights Act 1998, Article 8 (the right to respect for private life)
- The Data Protection Act 1998 and GDPR 2017
- The Crime and Disorder Act 1998
- The Mental Capacity Act 2005 (England and Wales).

**1.7.2** The SCIE guide, Adult safeguarding: sharing information, outlines the key parts of legislation relevant to adult safeguarding.

**1.7.3** Staff and volunteers must assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is suffering or likely to suffer abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk (see section 3.2 informing the Police for guidance).



**1.7.4** Confidentiality is an important principle that enables people to feel safe in sharing their concerns and to ask for help. Sharing relevant information with the right people at the right time is vital to good safeguarding practice.

**1.7.5** Adults at risk provide sensitive information and have a right to expect that the information that they directly provide and information obtained from others will be treated respectfully and that their privacy will be maintained. Whenever possible, informed consent to the sharing of information should be obtained. However:

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.
- The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

**1.7.6** Whether information is shared with or without the adult at risk's consent, the information sharing process should abide by the principles of the Data Protection Act 1998. In those instances, where the person lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the Mental Capacity Act 2005, and whether sharing it will be in the person's best interest.

**1.7.7** The Data Protection Act 1998 should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared appropriately.

## **1.8 Carers and Safeguarding**

**1.8.1** Circumstances in which carers should be considered under safeguarding include:

- A carer may witness or speak up about abuse or neglect;
- A carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,
- A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

**1.8.2** In these instances, staff and volunteers have a duty to respond accordingly and raise a safeguarding concern in accordance with policy and procedure.

## **1.9 Advocacy**

In Wales, local authorities must arrange for the provision of an independent professional advocate when a person can only overcome the barrier(s) to participate fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available.

## **1.10 Prevent and radicalisation**

**1.10.1** The main aim of Prevent is to stop people from becoming terrorists or supporting terrorism. At the heart of Prevent is safeguarding children and adults and providing early intervention to protect and divert people away from being drawn into terrorist activity.

**1.10.2** Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed. A Channel Panel has been set up to safeguard those at risk of being drawn into terrorism based on an assessment of their vulnerability of being at risk of radicalisation. The purpose of the panel is to:

- Assess the nature and extent of that risk; and
- Develop the most appropriate support plan for the individuals concerned.

**1.10.3** The Channel panel is responsible for managing the safeguarding risk which is in line with other multi-agency panels where risk is managed, such as the Multi-Agency Public Protection Arrangements (MAPPA). Local safeguarding structures have a role to play for those eligible for adult safeguarding.

## **1.11 Prevention of abuse and neglect**

**1.11.1** Taking steps to prevent abuse or neglect from happening in the first place is an important part of good safeguarding practice. Measures that Conwy Mind can take include:

- having enough employees or volunteers to support people using the service safely
- ensuring the workforce is well trained and supported

- Good recruitment practice that tests values and attitudes and makes the necessary checks in line with the requirements of the Disclosure and Barring Service.
- Good quality leadership, management, and supervision
- providing good advice and information on safeguarding for all people with mental health issues who use the service
- educating people who use the service and carers on how to protect themselves from abuse and neglect
- promoting a proactive safeguarding culture - identifying risks, tackling institutionalised practice
- Good inter-agency working, information sharing - discussing concerns with safeguarding partners
- forging community links – reducing isolation for services and individuals – this could include signposting to other local organisations
- A robust Whistleblowing policy

## **1.12 Supporting adults at risk**

1.12.1 Organisations are judged on the effectiveness of their implementation of safeguarding and the value they place on safeguarding adults who may be at risk of abuse or neglect. The Board of Trustees will ensure adequate resources are in place to meet the needs of the people we work for.

## **Section 2: Safeguarding Best Practice**

### **2.1 What is Safeguarding Best Practice?**

**2.1.1** This section is to be a support to staff and volunteers when implementing the safeguarding procedures. Mental capacity and consent, risk management of the individual and good record keeping are all key components of ensuring best practice.

### **2.2 Mental Capacity**

**2.2.1** Whilst it is not the role of staff and volunteers to formally assess capacity, there is a need to understand what capacity is and its impact on adult safeguarding in relation to consent.

**2.2.2** The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. The Mental Capacity Act outlines five statutory principles that underpin the work with adults who may lack mental capacity:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

**2.2.3** Mental Capacity refers to the ability to make a decision about a particular matter at the time the decision is needed. It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect, should there be concerns over their ability to give informed consent. The Act states:

'...a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- Understand the information relevant to the decision; or
- Retain that information long enough for them to make the decision; or
- Use or weigh that information as part of the process of making the decision; or
- Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand)'.

**2.2.4 Mental capacity is time and decision-specific.** This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time. If an adult is subject to coercion or undue influence by another person this may impair their judgement and could impact on their ability to make decisions about their safety, for example, in domestic abuse situations.

**2.2.5** Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be frightened of reprisals, they may fear losing control, and they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information. However, sharing information within the organisation is permitted even without consent.

**2.2.6** Where consent has not been given, staff should consider the following and:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information
- Tell the adult with whom you may be sharing the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone and that support is available to them.

**2.2.7** If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected. However, there are a number of circumstances where staff can reasonably override such a decision, including:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent
- Other people are, or may be, at risk, including children
- Sharing the information could prevent a serious crime
- A serious crime has been committed

- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- Staff are implicated
- There is a court order or other legal authority for taking action without consent.

## **2.3 Risk Management**

**2.3.1** Risk management is the second aspect of implementing best practice within adult safeguarding. Staff and volunteers will be assessing risk to the individual, sometimes without realising this, because safeguarding is about managing risk to the safety and wellbeing of an adult.

**2.3.2** The aim of risk management is:

- To promote, and thereby support, inclusive decision making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers;
- To enable and support the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes;
- To promote the adoption by all staff of 'defensible decisions', providing a clear audit trail of decision making based on discussion with manager, rather than 'defensive actions'.

**2.3.3** Managers need to take responsibility for the management of risk within their own services and share information responsibly. The following are some issues to consider when assessing risk to the adult at risk:

- What immediate action must be taken to safeguard the adult and/others;
- Who else needs to contribute and support decisions and actions?
- What the adult sees as proportionate and acceptable;
- What options there are to address risks?
- When action needs to be taken and by whom;
- What the strengths, resilience and resources of the adult are;
- What needs to be put in place to meet the on-going support needs of the adult;
- What the contingency arrangements are;

- How will the situation be monitored?

**2.3.4** An assessment of risk may result in the risk being deemed high enough that emergency services are contacted immediately; if not, the situation will be discussed with that person's line manager where a further assessment will take place to conclude if a concern needs to be raised with the local safeguarding team.

**2.3.5** Our duty to manage risk is not discharged once a concern has been raised. Where a person continues to use our service, it is our responsibility to ensure the adult at risk is safe and escalate any continued risks to the local safeguarding team.

**2.3.6** Where safeguarding concerns are discussed in relation to a service user, the worker and the line manager should discuss the need for an individual risk assessment or review an individual risk assessment, if already in place.

## **2.4 Recording of adult safeguarding**

**2.4.1** Good record keeping is fundamental to good case management and a key component of professional practice. Up-to-date and accurate record keeping of actions and decisions made is required to allow staff and managers alike to monitor situations, assess escalating risks and determine if there are patterns of behaviour that need addressing. Record-keeping in relation to safeguarding must be stored securely providing an audit trail of case management in relation to concerns raised.

**2.4.2** Records may be disclosed in courts in criminal or civil actions. All organisations should audit safeguarding concerns and outcomes as part of their quality assurance. Conwy Mind will have a safeguarding audit process where trends and themes are reported on a quarterly basis to the Board of Trustees. Line managers should ensure that recording is addressed in supervision and that staff are clear about their responsibilities.

**2.4.3** All safeguarding issues or concerns must be recorded as soon as possible. Best practice is for notes to be made on the disclosure and observation form.(Appendix C)

**2.4.4** An employee or volunteer dealing with concerns, allegations, disclosures or complaints should record in writing:

- Exactly what the person says, specifying the words they used by using "" quotation marks. If any opinion as to what has taken place is included it should be clearly specified as such
- What the person would like done about the alleged abuse or neglect
- Observations on a factual basis, for example the appearance and behaviour of the alleged victim of abuse or neglect
- The date, time and place of any specific incident
- The names of any witnesses and any information volunteered by them
- Any reported or apparent bruising or injury using a body map as follows:
  - a. Describe the size and colour of any bruising and the exact location on the body
  - b. Record the date and time it has been observed
  - c. Do not remove clothing to check for physical injury • what action is taken as a result including:
  - d. Which manager has been informed and when
  - e. Who else has been informed and why
  - f. Measures taken to ensure the safety of individuals, what the person has been told in relation to what will happen next

**2.4.5** Documentation will be kept securely for a period of no less than eight years after the person has stopped using the service, after which time it will be securely disposed of in line with Conwy Mind's Retention and Disposal of Personal Data schedule.

## **2.5 Organisational learning**

**2.5.1** Conwy Mind understands the importance of continuous improvement and has in place a number of mechanisms to learn from current practice to further improve services we deliver.

**2.5.2** Learning from audits and data analysis will be fed into strategic objectives and decision making, and the Board of Trustees will receive regular reports to inform them of how well safeguarding is being implemented across Conwy Mind.



## **Section 3: Safeguarding Procedures**

### **3.1 Safeguarding concerns**

**3.1.1** It is the responsibility of Conwy Mind to ensure staff and volunteers recognise, record and report concerns and to manage risk to the individual (see Appendix C).

**3.1.2** A safeguarding concern may come to the attention of staff and volunteers in a number of ways including:

- An active disclosure of abuse by the adult, where the adult tells a member of staff /volunteer that they are experiencing abuse and/or neglect;
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example, unexplained injuries;
- An allegation of abuse by a third party, for example a family/friend or neighbour who has observed abuse or neglect or has been told of it by the adult;
- A complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse or neglect
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public;
- An observation of the behaviour of the adult at risk;
- An observation of the behaviour of another;
- Patterns of concerns or risks that emerge through reviews, audits and complaints

**3.1.3** If the situation is an emergency, for example, someone needs urgent medical attention or there is threat to life or limb, the employee or volunteer must:

- call 999 immediately and ask for the appropriate service
- try to keep them self and others safe
- ensure any evidence is preserved
- contact their line manager as soon as is practical and possible after dealing with the emergency
- make a record of what has occurred

**3.1.4** If the person is not in immediate danger the employee must report the concern to their line manager immediately. If the line manager is unavailable another nominated manager (such as the covering manager, or the manager's line manager must be contacted for advice and guidance. (See Appendix D for immediate action to be taken by person raising the concern).

**3.1.5** If the concern has been identified by a volunteer, they must discuss the issue with their role manager. If the role manager does not also manage staff, they in turn should discuss the concern with their line manager.

**3.1.6** A response to a safeguarding concern is an organisational, and not an individual, responsibility. Therefore safeguarding concerns should be discussed with a line manager to determine whether a safeguarding concern should be raised (see Appendix D)

The following are items that should be covered within that discussion:

- Disclosure or observation
- Consent status or reason to override consent
- Capacity status if overriding consent due to concerns regarding capacity to consent
- Type of concern
- Alleged victim's desired outcomes
- Action we can take to reduce risk (e.g. a follow up phone call or visit)
- Follow up support we can offer (e.g. increased support, signposting to other services)

**3.1.7** There are 3 pathways a safeguarding concern can now follow:

- Concern assessed, action required but not safeguarding
- Consent not received to raise as safeguarding
- Consent received to raise as a safeguarding concern

**3.1.8** If it is agreed that a safeguarding concern needs to be raised, this should be completed within 24 hours of the disclosure or observation of the safeguarding concern. If a concern is reported out-of-hours to a local on-call duty team, a discussion with a line manager and role manager (for volunteers) should take place as soon as practical and possible.

**3.1.9** If an allegation is made against a staff member or volunteer then the Director must be notified and the relevant HR process (Disciplinary policy) will be followed.

**3.1.10** In addition to the immediate actions undertaken by a line manager, managers are also responsible for assessing risk to the organisation, identifying actions to improve the service being delivered and reviewing safeguarding concerns.

## **3.2 Informing the police**

**3.2.1** Incidents of abuse or neglect may also be criminal offences. The police should always be informed in an emergency. In non-emergency situations it is important to inform the police of criminal activity however it is also important to carefully consider the circumstances. In cases of domestic violence it is possible that informing the police can increase the risk to the individual concerned.

**3.2.2** If there is uncertainty about whether the police should be involved then advice can be sought from them in the first instance without disclosing the person's identity. In most non-urgent cases the local authority will decide, with the individual, whether or not the police should be informed. All internal decisions on whether or not to involve the police should be clearly recorded with reasoning.

**3.2.3** Consideration should include:

- The seriousness of the crime
- The level of risk, • Risk to others
- What the individual wants, taking into account issues of coercion or duress and potential damage to relationships
- Whether the situation would best be resolved through police intervention – taking into account the principle of proportionality.

**3.2.4** Where consent is overridden due to a serious crime being committed, it is assumed that this will be reported to the Police and, as such, a Police crime number is required to be entered onto the safeguarding event.

### **3.3 Raising a safeguarding concern with the local authority**

**3.3.1** Local safeguarding procedures should be followed when raising a concern. Appropriate referral forms or documentation as determined by the local, multi-agency procedures should be completed, copies must be retained. Local authorities should work in partnership to ensure the safety and wellbeing of people with care and support needs in their area. They should respond to any safeguarding concern brought to them by Conwy Mind and inform us of the outcome of any concern being raised.

**3.3.2** Where there is reluctance to respond to a concern the manager should contact the appropriate manager in the local authority to discuss the case. Where there is a continued dispute the matter should be escalated in line with the local, multi-agency safeguarding agreement. In the absence of a local escalation agreement the line manager should contact the local authority safeguarding lead.

**3.3.3** Arrangements for feedback on the outcome of a safeguarding concern should be set out in local, multi-agency agreements. It is acknowledged that there are variable responses from local safeguarding teams in relation to safeguarding concerns raised. There is an expectation that those raising a concern will contact the local safeguarding team twice over a two week period to confirm the outcome of a concern raised. However, if no outcome is given, this should be recorded as appropriate.

### **3.4 If a person who uses the service is suspected of abuse**

**3.4.1** Safeguarding procedures apply if an adult is at risk as a result of the actions of someone using the service or a carer. However the response may be different and maybe best focused on meeting the needs of the person presenting the risk.

**3.4.2** There may be many reasons why a person with care and support needs or a carer may abuse or neglect others. Abusive behaviour by a person experiencing issues with their mental health may be as a result of frustration or anger in relation to the person's condition or situation. In the case of carers it could be a result of carer's stress in relation to their caring role.

### **3.4.3 Staff and volunteers must:**

- follow the safeguarding procedures, including consideration of whether an advocate is required
- carry out a risk assessment and monitor the situation
- take steps to ensure the safety of those who may be at risk of abuse (including staff and volunteers) from a person who uses the service
- respond proportionately taking into account the views of any victim of abuse
- seek guidance from adult social care or health services on supporting the person to try to reduce abusive behaviour

**3.4.4** In extreme circumstances it may be necessary to suspend the service provided by Conwy Mind to the individual presenting the risk, but this should be part of a wider plan

in partnership with the local authority that seeks to ensure that alternative support is in place.

**3.4.5** The Local Authority will be responsible for sharing information with any other services accessed by the individual. Staff and volunteers who are aware that the person attends other services should include this information when raising a concern.

## **3.5 Potential service users who have a known record of abusing**

**3.5.1** If a person with a known record of abusing others wishes to receive a service, Conwy Mind will assess whether it is appropriate to offer the service. If the service is offered, a thorough risk assessment followed by careful monitoring and review will be undertaken and recorded.

## **3.6 Local Authority Safeguarding Response**

**3.6.1** It is the legal responsibility of Conwy Mind to recognise, report and record safeguarding concerns. Once Conwy Mind has raised a safeguarding concern to the local authority, they are responsible for deciding if an enquiry is necessary and they will co-ordinate the response; a police investigation will always take priority.

**3.6.2** Conwy Mind may be asked to carry out or assist with enquiries, for example, where it relates directly to a person using the service or an employee or volunteer. The person appointed to work with the local authority must have the requisite skills, knowledge and experience to carry out the tasks required. If Conwy Mind is asked to undertake an enquiry.

**3.6.3** Conwy Mind may also be invited to:

- attend a safeguarding adults meeting
- submit a written report

**3.6.4** Once a local authority takes on the safeguarding concern, it becomes their responsibility to manage. Our role will be to implement any action they require of us. However, if the local authority does not deem the concern to meet their safeguarding thresholds, it is our responsibility to monitor the situation and escalate any continuing or new concerns.

### **3.7 Suicidal intent or intentional self-harm**

**3.7.1** In the case of immediate risk of self-harm or injury the emergency services should be called. If staff and volunteers have less urgent concerns about suspected or actual self-harm, local processes should be followed. Not all local safeguarding teams will accept self-harm as a safeguarding as it is not a type of abuse; many local teams have a mental health pathway in place to provide support in these situations.

**3.7.3** As soon as the risk is identified, the person should be supported to access professional help from mental health services and suicide prevention organisations. Where there is a risk of suicide, the person's GP should be informed.

### **3.8 Assisted suicide**

**3.8.1** The law does not prohibit or penalise the decision of a competent person to take his or her own life. It is, however, a criminal offence to assist an individual to commit suicide under Section 2 of the Suicide Act 1961,

**3.8.2** If employees or volunteers have, or are alerted to, concerns about potential or actual assisted suicide, the safeguarding procedures should be followed and the police should be informed. In the case of immediate risk of death the emergency services should be called.

### **3.9 Support for victims of abuse or neglect**

**3.9.1** If a person using Conwy Mind's services is the victim of abuse or neglect, employees and volunteers working with that individual should work with safeguarding partner agencies to ensure the person receives the appropriate support. This may include additional care or protection measures, healthcare or Victim Support.

### **3.10 Support for staff and volunteers**

**3.10.1** Dealing with safeguarding can be traumatic. Some situations that will be encountered by staff and volunteers may require them to need emotional support. Staff and volunteers should speak with their line / role managers for emotional support with safeguarding concerns.

## **Safeguarding Appendices**

### **Appendix A: Types of Abuse**

Source: Adult Safeguarding: Types and Indicators of Abuse (Social Care Institute of Excellence)

Type of Abuse Definition

#### **1 Physical Abuse Types of physical abuse**

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

#### **2 Sexual Abuse Types of sexual abuse**

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure



### **3 Psychological or Emotional Abuse**

Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

### **4 Financial Abuse Types of financial or material abuse**

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress

- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointee ship or other legal authority
- Rogue trading – e.g. Unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

## **5 Organisational or Institutional Abuse**

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

## **6 Neglect and Acts of Omission**

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care

- Providing care in a way that the person dislikes

- Failure to administer medication as prescribed

- Refusal of access to visitors

- Not taking account of individuals' cultural, religious or ethnic needs

- Not taking account of educational, social and recreational needs

- Ignoring or isolating the person

- Preventing the person from making their own decisions

- Preventing access to glasses, hearing aids, dentures, etc.

- Failure to ensure privacy and dignity

## **7 Self-Neglect Types of self-neglect**

- Lack of self-care to an extent that it threatens personal health and safety

- Neglecting to care for one's personal hygiene, health or surroundings

- Inability to avoid self-harm

- Failure to seek help or access services to meet health and social care needs

- Inability or unwillingness to manage one's personal affairs

## **8 Domestic Violence and Abuse**

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence.

Coercive behaviour can include:

Acts of assault, threats, humiliation and intimidation; harming,

Punishing, or frightening the person; isolating the person from sources of support; exploitation of resources or money; preventing the person from escaping abuse; regulating everyday behaviour.

### **9 Modern Slavery Types of modern slavery**

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

### **10 Discriminatory abuse Types of discriminatory abuse:**

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

## **Appendix B: Some useful Do's and Don'ts**

### **Do:**

- Act on any concerns, suspicions or doubts
- try to ensure the immediate safety of the individual
- remain calm and listen very carefully
- summarise what you have heard back to the person for clarification
- assure the person that the matter will be taken seriously
- explain the process for reporting the allegation
- seek consent to report the concern or share information
- Report the allegation to your manager in line with these and local multi-agency procedures
- contact children's services in the local authority if a child is, or may be, at risk
- arrange support for the alleged victim of abuse or neglect

### **Don't:**

- show shock or disbelief
- rush the person
- be judgemental
- probe or question - just record the facts and seek clarification where necessary
- contaminate or disturb any evidence
- Jump to conclusions
- promise confidentiality – explain how and why the information might need to be shared with those who need to know
- interview witnesses - but do record any information volunteered by them
- approach the alleged abuse

**Appendix C Alleged Safeguarding Disclosure/Observation Recording Form**

Alleged Safeguarding disclosure/observation contemporaneous notes:

Good quality written notes are essential as they may support any legal action required at a later date. All alleged safeguarding disclosures/observations must be recorded as soon as possible. Use quotation marks to highlight relevant words the person disclosing has said, do not quote the whole conversation in this manner, you are not taking a statement. The notes recorded must not be anonymised.

<b>Alleged Safeguarding Disclosure Observation Recording Form</b>	<b>Details</b>
Name of person recording	
Location of alleged observation or disclosure	
Date of alleged, observation/disclosure	

Name(s) of those involved	
Time of alleged observation/disclosure	
Body map attached? (Yes / No)	
Alleged Safeguarding Disclosure/Observation	

Detailed description of the observation/disclosure.	
---	--

Signature of person completing this form: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be attached to the Safeguarding report



#### **Appendix D: Immediate action by the person raising the concern**

The person who raises the concern has a responsibility to first and foremost safeguard the adult at risk.

- Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
- Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the police);
- If a crime is in progress or life is at risk, dial emergency services – 999;
- Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation;
- Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through recording;
- Ensure that other people are not in danger;
- If you are a paid employee, inform your manager. Report the matter internally through your internal agency reporting procedures.
- Record the information received, risk evaluation and all actions.

## Appendix E Immediate actions to take as a line manager

The line manager should review action taken, and:

- Clarify that the adult at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken;
- Address any gaps;
- Check that issues of consent and mental capacity have been addressed;
- In the event that a person’s wishes are being overridden, check that this is appropriate and that the adult understands why;
- Ensure appropriate referrals have been made if a child or young person is also at risk;
- If the person allegedly causing the harm is also an adult at risk, arrange appropriate care and support;
- Make sure action is taken to safeguard other people;
- Take any action in line with disciplinary procedures, including whether it is appropriate to suspend staff or move them to alternative duties;
- In addition, if a criminal offence has occurred or may occur, contact the Police force where the crime has / may occur;
- Preserve forensic evidence and consider a referral to specialist services;
- Make a referral under Prevent if appropriate;
- Record the information received and all actions and decisions.

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