

St Albans Old People's Trust

Safeguarding Adults At Risk Policy & Procedure

St Albans Old People's Trust

SAFEGUARDING ADULTS AT RISK POLICY & PROCEDURE

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1 Introduction

Safeguarding is a key priority that reflects both our focus on human rights and the requirement within the Care Act 2014 to have regard to the need to protect and promote the rights of people who use Health and Social Care Services.

The STAOPT policy is cognisant of the Health and Community Services Adult Safeguarding Procedure which aims to ensure that organisations work together to prevent abuse occurring, and when abuse does occur, adults at risk are protected from further harm. It makes sure that:

- the needs and interests of adults at risk are always respected and upheld
- the human rights of adults at risk are respected and upheld
- a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse

Each adult at risk maintains:

- choice and control
- safety
- health
- quality of life
- dignity and respect

Adult safeguarding is part of a legal framework in the Care Act 2014 and places a legal duty of care onto Local Authorities to make, or ask others to make, enquiries if they believe an adult is, or is at risk of, being abused or neglected.

In Hertfordshire there is the Hertfordshire Safeguarding Adults Board which is a multi-agency partnership who support adults at risk in Hertfordshire. The Board works with organisations to make sure adults at risk are cared for and supported somewhere free from abuse, harassment, violence or aggression both at home and at work.

The STAOPT procedures follow the recommendations of the board.

The Trust is not a formal member of the board, as the aim of the STAOPT is to provide grants to older people, rather than to directly support older people. Staff are employed by Herts Independent Living Services (HILS) and seconded to the Trust. Staff therefore have training and have a DBS check via HILS and are subject to the policies of HILS as well as those of the STAOPT.

1.1 Principles

The best defence we have against abuse is the strength of values incorporated in the STAOPT organisational culture.

1.2 Good Practice Statement

Safety is embedded within good operational practice and the growing ability of clients to protect themselves, make their views known, and be listened to.

1.3 Scope

This policy and procedure is designed to enable the Trustees and HILS employees to understand and carry out their responsibilities for safeguarding adults who the Trust provides grant for, and who are at risk of, or experiencing, abuse.

2 Policy

STAOPT Policy puts in place procedures to ensure that appropriate checks are made prior to appointment of staff, Trustees, volunteers, and where appropriate external/agency personnel in order to prevent, as far as is possible, anyone from using their position to abuse adults who need care and support.

HILS provide a structured programme of induction for all new staff that takes account of their level of knowledge about adults at risk. Induction will ensure that employees know what behaviour is and is not acceptable, understand what might constitute abuse and who should be informed if abuse is suspected. STAOPT supports staff and volunteers to deliver safe services by providing training and development.

All HILS staff and Trustees that come into regular contact with clients will be made aware of the vulnerability of our clients and will be taught to recognise and appropriately respond to suspicions or allegations of abuse.

Abusive staff or practices will not be accepted or tolerated and action will be taken.

3 Schedule of Responsibilities

3.1 Trustees

- To create and review policy to update on an annual basis
- To ratify policy
- To have an awareness of the issues relating to clients and abuse
- To have an up-to-date DBS check
- To attend regular safeguarding training

One of the Trustees will be the Designated Person. A second person will be named as Deputy Safeguarding Designated Person.

The Designated Person will:

- Either refer safeguarding concerns via the General Concern form for the public or refer to the HCC safeguarding team who will make decisions and take actions for that individual. As the STAOPT is not the lead agency involved with the client (as the Trust is a grant -giving agency, not a statutory agency or a care agency) the Trust will not be carrying out investigations.
- Decide upon what information should be shared with individuals and agencies during the course of and following an investigation into abuse
- Enforce the policy and procedures
- Report any alerted allegation or suspicion of abuse to the registering authority

- Carry out an initial assessment of any allegation or suspicion of abuse
- Report any allegation or suspicion of abuse to the HCC Safeguarding team or, where appropriate, to Police, client's family or 'significant other'
- Know the HSAB procedures for reporting and investigating allegations or suspicions of abuse. As neither the Staff nor Trustees are care professionals, it is more likely that we will use the Reporting z Concern From the General Public form, which is sent to Social Services.
- Include summary notes following an investigation for a Trustee board meeting.

3.2 HILS Staff

- Implement the policy and guidelines
- Immediately notify the Designated Person of any alerted allegation or suspicion of abuse. To be aware of policy and procedures for reporting and investigating an allegation or suspicion of abuse
- Be aware of abuse as an issue and to alert the Designated Person of any concerns, suspicions or allegations of abuse
- Ensure their duty to alert overrides any desire to keep a confidence
- Make clear and detailed written records when abuse is disclosed, witnessed or alleged (Appendix 4)

3.3 Contractors

The tradespeople and those who supply services to the Trust's clients are deemed to be independent contractors. They are asked to sign a Code of Conduct which asks them to be respectful of the client's right to privacy. However, they are asked to report any concerns about safeguarding to the Trust's staff eg serious self-neglect of self, health or surroundings. The STAOPT does not expect that contractors will have a DBS check.

4 Definitions

4.1 What is adult safeguarding?

Safeguarding is a term that refers to our duty to protect 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, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

An Adult at Risk is a term that refers to any adult aged 18 years or over who:

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

An adult at risk may therefore be a person who, for example:

- is an older person who is frail due to ill health, physical disability or
- cognitive impairment

- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- lacks mental capacity to make particular decisions and is in need of care and support

All Trustees and staff need to recognise that safeguarding is everyone's responsibility, irrespective of the role they undertake.

There are two key parts to this process:

1. Preventing abuse from happening. This includes safe recruitment, to ensure that unsuitable people are not employed, and an organisational culture in which all Trustees, staff and volunteers are empowered to play a part in preventing and ending abuse.
2. Protecting people who may be experiencing, or at risk of, abuse. This includes Advising people to access the right support.

4.2 What is abuse?

Abuse and neglect can take many forms. Organisations should not be constrained in their view of what constitutes abuse or neglect and should always consider the circumstances of the individual case.

The main forms of abuse set out in the Care Act 2014 (Chapter 14) are as follows):

- **Physical abuse** – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence
- **Sexual abuse** – including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts or indecent exposure
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude

- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion
- **Organisational abuse** - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home
- **Neglect and acts of omission** – including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, including ignoring medical or physical care
- **Self-neglect** – a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Abuse is difficult to assess; situations are rarely as tidy or straightforward as these categories suggest. Many situations may involve a combination of abusive elements.

5 Duty to Report

However difficult it may seem all staff and Trustees have a duty to make known their suspicions of abuse. Failure to do so is a failure in our duty of care. Remember, an individual may not be able to alert anyone themselves, perhaps through failure to understand that the activity is abusive or through poor communication skills or through fear.

Reporting is not easy and often takes a great deal of personal strength and courage. Staff who have reported incidents have already been exposed to disturbing information that could leave them feeling a range of emotions from sadness to anger and even guilt that they could not prevent the alleged abuse. If staff feel it necessary, they can avail themselves of the HILS's support services.

6 Procedures to be followed following an Allegation or Suspicion of Abuse

The minimum requirement for all Trustees, staff and volunteers is that they know how to:

- Recognise, record and report abuse
- Take any immediate action to protect further harm
- Access help and advice for the adult at risk

There are four procedural stages: the STAOPT will only be involved in the first 2.

- 1 Alerting
- 2 Reporting
- 3 Investigating
- 4 Monitoring

6.1 Alerting

Any member of staff or Trustees or volunteer working with clients may be alerted to the possibility of abuse. Alerting could mean that you witness an act of abuse, a person saying that abuse has occurred, or suspicions raised by indicators listed in these guidelines.

In carrying out these procedures the person alerted must keep detailed records of the initial cause for concern. Note down exactly what the complainant or alleged victim has said or indicated to you or what you have witnessed. Any such records must clearly separate factual information from expression of opinion. The member of staff must be aware that the report may be required later as part of legal or disciplinary action (see Appendix 4).

If the disclosure is made by a client, staff must accept what the person is saying and never make a decision without consulting with the Designated Person, to ignore or suppress a disclosure because it is thought to be fantastic or improbable. Do not make comments other than to be comforting and sympathetic.

6.2 The Designated Person

The Designated Person is a Trustees, who is the safeguarding lead for STAOPT. Incidents and allegations of abuse must be reported to the Designated Person.

If you have any concerns at all about the possible abuse of an adult who needs care and support, and are not sure what to do, you should immediately contact the Designated Person for Safeguarding.

If an urgent concern arises outside of office hours, or when you cannot make contact with the Designated Person or their Deputy, you should report it without delay to **Health and Community Services (0300 1234042)** or to the **Police (via 999)** if it is an emergency situation.

If a member of staff, or Trustee, believes that an adult safeguarding allegation or concern is not being dealt with appropriately, or is suspected of perpetrating abuse, and they have exhausted all other reasonable approaches, this policy should be used to escalate those concerns. In any case of suspected abuse, staff or Trustees, have a responsibility to alert HCC's Safeguarding team to ensure the client's immediate safety.

6.3 Reporting

If you have any concerns at all about the possible abuse of an adult who needs care and support, and are not sure what to do, you should immediately contact the Designated Person for Safeguarding. If an urgent concern arises outside of office hours or when you cannot make contact with the Designated Person, or Deputy, you should contact Health and Community Services to raise an alert by calling the customer service centre on 0300 123 4042

As neither the Staff nor Trustees are care professionals, it is more likely that we will use the Reporting a Concern From the General Public form, which is sent to Social Services.

REMEMBER INCIDENT REPORT FORMS MUST BE PASSWORD PROTECTED AND EMAILED

If you have reason to believe an adult receiving mental health services in Hertfordshire may be at risk of suffering abuse or neglect then a safeguarding referral can be made to Hertfordshire Partnership Foundation Trust on: 0300 777 0707

If there is an immediate risk to life, or a serious injury, or a serious crime has been committed, the police must be contacted direct as set out below:

- **Immediate response** - For incidents concerning a vulnerable adult where there is immediate danger to life, risk of injury or a crime being committed, dial 999.
- **High** - For incidents taking place against a vulnerable adult where there is no immediate risk to life or property, but a police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence, dial 101.
- **Routine** - For incidents that have taken place against a vulnerable adult where that person wishes to report a crime, please dial 101 and specify that a crime has been committed and that the person concerned wishes to make a complaint of crime. Inform the client's 'significant others' (parents, relatives, partner, friends or advocate). The usual expectation would be that families or 'significant friends' would be informed about issues relating to the person's welfare, unless the person has made it clear that they do not wish them to know, or it seems not to be in the persons best interests. If relatives or friends are not informed, the reasons for this must be clearly documented. Any information given or received verbally or by telephone must be put into writing at the earliest available opportunity.

6.4 Consent

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in relation to the investigation. If they are, their consent should be sought. This includes an awareness of the risks of disclosing that an investigation is being undertaken. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected.

It should be noted that STAOPT Trustees staff or volunteers, in almost all cases, will not be aware of the mental capacity of clients, due to the nature of the Trust's work and the fact that most clients either self-refer or are referred by SADC or CASTAD, neither of whom will have information about the client's safeguarding status. Hence any safeguarding concerns will be referred onto Adult Care Services/the HCC Safeguarding Team, who have the professional skills and will have the resources to investigate and may have records of the client's capacity.

6.5 The Safeguarding Regulations as revised in 2012 apply

These include:

- If your organisation works with children or vulnerable adults and you dismiss or remove a member of staff or a volunteer because they have harmed a child or vulnerable adult (or there is a risk of harm), or you would have done so if they had not left, you must tell the Safeguarding Authority. AUKH will fulfil its responsibilities by considering referral to the Disclosure and Barring Service throughout regulatory processes.
- A person who is barred by the Disclosure and Barring Service from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer with those groups. An organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.

- If your organisation works with children or vulnerable adults and you dismiss a member of staff or a volunteer because they have harmed a child or vulnerable adult, or you would have done so if they had not left, you must tell the Disclosure and Barring Service.

Any allegation of abuse, whether considered valid or not, must be reported to the registering authority. Whether or not the incident is reported further depends upon the Designated Person's assessment of the situation. The Designated Person should use these guidelines together with their own professional judgment to make an initial assessment about whether the matter should be taken further as an issue of abuse.

If the Designated Person is clear that the allegation is not one of suspected abuse, then it may be necessary for further action to be taken to deal with the matter as a complaint, an issue of poor practice.

All decisions and actions must be clearly recorded at every stage, including any decision not to proceed.

If the allegation is suspected to be abuse, even if considered less serious, you should advise the Designated Person, of the situation and the proposed course of action at the earliest opportunity.

6.6 Recording

For proper investigation and monitoring of abuse it is important that a record is kept of any part of a procedure carried out to alert, report or investigate whether unsubstantiated or not. These records are also important in the identification of abuse where it may be necessary to build up a picture from fragments of relevant information over time by recalling information of previous alerting.

Managers should hold this information confidentially although staff should be aware of what should be recorded when abuse is suspected, who holds such records and who has access to them.

7 Promoting 'Safe Services'

7.1 Collusion/Inactivity

Staff may not report their suspicions if they are concerned that their manager will not believe them or ignore the report on the grounds of divided loyalty or friendship, in this case the member of staff should always report their concerns to a more senior manager. Similarly, if staff have concerns about the behaviour of a colleague, alerting could mean being faced with the possibility of breaking up friendships, upsetting colleagues and causing disruption to the lives of those who work in or use the service. Trustees must be aware of these blocks and give their full support to any member of staff who reports in good faith.

7.2 Confidentiality

All staff must be aware of the sensitivity for all concerned in matters of abuse. Strict confidentiality must be adhered to on a 'needs to know' basis, according to the reporting

procedures contained herein. ALL DOCUMENTS STORED OR SENT ELECTRONICALLY MUST BE PASSWORD PROTECTED

7.3 Recruitment

It is important to get recruitment right; to attract the best people for the post and to prevent unsuitable people from joining the charity as staff Volunteers or Trustees.

Staff

Staff will be recruited and checked according to HILS recruitment procedures.

Appointing officers must fully adhere to the charity's written procedures including:

7.3.1 Recruitment and Selection Policy.

7.3.2 Equality and Diversity and Employment Policy.

Recruitment procedures must be fully applied to all staff including full-time, part-time, casual staff and volunteers. All job applicants will complete in full a standard application form. Under no circumstances should unsupervised work commence before the following checks have been completed:

7.3.3 Obtaining two references. References must be in writing and originals

(photocopies or facsimiles are not acceptable). At least one of the references should be verified with the provider by telephone. Ideally the last employer should be a reference.

7.3.4 Evidence has been provided to confirm the date of birth and acceptable

recorded proof of National Insurance Number (obtained from a Birth Certificate, Passport and P45 documentation etc).

7.3.5 Questionnaire and the Equal Opportunities Monitoring Form.

7.3.6 The necessary Criminal record checks (DBS) have been actioned.

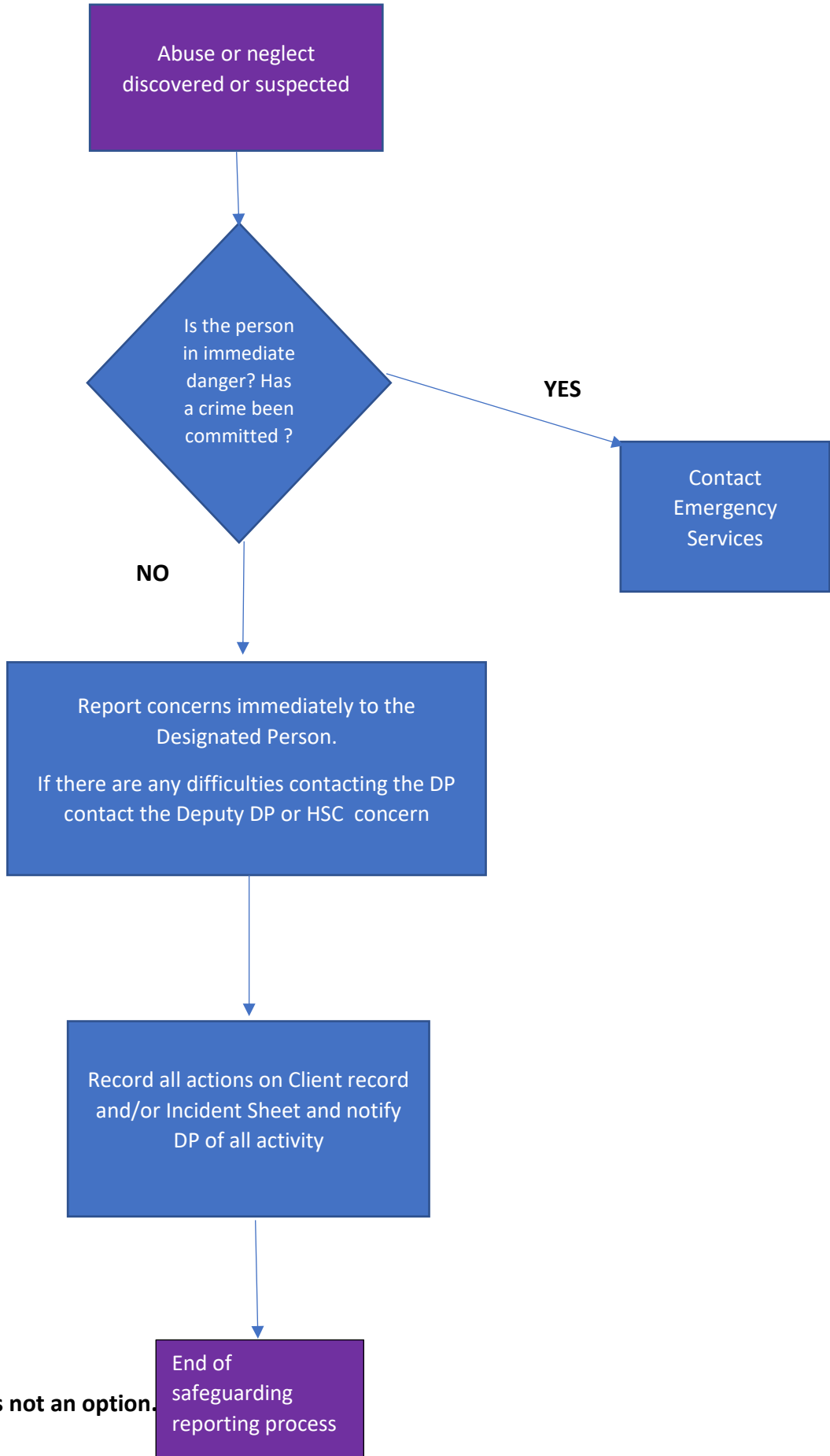
All employees will be required to complete a satisfactory probationary period. During this time an employee will be fully inducted and will be required to demonstrate full competence to the required job standards. In addition training on this policy will be given and formal evaluation will be undertaken.

Trustees

Trustees will be recruited according to the STAOPT policy prevailing at the time and according to good practice. This will include, but not be limited to:

- Trustee Role Profile /Description will be advertised attracting a wider skill set
- Potential candidates will submit their CVs which will be reviewed initially by the Chair and subsequently by other Trustees as recommended by the Chair (a sub-committee)
- A 'formal' interview process will follow for potential candidates - a shortlist will be selected
- The shortlisted candidates will meet with the Chair and other Trustees as recommended by the Chair
- The selected candidate from the shortlist will attend no less than 2 Trustee meetings as an observer.
- All new Trustees will complete a Trustee Eligibility Form which is provided by the Charities Commission and held also by them.
- All Trustees will attend safeguarding training within their first year of appointment and every 2 years.
- All Trustees will have a DBS check, paid for by the Trust.
- The potential Trustee cannot meet clients until their DBS check has been approved.

Appendix 1: Process Summary



Doing nothing is not an option.

Appendix 2: Disclosures Do's and Don'ts

Do:

- ☑ Stay calm and try not to show shock.
- ☑ Listen carefully.
- ☑ Be sympathetic ("I am sorry that this has happened to you").
- ☑ Be aware of the possibility of medical evidence.
- ☑ Tell the person that he/she did right to tell you
- ☑ Treat the information seriously
- ☑ Inform the appropriate Line Manager
- ☑ Take steps to protect and support them.
- ☑ Report to your Line Manager
- ☑ Write down what was said by the person disclosing, noting date and time.

Don't:

- ☑ Do not press the person for more details.
- ☑ Do not promise to keep secrets.
- ☑ Do not make promises you cannot keep (e.g. "this will never happen to you again").
- ☑ Do not contact the alleged abuser.
- ☑ Do not be judgemental (e.g. "why didn't you run away?")
- ☑ Do not break the confidentiality agreed with the alleged victim and your Line Manager (e.g. to other members of staff – "it's just awful, something terrible happened to...")

Appendix 3: Written Records

Points to Remember:

- ☒ In some circumstances it may be possible to take notes at the time the allegation is being made. Try and note down what the person actually says, using their own words and phrases.
- ☒ In some circumstances it would not be appropriate to be taking notes at the time the allegation is being made. Make a written report as soon as possible afterwards. Try to remember what the person said using his or her own words and phrases.
- ☒ In your written report factual information should be clearly separated from expression of opinion
- ☒ Use a pen or biro with black ink if you possibly can
- ☒ Sign and date your report
- ☒ Complete Accident/Incident report when necessary
- ☒ Be aware that your report and any written records may be required later as part of a legal action or disciplinary procedure
- ☒ During an investigation phase it is particularly important that notes are kept on all interviews, telephone calls, information gathered

Appendix 4 Hertfordshire safeguarding adult alert form

General concerns form for the public on this link.

<https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/report-a-concern-about-an-adult-form.aspx>

This policy and procedure has been adopted By St Albans OLD PEOPLE'S TRUST through its Board of Trustees which remains responsible for its review.

Signed: _____ Date: _____

Name: _____

Chair of Trustees