

Safeguarding Adults at Risk Policy

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Policy Objective

The objective of this policy and procedure is to ensure that safeguards are in place to protect children, young people or adults at risk with whom Key4Life works. For the purpose of this policy, service users are regarded as potentially adults at risk.

1. Policy scope

- 1.1 Key4Life makes a positive contribution to a strong and safe community and recognises the right of every individual to stay safe. Every child or adult at risk deserves to be happy and secure in their activities.
- 1.2 The policy applies to all adults and children at risk, irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.
- 1.3 Key4Life sees it as a fundamental duty to put in place safeguards to protect children, young people or adults at risk with whom it works. Key4Life works with adults at risk through a variety of contexts, this includes but is not limited to, registration day for new programs, workshop (in prison or hired public spaces), two-day rural residential in Somerset, probation meetings, family meetings, work tasters, mentor meetings, housing meetings, legal meetings and external appointments.
- 1.4 The policy seeks to ensure that Key4Life undertakes its responsibilities protecting adults at risk and will provide a clear procedure to ensure concerns are shared appropriately. This policy applies to all paid and unpaid staff and to trained mentors.

Safeguarding is about identifying children and adults at risk who need early help.

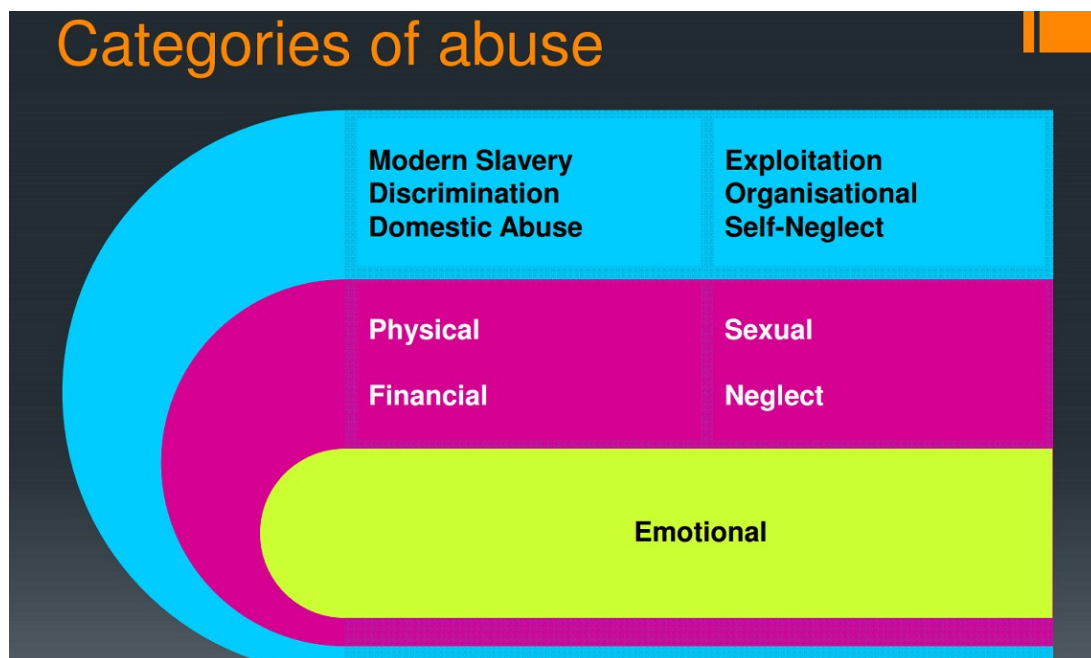
It is everyone’s responsibility.

2. Definitions

Adult at risk	The term adult at risk applies to any person aged 18 or over who is (or may be) in need of care and support (e.g. health care, relevant personal care or social care) and is experiencing (or is at risk of) abuse or neglect and, as a result of this, is unable to protect themselves from either the risk (or experience of) neglect or abuse
Alerter	A member of staff who raises a safeguarding concern
Service users	Participants of the Key4Life programme/beneficiaries
Staff	Refers to Key4Life full-time and part-time employees working for the charity, as well as volunteers (e.g. mentors, bound by Key4Life policies and procedure)
SVA committee	Operations, CEO and the Chair of the Board of Trustees

3. Recognising abuse

Abuse can take many forms, which may not result in a criminal conviction. Abuse is a violation of a person's human rights or dignity by someone else. There are different kinds of abuse, as listed below:



- **Physical:** including hitting, slapping, pushing, kicking, restraint or inappropriate sanctions
- **Sexual:** including rape and sexual assault or sexual acts to which the adult at risk has not consented, could not consent or was pressured into consenting
- **Emotional:** including psychological abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- **Financial or material:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits
- **Neglect or acts of omission:** including ignoring medical or physical care needs, failure to provide access to appropriate health care, social care, education services or misuse of medication, adequate nutrition or heating
- **Self-neglect:** any failure of an adult to take care of themselves that causes (or is reasonably likely to cause) within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets

- **Discriminatory:** including racist or sexist behaviour and harassment, based on a person's ethnicity, race, culture, sexual orientation, age or disability and other forms of harassment, slurs or similar treatment
- **Institutional/organisational:** this can sometimes happen in residential homes, nursing homes, group living environments and/or hospitals. It can also occur in organisations who do not offer residential services. The abuse is when people are mistreated because of poor or inadequate care, neglect or poor practice
- **Modern slavery:** a complex crime that takes different forms; it encompasses slavery, sexual exploitation, domestic servitude, forced and compulsory labour and human trafficking
- **Exploitation:** the deliberate maltreatment, manipulation or abuse of power and control over another person. It is taking advantage of another person or situation usually, but not always, for personal gain
- **Domestic (violence and abuse):** includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 and 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

Any of these forms of abuse can either be 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.

4. Child protection

- 4.1 Although Key4life works with adults at risk, it is important for staff to have an understanding of child protection, for instances where service users have children or it is alleged that a service user poses risk to children.
- 4.2 Child protection is part of safeguarding and promoting welfare and is the activity undertaken to protect specific children who are suffering (or likely to suffer) significant harm. The welfare of the child is paramount.
- 4.3 Child sexual exploitation is a form of sexual abuse, where a child or young person may receive, gifts, money or affection as a result of performing or receiving sexual activities.

5. Raising Concerns and Escalation Process

- 5.1 Everyone has the responsibility to raise any concerns they may have about the possibility of someone being abused. Therefore, every individual must regard themselves as a potential alerter, regardless of their role within the organisation.
- 5.2 As an alerter, you are not being asked to verify or prove the information is true, you are being asked to log concerns and report to the appropriate individual or department.
- 5.3 Responsibilities of the alerter:
 - Take allegations seriously
 - Stay calm
 - Listen carefully
 - Do not interrupt
 - Do not ask questions directly (to avoid biasing the person's recollections)
 - Be aware of the need to preserve medical evidence
 - Assess if medical treatment is urgently required and there is an indication of assault. In an emergency call 999 **immediately**
 - Reassure the person disclosing the abuse
 - Treat information sensitively

- Do not promise to keep the discloser's secret from those who need to know
- Inform the discloser that you must report the matter to an appropriate manager
- Inform the discloser that, in certain circumstances, other agencies and authorities must be contacted, regardless of the discloser's consent, but that their wishes will be made clear throughout.
- Take careful notes; the availability of accurate and objective information will be essential if the complaint leads to further investigation. Make a signed and dated written record of the allegation or concern and complete a "cause for concern" form and file this safely and confidentially
- Tell the adult at risk of your plan of action going forward so they understand the next steps
- Do not give any details of any allegations to the alleged perpetrator or potential witnesses, as this could contaminate evidence

5.4 The above responsibilities are applicable, regardless what the allegation of abuse is and covers peer abuse and domestic abuse.

5.5 The police have the responsibility to establish criminal offences.

5.6 Alerting is the first step in the process of keeping adults and children at risk safe and empowering them for the future. Alerting, through appropriate channels, will enable a proper and timely assessment and/or investigation to be carried out.

5.7 If the alerter is informed or suspects that the alleged abuser is their line manager or a member of the SVA committee, then they must not report the incident to them. Instead, they must contact either another line manager/CEO/trustee safeguarding designated lead or make a direct referral to the relevant local authority safeguarding contact or the police, as appropriate.

5.8 If there is any doubt regarding the capacity of an adult at risk, Operations or the CEO should be informed and will assess the at risk adult's mental capacity (see Appendix 3 for further information).

5.9 See Appendix 1 for the escalation process.

6. Managing cases with active safeguarding concerns

6.1 Where Key4Life is working with a case where there are known safeguarding concerns, including child protection registration, staff will be fully briefed about the known risks and their responsibilities in relation to safeguarding.

6.2 Additional training and support will be provided for staff dealing with safeguarding cases, if necessary. This will be provided by supervisors/CEO/trustee safeguarding lead.

6.3 Staff will ensure that there is close liaison with other agencies involved in the case and will represent Key4Life at appropriate safeguarding meetings.

6.4 If an internal investigation is required (i.e. the safeguarding concern was made regarding a member of staff) then the disciplinary procedure will be followed, whilst the investigation is undertaken. Internal action will be co-ordinated within the local safeguarding framework and in consultation with the police, where relevant.

7. Procedure for receiving a "cause for concern" form

7.1 Key4Life recognises that a cause for concern can also be made in the form of an expression of concern or complaint about:

- the behaviour of the vulnerable adult which might indicate abuse; and/or
- the effect of the at risk adult's challenging behaviour on other adult at risk.

- 7.2 When dealing with both reports of abuse and “causes for concern”, decisions about how to proceed will be informed by the at risk adult’s right to make choices and to maintain their independence, even when this involves a degree of risk or harm.
- 7.3 Where an individual chooses to accept this risk of harm and asks for no further intervention, this is considered with reference to their capacity to anticipate and understand the level of risk of harm and the possible consequences.
- 7.4 In the above instance (7.3), risk assessments and care plans will be amended appropriately so that Key4Life can safeguard service user’s to the best of our ability.
- 7.5 A decision to close a “cause for concern” can be made at any stage in the process by the CEO if, on evaluating all the evidence, they decide that the adult at risk is not at risk and that the possible risk to others has been, or is being, fully addressed appropriately through the use of risk assessments and care plans.
- 7.6 See Appendix 2 for what to expect after completing a “cause for concern” form.

8. Complaints Procedure

- 8.1 Adults at risk and other parties can make use of Key4Life’s complaints procedure to raise any concerns about the conduct of an investigation of an alleged abuse or a failure to investigate.
- 8.2 Any complaint should be brought to the attention of Operations, the Chief Executive and Chair.

9. Relevant legislation

The following legislation and guidance have been considered in the development of this policy:

- The Rehabilitation of Offenders Act (1974)
- The Children Act (1989)
- The Police Act (1997)
- Public Interest Disclosure Act (1998)
- The Protection of Children Act (1999)
- Criminal Justice and Court Services Act (2000)
- Care Standards Act (2000)
- The POVA or Protection of Adult at Risk Scheme (launched 2004)
- Every Child Matters and the Children Act (2004)
- Safeguarding Vulnerable Groups Act (2006)
- Equality Act (2010)
- Working Together to Safeguard Children (2015)
- The Care Act 2014
- Care and Support Statutory Guidance (2017)
- Appropriate DBS checks
- The General Data Protection Regulation 2018
- Working together to safeguard Children 2018

10. Monitoring and review

- 10.1 Key4Life will routinely monitor the following safeguarding aspects:

- Safe recruitment practices
- DBS checks undertaken for all team who come into contact with service users
- Two written references for new staff
- Records of supervision sessions with service users (team, volunteers and mentors)

- Training (register/record of staff training) on vulnerable adult protection
- Monitoring of concerns (reported and actioned)
- Checking that policies are up to date and relevant
- Reviewing the current reporting procedure in place
- Presence and action of designated senior manager responsible for safeguarding in post (Operations team)

10.2 Senior management will continuously assess themes of safeguarding and change practice as per the themes and offer training and support.

10.3 Key4Life will ensure that service users, all members of staff and mentors are aware of the safeguarding policy, through the following means:

- Staff, service users and mentors must read and sign the safeguarding policy and adhere to the policy whilst they are working with the charity.
- The Operations Manager must ensure that all parties have read and signed this document as follows:
 - **Staff:** sign, read and agree to the safeguarding policy and staff training handbook at induction
 - **Mentors:** sign, read and agree to the safeguarding policy at the orientation session
 - **Service users:** sign, read and agree to the safeguarding policy at registration

This policy will be reviewed by Operations every two years and when there are changes in legislation.



Safeguarding Policy Declaration Form

I confirm that I have been made fully aware of (and understand the contents of) the safeguarding policy and procedures for Key4Life:

I am a Key4Life employee / volunteer / mentor (delete as appropriate)

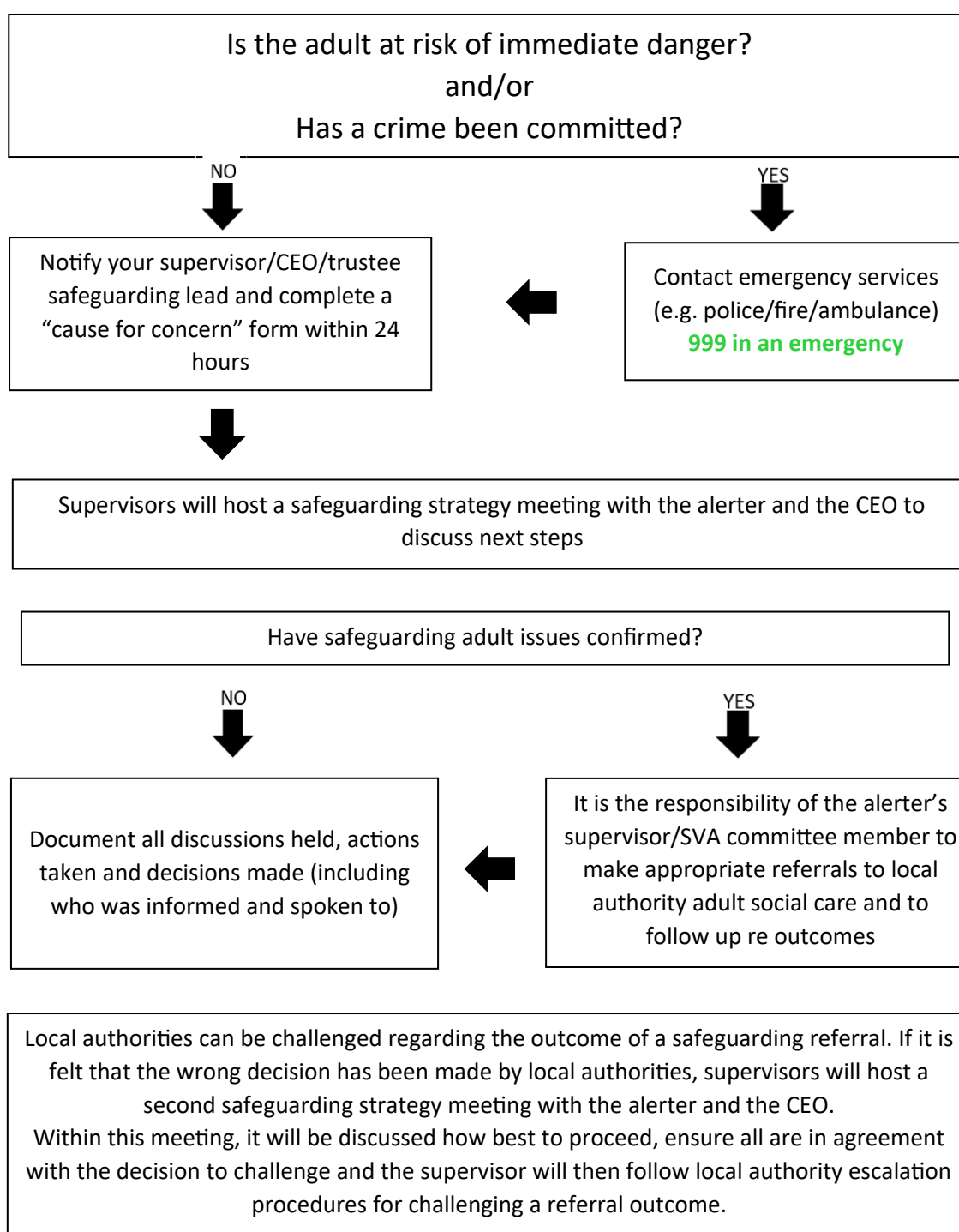
Your name:

Your signature:

Date of signature:

Once completed, please return this form to Operations

Appendix 1 : Safeguarding Escalation Process



Appendix 2 : Cause for Concern Form

Within 24 hours of receiving a “cause for concern”

The member of staff who first receives the “cause for concern” form should inform the CEO and the Area Programme Manager, who will gather information **without** “investigating” or conducting any face-to-face contact or interviews with the parties involved. They will then decide if the information warrants further action by considering the following:

- The reliability/credibility of the information received
- The need for any emergency or safeguarding action
- The likely impact of the alleged abuse on the adult at risk
- The capacity of the adult at risk for self-determination
- The vulnerability of the individual(s) concerned
- The extent of abuse to the individual or other adults or children at risk
- The length of time it has been occurring
- The risk of repeated or escalating acts
- Any information about the alleged perpetrator and any history of assault or violent or aggressive behaviour
- The need for further assessment or investigation
- The need to inform service user/family/carers as appropriate
- Whether to instruct an Independent Mental Capacity Advocate for the adult at risk, when it has been established that the person lacks the capacity to make decisions regarding the process and it is felt to be in their best interests to be represented.

Where a serious incident may have occurred and the police and/or social services are already involved, then the information collected will be restricted to ensuring that all relevant adults at risk are being protected from further abuse.

In all cases wherever possible, the person reporting the “cause for concern” will be informed of the level of response agreed and what this will mean in practice.

We will still carry out a safeguarding assessment at this stage if:

- The adult at risk does not have the capacity to make informed decisions about what actions they want to take
- The alleged abuse has taken place on property owned and managed by an agency providing a service to the victim or the perpetrator of the abuse (including social services and health trusts)
- The alleged perpetrator is a paid worker or volunteer
- Other service users or children may be at risk from the perpetrator

In these cases, the person will be informed that the local authority has a duty to investigate and check all the facts before reaching a decision. If further action is needed, they will gather information in preparation for a strategy meeting of discussion through which the referral will be investigated.

We will then ensure that:

- Urgent action is taken to ensure safety and medical treatment for the adult at risk and the perpetrator if they are also an adult at risk
- Possible criminal offences (physical or sexual assault and theft) are discussed with the police and any related evidence is preserved in accordance with their guidance

- Information has been gathered and risk has been assessed
- A referral has been made to the appropriate referral and assessment team within children's services, if child protection concerns have also been raised
- The adult at risk and/or their family/carers have been informed and consulted about the action taken
- Decisions have been recorded
- The referral is reported to the CEO

If there are possible criminal offences occurring but the adult at risk does not want the matter reported to the police, the CEO will assess if:

- The vulnerable adult does not have the capacity to understand
- There are wider issues such as 'duty of care' to an adult at risk who is exposing themselves to high risk
- There are potential risks to other adults at risk

Within five days

We will continue to play a role in a multi-agency strategy meeting to be held if further action is needed in relation to the referral. We will also ensure we are closely involved if the business of the strategy meeting is to be carried out by telephone calls and emails.

Within two weeks

The investigation should be completed within two weeks.

If an SVA Conference is held as a result of the investigation, the CEO will make every effort to attend the conference and provide relevant information and support to the adult at risk involved, as appropriate.

If a member of our staff is invited to a conference but cannot attend, their information will be made available to the meeting. This information will be discussed with the adult at risk beforehand. If this has not been possible, it will be clearly stated in the information.

We will also encourage the adult at risk to attend the conference. If they are unable to attend, a representative can be nominated. If the adult at risk does not want to be represented, we will ensure that an up-to-date account of their views is passed on to the conference. We will also encourage any carers to attend wherever possible.

Within four to six weeks

- We will inform the adult at risk and their family/carers of the conclusion of the investigation as appropriate
- We will continue to monitor the involved parties' need for continuing support and, where appropriate, provide them with that service at Key4Life
- We will offer any necessary help in accessing alternative agencies to the vulnerable adult(s) involved

Ongoing action

We will continue to play a role, when necessary, in any further SVA reviews relating to any allegations. In incidences where an SVA Plan is completed, following an investigation, we will implement any planned actions for which Key4Life is responsible by offering appropriate services to adults at risk and modifying care plans accordingly.

Appendix 3 : Mental Capacity

Procedure for assessing mental capacity to consent to further action

This procedure will be followed, at the earliest possible stage, following an allegation. In order to assess mental capacity, the Key4Life Operations or the CEO will consider seeking advice from a social care or health professional. They will:

1. Pay attention to the vulnerable adult's capacity to make the particular decision being discussed, **not** their capacity to make decisions in general
2. Make sure that the person is not presumed to lack capacity because of their age, behaviour, any condition they have or because they could not make a decision in the past
3. Ensure the person has had all the information they need to make a decision
4. Explore if the information could be explained or presented in a way that is easier for the person to understand
5. Schedule further discussions for particular times of day where the person's understanding is better
6. Decide if the decision can be put off until the circumstances are right for the person concerned
7. Explore if there is anyone else who can support the person to make choices or express a view, such as a family member or, if appropriate, an independent advocate
8. Encourage the person to record their wishes and preferences while they have capacity. These can cover how they would prefer things to proceed if they lose capacity so that these can be taken into account if there is a safeguarding concern
9. Consult with other staff and professionals about the extent to which the person can make decisions for themselves and take account of any formal assessments that have already been made

Once everything has been done to support the person to make the decision, a referral to a professional who can further assess the mental capacity may be required.

Once a person is assessed as lacking capacity to make a decision, the Act allows another person who is involved in the matter to make a "best interests" decision on their behalf. This involves:

1. Trying to find out what is important to the person concerned and what they would want, **not** what anyone else wants. This can be drawn from past and present wishes that the person might have expressed and the factors they might consider if able to do so
2. Encouraging their full involvement in anything done next
3. Consulting with others about their views on the person's best interests and any information they have about their wishes and feelings
4. Seeing if the purpose of safety could be achieved in a way which is less restrictive to the person's freedom of action
5. Considering everything that is important to the person, including their culture and religion

Any further assessment of capacity to consent relevant to particular allegations will be referred to the CEO.