

# Adult and Children Safeguarding Policy

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## POLICY STATEMENT

Wellspring will champion best practice, we will challenge any poor practice from any staff member. We wish for all staff to think the unthinkable and acknowledge that abuse can happen, if it does that all managers and staff adopt a culture of openness, transparency and common response.

We fully support whistle blowing, we endorse the reporting of concerns and it is the positive and accepted ethos within Wellspring.

We actively promote a culture where Service Users are encouraged to indicate or discuss their concerns in respect of safeguarding.

1. Introduction .....	4
2. Expectations.....	4
3. Definitions .....	5
4. Categories and indicators of abuse .....	6
5. Notification of possible abuse.....	11
6. Action to be taken.....	11
7. Reporting the safeguarding incident.....	13
9. The safeguarding adults process.....	13
10. Response to safeguarding adults process .....	14

## 1. Introduction

- The protection of adults at risk is given the highest priority and for all staff to take responsibility to safeguard Service User(s).
- Safeguarding is the term used by Wellspring to incorporate the terms Adult and children Support and Protection, Protection of Vulnerable Adults (POVA) and Safeguarding of Vulnerable Adults (SOVA); it means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.
- The context for this policy is within Wellspring only and the local statutory policy and procedure will always take precedence in relation to legislation and application.
- For example, in England only - The Care Act 2014, the Care and Support Statutory Guidance, and the associated regulations: These create the legal framework for safeguarding adult work, within which this policy must operate. In particular, the statutory guidance has expectations of what must be covered in the policies and processes of all partners involved in safeguarding adult work, and some particular requirements for local authorities regarding their decision-making role in safeguarding enquiries.
- Making Safeguarding Personal: A sector-led improvement initiative which emphasises that safeguarding adults enquiries and reviews must keep the adult with care and support needs at the centre and in control as much as possible. Making Safeguarding Personal says that important measures of the effectiveness of enquiries and reviews is how well they are done in finding out what outcomes the person wants, and then meeting these outcomes.
- We must respond appropriately when we suspect abuse has occurred or is at risk of occurring, and take action to prevent abuse from happening.

## **2. Expectations**

- The service manager is responsible for ensuring that a copy of the most recent Adult and children Safeguarding Policy is available in the service for easy access by all staff.
- All staff will, as part of the induction programme, be trained to recognise what is meant by abuse, how abuse is prevented and the action to be taken if abuse of Service User(s) is suspected or witnessed.
- Line Managers shall confirm that all staff currently employed have received orientation and training in the prevention and recognition of possible adult abuse and in the actions to be taken where abuse is suspected, within the past 12 months.
- All safeguarding training for all staff will be recorded, reviewed and maintained.
- Where a staff member suspects that a Service User may be being abused, or has witnessed the abuse of a Service User, they should immediately

report this to the service manager or to the designate person in charge\* for the service, who will immediately inform the Local Safeguarding Team and their Managing Director.

- \*The person in charge is the most senior staff member on duty (e.g. in the absence of the service manager) at any point in time, for example the team leader in charge of the shift.

### **3. Definitions**

#### **3.1 Vulnerable adult**

- A Vulnerable Adult and children and any person aged 18 years or above who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself from significant harm or exploitation.
- With respect to Scotland the Adult and Children Support and Protection (Scotland) Act 2007 defines adults at risk as those aged 16 years and over who: are unable to safeguard their own wellbeing, property, rights or other interests and are at risk of harm.
- In effect, they are dependent on others in part or whole for their day-to-day wellbeing and might be at risk from mistreatment (including a criminal offence) through acts of omission or commission by those they depend on or from whom they cannot defend themselves.
- Under this definition, therefore, vulnerable adults may typically include people who are elderly and frail, people with learning, physical or sensory disabilities and people who have mental health problems.

#### **3.2 Significant harm**

“Harm should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical) but also the impairment of physical, emotional, social or behavioural development”. (‘Who Decides’, Lord Chancellor’s Department, 1997)

#### **3.3 Abuse**

- Abuse is a violation of an individual's human and civil rights by any other person or persons.
- The majority of abuse will constitute a criminal offence and reference to the Police should be made as a matter of urgency by the Safeguarding Team.
- Criminal investigations by the Police take priority over all other lines of enquiry.

#### **4. Categories and indicators of abuse**

Indicators of each type of abuse are also listed below:

##### **4.1 Material/Financial Abuse**

- Acts by others resulting in misuse or misappropriation of money, property and possessions and/or blocking access to these and other material goods. This includes the theft of such items by another person.
- Indicators Inadequate money to pay bills.
  - Unexplained recent money withdrawals.
  - Items going missing.
  - Inadequate clothing.
  - Negative responses to necessary affordable expenditure.
  - Extraordinary interest shown in the vulnerable adult's assets, property and will.

##### **4.2 Physical Abuse**

- Acts by others resulting in misuse of medication, physical injury without satisfactory explanation, injury inflicted with or without intent to cause harm, lack of care including inappropriate moving and handling techniques.
- Indicators
  - Multiple bruising inconsistent with a fall.
  - Black eyes, slap or kick marks, other bruises.
  - Abrasions particularly around the neck, wrists and ankles.
  - Unexplained burns particularly on the back of hands.
  - Scalds especially with a well-defined edge from immersion in hot water.
  - Hair loss confined to one area (scalp may be sore and tender to touch).
  - Frequent minor accidents without seeking medical advice.
  - Unexplained fractures.

### 4.3 Neglect

- Behaviours which result in the vulnerable person's basic physical or medical care needs not being met. This includes hygiene, toileting, medication, nutrition and hydration.
- Indicators
  - Poor personal hygiene and dirty clothing.
  - Ill-fitting clothes or inappropriately dressed.
  - Infections/pressure sores
  - Weight loss/dehydration.
  - Unexplained failure to respond to prescribed medication.

### 4.4 Sexual Abuse

- Involvement of the vulnerable person in sexual activities or relationships which they do not want or understand and to which they are unable to give informed consent.
- Physical Indicators
- Evidence of sexually transmitted disease or vaginal infection.
  - Inner thigh bruising or pain/bruising in genital area.
  - Inability to sit down or walk comfortably.
  - Sleeping disturbances.
  - Eating disorders

#### 4.4.1 Behavioural Signs

- Inappropriate sexualised behaviour e.g. precocious sex play including excessive masturbation. (This may be expressed in actions, words, or drawings).
- Excessive need for love and affection - this may be expressed in 'seductive behaviour'.
- Difficulty in trusting other adults and members of the peer group.
- Sudden changes in behaviour/mood for no apparent reason.
- Self-destruction tendencies-suicidal attempts, self-mutilation, hair pulling.
- Depression or anxiety.
- Aggressive behaviour including hostility, irritability and defiance of authority figures.

#### 4.4.2 Emotional /Psychological Abuse

- Action or neglect by others which has a harmful effect on the emotional well-being of an individual.

- This could include:
  - Shouting, swearing, insulting behaviour, threats and ignoring
  - Deprivation of the individual's right to choose, information and privacy
  - The with-holding of security and affection
  - Lack of stimulation
  - Deliberate humiliation or intimidation
- Indicators
  - Disturbed sleep pattern.
  - Passivity or depression.
  - Low self-esteem.
  - Confusion
  - Very fearful or anxious.
  - Tearful or withdrawn behaviour
  - Change in appetite or unusual weight loss.
  - Seeking to leave or running away

#### **4.6 Social Abuse**

The vulnerable person is deprived of the right to engage in activities or to see friends and relatives or to have other social contacts

- Indicators
  - Loss of independence
  - Lack of access to television, radio, books and magazines
  - Lack of access to transport
  - Limited access of other people to the service or restricted access to other parts of the service
  - Non-attendance at services, clubs, social activities, etc.
  - Isolation from religious or cultural activities or antipathy towards them.
  - Failure to provide for citizen rights (i.e. voting in elections).

#### **4.7 Discriminatory Abuse**

- Action or neglect by others which has a discriminatory impact on an individual.
- This could include:
  - Unequal treatment
  - Verbal abuse
  - Inappropriate use of language
  - Derogatory remarks
  - Harassment
  - Deliberate exclusion



## Indicators

- Lack of respect shown to the individual
- Repeated exclusion from rights afforded to ordinary citizens
- Denial of a person's communication needs
- Expressions of anger, frustration, fear or anxiety

## 5.8 Institutional Abuse

Action or omission which serves the interests of the worker or the workplace rather than the vulnerable person.

### Indicators

- Loss of independence
- Passivity
- Hostility or irritability
- Loss of rights
- Person describes a regimented or authoritarian regime
- Person not being able to make choices or choices frequently refused
- Person not being able to express a preference for food or activity
- Evidence of withdrawal of meals as a punishment
- Evidence of fixed times for getting up and going to bed
- No or limited access for friends or family
- Evidence of a totally lax regime with no boundaries or routine, where 'anything goes'
- Failure to manage services in an appropriate way e.g. when things go wrong they are not remedied
- Failure within the managing agency to agree about the purpose and tasks of the service
- Breakdown in communication between managers and staff and Service Users
- Low staffing levels over prolonged periods
- Lack of positive communication with Service Users
- Lack of participatory arrangements or stimulation
- Lack of flexibility and choice e.g. meal-times, bedtimes
- Lack of privacy or respect
- Lack of staff training and development
- Lack of adequate procedures e.g. for medication or financial management
- Poor professional practice

## 5.9 Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- Psychological
  - Sexual
  - Financial
  - Emotional
- 
- A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.
  - The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.

## 5.10 Self-neglect

- This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.
- Incidents of abuse may be one-off or multiple, and affect one person or more.
- Professionals and others should look beyond single incidents or individuals to identify patterns of harm, just as the CCG, as the regulator of service quality, does when it looks at the quality of care in health and care services. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

## 5.11 Modern slavery

Modern slavery encompasses:

- Slavery
- Human trafficking
- Forced labour and domestic servitude.
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

## 6. Notification of possible abuse

- The following are general guidance notes and principles for staff. The service will work fully to the local agreed safeguarding policies and procedures.
- Information of a possible abuse of a Service User may be received from the following sources:
  - A staff member may report the matter or it may be identified from routine care or assessment of the Service User.
  - A representative, relative or friend may report an untoward incident or the loss of money or property.
  - One of the statutory agencies may report the receipt of a complaint about the care provided.
  - Concerns may be identified when a Service User attends for a medical assessment or for emergency treatment.
  - Concerns about care may be expressed by people living in the vicinity of the care home or by the local or national media.
  - A local politician or advocate may be approached about the standard of service and care.
  - And from the Service User themselves.
- When the notification is received the matter must be dealt with urgently and seriously. All reports that might indicate a possible abuse of a Service User will be fully investigated by the person(s) agreed with the Local Safeguarding Team.

## 7. Action to be taken

- On receipt of the information the person in charge shall check on the condition of the Service User(s) and confirm that she/he is safe and receiving complete and supportive care and is protected from any possible further harm.
- The person in charge will inform the Local Safeguarding Team and take guidance as to further action to be taken at that time.
- The person in charge shall also brief their Managing Director on the known details of the events and the action taken to secure the health, safety and wellbeing of the Service User(s) concerned.
- The service manager (or designated person in charge) shall ensure that the following are aware of the possible abuse:
  - After measured consideration, the Service User(s) themselves; they would almost certainly require support through this.
  - The Service User's relatives.
  - The Service User's Care Manager (when applicable).
  - The local Adult and children and Protection Unit/Officer.
  - The Regulator for the service (please refer to the relevant Regulations and Statutory Notifications in each country).
  - The relevant statutory notification form should be filled in and returned to the Regulator.
  - It may be necessary for the Service User's GP to visit or in significant circumstances the Service User may need to go to hospital.
  - It may be necessary for the Police to be involved; and would almost certainly be through the local authority safeguarding procedures.
- The service manager/designated person in charge will be responsible for ensuring that all care plans and records are preserved and that any photographs taken of the Service User (after consideration of all dignity and data protection principles) are retained and Wellspring – Policy
- All Wellspring staff are expected to co-operate in all parts of an investigation and consequent actions. During any interviews conducted by any external agencies, staff may consider being accompanied by a representative or a workplace colleague (not involved in the case).
- Where the reported details of the incident, or facts discovered during the investigation, suggest that a particular staff member or group of staff may be implicated then the service manager will discuss with the Managing Director the suspension from duty of that person/those people whilst the matter is investigated. Advice should be sought from a Human Resources' manager. However, the final decision on suspension will be made by the Managing Director.

- It is important that the Service User(s) are fully considered during the investigation and any suspension is completed to protect all Service User(s) and in addition not to prejudice the investigation.

## **8. Reporting the safeguarding incident**

- All safeguarding incidents should be entered as an incident on IMS.
- All incidents including safeguarding issues should be added onto IMS within 24 hours of the incident occurring. Some incidents may require more than 1 incident to be added. E.g. if in line with your local authority's policy, if a Service User has multiple falls, there will be an incident on IMS for the fall, and a separate incident logged under "Safeguarding of Vulnerable Adults" heading.
- Make sure you complete any updates relating to the investigation as and when they are available using the notes section on IMS.
- When applicable please aim to complete your incident investigation within 14 days of the incident occurring, and complete the "investigation" section on IMS.
- Senior Management must be made aware of this incident, and the information escalated to the next available senior manager in the absence of your immediate manager.

## **9. The safeguarding adults process**

- Whilst the specific detail may differ between local safeguarding teams, there are through respective national guidance, general principles for the investigation of a possible case of adult abuse namely:
  - The lead Social Services Department will set up a preliminary or strategy meeting to consider the matter, determine if there is a case for an investigation and to make arrangements for that investigation. The meeting will include the various statutory agencies and the service may be represented. It is good practice to request to be involved at the very earliest stage.
  - Where it is decided that there is no case to consider then the matter is closed, this should be confirmed in writing via minutes or a letter.
  - Where it is believed that there is a possible case then arrangements are made for the matter to be investigated, either by external agencies, jointly or internally.

- This is chaired by the Local Safeguarding lead.
  - The Service User and/or their representatives may be interviewed and records or other documents will be considered.
  - Once the investigation is completed a meeting is arranged and will be attended by the statutory agencies, and service representation to determine what, if any, action is to be taken and to consider any lessons learned prior to formal closure of the case.
  - Where the allegation of abuse is substantiated the statutory agencies will determine what actions are to be taken to any individual or body, including if applicable, the care home or service.
  - Police involvement will ultimately consider whether to refer to their aligned (crown or public) prosecution service through criminal procedures.
  - When there is clear evidence that a staff member was abusive, company disciplinary processes will be completed.

## **10. Response to safeguarding adults process**

- It is Wellspring policy that all staff will cooperate with the investigation(s) of all safeguarding cases.
- When notified of the arrangements for the meeting to discuss the findings of the investigation the Service Manager will discuss with their team, who will represent Wellspring, including consideration of the Managing Director.
- Before attending the meeting, all company representatives attending will be briefed on the details of the incident, and review all relevant records and other materials. Therefore, due preparation is a priority.
- It will be the responsibility of the service manager to ensure that any actions required shall be implemented within the timescale set by the relevant Authority. It will be the responsibility of the SM to monitor the achievement of any action plan and to brief their MD in a timely way.
- Any potential media interest and areas of significant concern will require to be informed to senior management will complete this.
- Following on from the outcome of an adult protection case all lessons will be considered including an internal serious case review and, if necessary revisions to this policy.