Governance & Compliance

Safeguarding Adults Policy

Public

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Date	**Version**	**Amendments**
21/11/2023	V8	Added review cycle and date, amended escalation, added section escalation for allegations against colleagues, re-ordered definitions, key responsibilities, added Accessibility, Training, and Equality Impact Assessment sections
24/3/24	V8.1	Amended Local Leads, Caldicott Guardian listing, escalation process wording, wording changes from Trustees
7/2/25	V8.2	Amended Local Leads
14/7/25	V8.3	Amended following consultation with Royal Borough of Kensington and Chelsea Strategic Safeguarding Lead, and App. 6; Safeguarding Escalation

Adjoining or Referenced Policies, Procedures, Guidance
Whistleblowing Policy
Child Protection Policy
Missing Persons Policy
Incident, Accident and Near Miss Policy
Safer Recruitment Policy
Caldicott Policy
MH Crisis Management Policy

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1. Accessibility

At Social Interest Group (SIG), we are keen that everyone has equitable access to our policies and procedures as needed. If you need this policy in a different format, please contact the author via **enquiries@socialinterestgroup.org.uk** .
The policy is available to all staff via the intranet and to other key stakeholders via our website; **www.socialinterestgroup.org.uk**.

2. Scope

Safeguarding is everyone's responsibility.

The purpose of this policy and its associated procedures is to demonstrate the commitment to safeguarding adults and ensure that all staff and volunteers within SIG are aware of:

- The legislation, policy and procedures for safeguarding adults.
- Their role and responsibility for safeguarding adults.
- What to do or who to speak with if they have a concern relating to the welfare or wellbeing of an adult who uses SIG services.

Safeguarding the adults who are residents and participants of our services, as well as their wider family and children, and all colleagues, volunteers and the wider community is fundamental to every aspect of Social Interest Group's service delivery.

In line with the Care Act 2014 and the associated Care and Support Statutory Guidance, SIG is committed to safeguarding adults who are at risk of abuse, neglect and exploitation and providing a safe environment where everyone can engage with our services. All members of staff must follow this policy and report any concern about actual or suspected abuse.

To ensure our continued commitment to safeguarding, the Group is committed to ensure a pro-active approach through implementing Psychologically Informed Environments and Trauma Informed support and care. This policy sets out our approach, internal framework and flows of escalation and reporting in line with relevant legislation (see Appendix 1), a Making Safeguarding Personal approach and the Six Principles of Safeguarding; Partnership, Accountability, Empowerment, Prevention, Proportionality and Protection.

This policy applies to adults aged 18 and over. Refer to SIG's Child Protection Policy in relation to safeguarding anyone under the age of 18. If there are concerns that a child is causing harm to an adult, this may fall across both child and adult safeguarding – seek advice from your Local Safeguarding Lead.

3. Key Definitions

3.1 Colleagues

For the avoidance of doubt, where colleagues are referred to, this is acknowledged to include both permanent employees and bank workers, agency workers, volunteers, consultants, self-employed/contractors where applicable, work experience individuals, internships, and other placements. This is not meant to indicate employment rights where none exist.

3.2 Residents and Participants

For the purpose of this policy reference to either residents, participants and members indicates someone for whom we are providing support or a service and includes:

- Any tenant or client in accommodation owned or managed by the SIG (the Group) and its subsidiaries.

- Any person receiving outreach and or floating support (including in prison or hospital).
- Someone enquiring about or applying for our services.
- This policy is also relevant to those who have previously received our services.

3.3 Adult at Risk

Any person who uses, works in or visits a service, site or office in the Group has the potential to be an 'adult at risk'. This will include but not be limited to participants, colleagues, family and friends of participants, etc. It is possible that information may come to light around safeguarding concerns for adults at risk who do not access SIG services. SIG colleagues are expected to follow safeguarding procedures for anyone they encounter, or incidents/allegations reported to them as per this policy.

Section 42 of the Care Act 2014 sets out that the safeguarding duties apply to an adult over 18 years old who:

- Has needs for care and support (regardless of whether the Local Authority is providing services to meet those needs).
- Is experiencing, or is at risk of, abuse and neglect; and
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Further information around assessing whether someone has 'care and support needs' as defined by the Act can be found in Appendix 2.

3.4 Safeguarding

The Care and Support Statutory Guidance defines safeguarding as 'protecting an adult's right to live in safety, free from abuse and neglect'.

Any of our colleagues may come into contact with people inside and outside of work who they have a safeguarding concern about; people who are at risk of abuse and neglect. Safeguarding adults at risk is about people and organisations working together to prevent and where possible stop both the risks and experience of abuse and neglect, so a whole family approach, with a focus on early intervention and prevention. At the same time making sure that the adult's wellbeing is promoted including having regard to their views, wishes, feelings and beliefs in deciding on any action/safeguarding response.

3.5 Types of Abuse and Neglect

Physical abuse	**Emotional / psychological abuse**	**Sexual abuse**	**Financial / material abuse**	**Domestic abuse**
Pain, injury, harm, over / under medicating	Insults, bullying, threats, humiliation and ridicule	Any sexual activity carried out without continued consent from the individual	Theft, fraud, extortion (including legal documents such as wills)	Use of power, control, and coercion over romantic partners and / or family members
Organisational abuse	**Modern slavery**	**Discriminatory abuse**	**Neglect**	**Self Neglect**
Professionals and organisations abusing their power, data or cultural influence systematically	People working in forced conditions or not in line with basic rights	Being treated differently based on any of the 9 protected characteristics Under the Equality Act of 2010	Someone or you denying basic rights including hygiene, self-care, warmth, food etc	Being unable, or unwilling, to care for their own essential needs, including their health, surroundings, or receiving support

Appendix 3 provides further clarification and examples around the definitions of types of abuse or neglect along with signs and indicators. All staff should be aware that abuse and neglect can take many forms, and we should not limit our view on exploitation and be mindful to consider within these categories situations that may, for example, involve cuckooing, County Lines, female genital mutilation (FGM) etc.

NOTE Risks around becoming involved in terrorism through radicalisation are reported through separate mechanisms from safeguarding; see section 12; Prevent.

NOTE Risks around self-harm and suicidal ideation are mental health clinical risks and should be escalated through your local Mental Health Clinical Care teams or NHS emergency services.

3.6 Mental Capacity

Legally there is a presumption of capacity unless the adult demonstrates otherwise (Mental Capacity Act 2005). If someone has a mental health issue or difficulty this does not necessarily mean they lack the capacity to make an informed decision. In most circumstances, if an adult is judged to have capacity and does not want to report a safeguarding concern to the local authority or other involved agency, such as the police this wish must be respected and they should be able to freely determine their own lives, make their own choices and take risks except when they do not have capacity to do so (see Appendix 4: Mental Capacity). However, there would be an expectation that members of staff share information within the organisation, either with their manager or a Designated Safeguarding Lead, and that the concern should be recorded.

Exceptions to this where consent can be overridden in raising a safeguarding concern with the Local Authority are when there is risk to others, and therefore a public duty to report, a serious crime has been committed, or there is an indication that the adult is at significant risk from a coercive or controlling relationship to the extent that they are declining to provide consent under duress. Always seek advice from your Local Safeguarding Lead in these circumstances. See section 11 – Information Sharing.

NOTE: When there is a child at risk there is a duty to report regardless of the parent, guardian, carer or other adult's view; see Child Protection Policy for further information.

3.7 Psychologically Informed Environments

Creating a Psychologically Informed Environment (PIE) is to create a safe environment where participants and residents feel safe and have opportunities to lead happier, healthier lives; this approach is central to our work and therefore to our safeguarding practice. It covers.

- The physical and social environment
- The training and support given to staff.
- The psychological framework – or understanding.
- The relationships within the service
- How outcomes are measured and evaluated
- Reflective practice

3.8 Trauma Informed Care

Trauma Informed Care (TiC) is a strengths-based framework that recognises the complex nature and effects of trauma and promotes resilience and healing. This approach is central to our work and therefore to our safeguarding practice.

- Safety – creating spaces that promote a sense of safety.
- Trust – providing clear and consistent information.
- Choice – providing options for support and interventions.
- Collaboration – maximising opportunities to work together with our participants and residents, families, networks and communities.
- Empowerment – building on each person's strengths and experiences.

3.9 Professional Curiosity

Professional curiosity is where we explore and proactively try to understand what is happening within a family or for an individual, rather than making assumptions or taking a single source of information and accepting it at face value. It has been recognised as a key part of safeguarding practice in several Safeguarding Adults Reviews and is a central part of our safeguarding approach within the Group.

SIG is committed to creating an environment that responds to disclosures of abuse in the following ways:

Physical & Social Environment	The training and support given to staff	The psychological framework – or understanding
Ensuring that we utilise our environments to the best of our ability to ensure private and confidential places exist to allow Residents & Participants to open up about potential abuse/neglect	Training on TiC and person centred care in order to build trust, facilitating disclosure of information to inform safeguarding activity (see also Training; section 12)	Understanding that abuse/allegations of abuse are part of the person and are not seen in isolation. SIG understands that when working with Adults at Risk colleagues should be focused on strengths and solution focused approaches
The relationships within the service	**How outcomes are measured and evaluated**	**Reflective practice**
The service has a positive environment that allows all staff, managers, Residents & Participants and the wider community to feel safe, secure and validated through transparency, honesty and continued learning	Ensuring that safeguarding is first and foremost in our minds and that outcomes never take precedent over the wellbeing and safety of Residents & Participants, staff and the wider public.	The service ensures that a culture exists of reflective practice through regular supervisions, group reflective practice meetings, training to supervisors and protected time to ensure continued development and learning

4. Roles and Responsibilities

4.1 All colleagues

All staff, including volunteers are responsible for following this policy and the associated procedures. This includes being about to recognise, respond and to report and escalate, and record concerns with the guidance of their Local Safeguarding Lead (or any of the Safeguarding Team, in their absence; see Appendix 5), and to refer to the Local Authority where appropriate. Through training and ongoing supervision support, they must maintain their own knowledge of safeguarding as it applies to their role and to participate in reflective practice. All colleagues are expected to comply with and are accountable for following this policy but are also safeguarded through its intentions and process. Any member of this group or their partners who is considered an adult at risk will have additional reasonable adjustments put in place to support them. All colleagues supporting participants and delivering assessments and Risk Assessments must ensure that risks of abuse, neglect and exploitation of people are integral in the assessment and planning process. All colleagues are required to report safeguarding concerns as per the Incident, Accident and Near Miss Policy published on the intranet.

4.2 Local Safeguarding Leads

The role of the Safeguarding Leads (see Appendix 5) is to provide an immediate, knowledgeable point of escalation and advice for our colleagues, and they in turn have support from each other and from the Designated Safeguarding Lead and Safeguarding Co-ordinator. They are responsible for responding to requests for advice and assisting in decision making, and to guide the process of external referral. Safeguarding Leads have additional access to training

and resources, and Safeguarding Practice Reviews to ensure confidence and competence in their role. Local Safeguarding Leads are responsible for building relationships with their Local Safeguarding Adults Boards (LSABs).

4.3 Safeguarding Co-Ordinator
The Safeguarding Co-ordinator is a member of the Audit and Compliance Team and co-ordinates the development, training, and function of the Leads as a team. They also maintain a central record of Safeguarding alerts made by services and track these, facilitating escalation to CEO and other stakeholders and closure as required. They can deputise for the Designated Safeguarding Lead during leave and play a key role in organising and facilitating the AINMs review meetings and Safeguarding Practice Reviews which provide a space for reflection on action taken by SIG or other stakeholders around Safeguarding Alerts. Where appropriate and necessary they can further escalate matters of concern to external stakeholders where they feel risk continues to be present, and appropriate mitigations are not in place, with the support of the Designated Safeguarding Lead and wider Leadership Team.

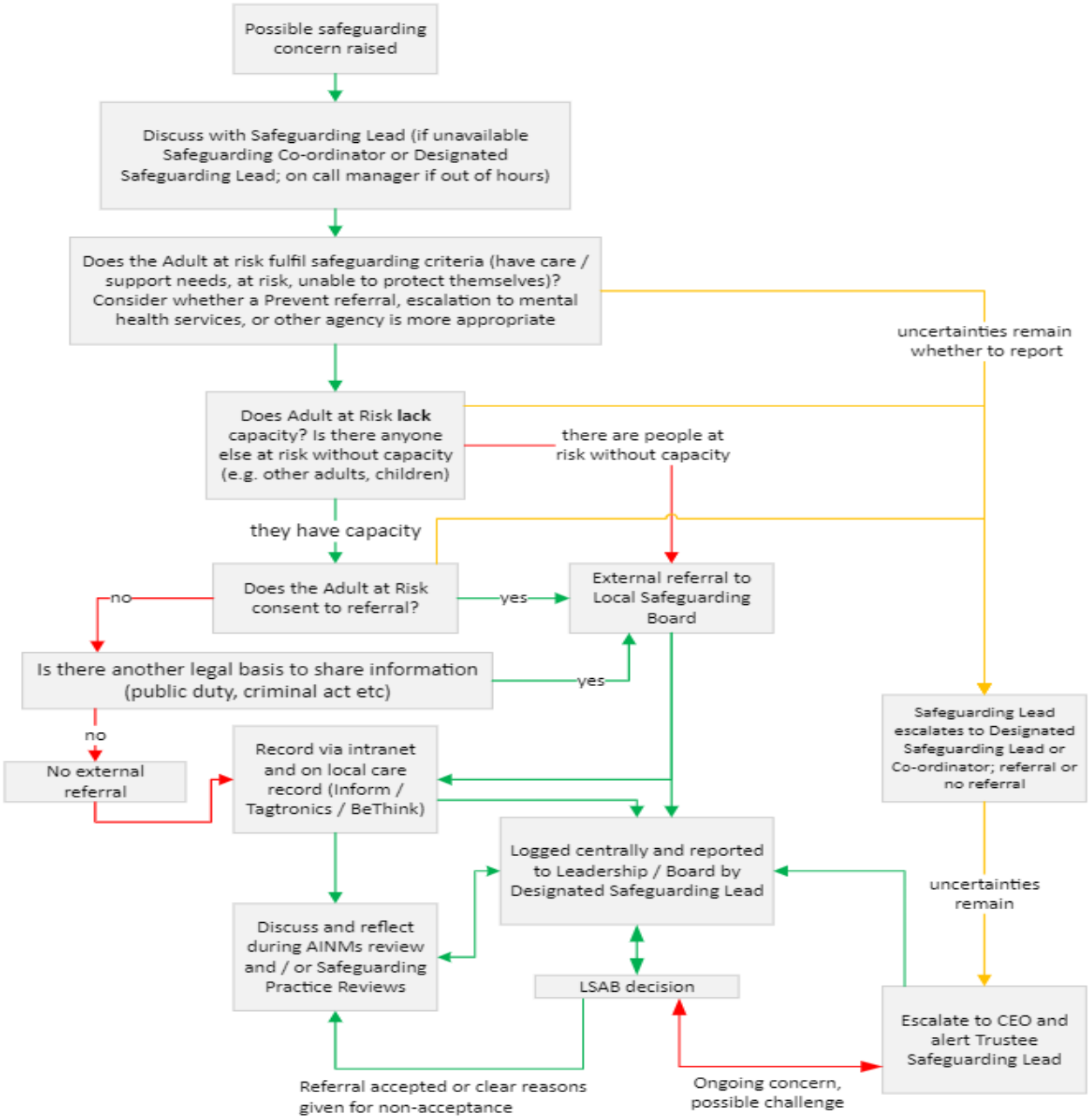
4.4 Designated Safeguarding Lead
The Director of Compliance, Risk and Audit is the Designated Safeguarding Lead for SIG and the subsidiaries. The Designated Safeguarding Lead has responsibility for the strategic direction of Safeguarding policy and practice throughout the organisation and supplies a monthly report to the Leadership Team and a quarterly report to the Trustees. They support and assist the Safeguarding Co-ordinator in all aspects of their Safeguarding responsibilities.

4.5 SIG Leadership Team
SIG Leadership Team (made up of the Directors of each department within the SIG Group and CEO) have a responsibility to monitor all allegations of abuse and gain an oversight of all Safeguarding activity through monthly reports from the Designated Safeguarding Lead. They will constructively challenge the safeguarding team on their activity and approach where appropriate, and will ensure the responsiveness of operational teams to advice from LSABs.

4.6 SIG Board of Trustees
The Board of Trustees has a designated safeguarding lead whose responsibility it is to oversee the charities compliance with its policy and legal duties regarding safeguarding. They will act as a point of escalation for the Designated Safeguarding Lead as required but specifically where there are allegations against colleagues, situations where there are particularly difficult conflicts regarding whether to report, and in instances where reports are rejected by the local authority, and we are looking to challenge due to significant and ongoing concern.

5. Managing a safeguarding concern about a participant or resident

The flow chart below demonstrates how safeguarding concerns are raised internally, escalated appropriately, and reported both internally and externally. It is designed to demonstrate how your safeguarding concern is dealt with from beginning to end. For a step-by-step procedure to raise a safeguarding concern in your service please see Appendix 6 which is available on site in all services.



SIGs commitment to becoming a Psychologically Informed Environment means that any learning, reflections and issues from safeguarding cases in those reports will be fed back to staff and Residents & Participants in a timely manner to ensure a culture of transparency, safety and continued learning.

6. Managing a concern about a colleague or other adult

If you have safeguarding concerns for a colleague or other adult, i.e. that they may be at risk of abuse or neglect and are unable to protect themselves as a result of having care and support needs of their own, this should initially be discussed with either the Local Safeguarding Lead, Safeguarding Coordinator or Designated Safeguarding Lead. As with any safeguarding concern, it should also be discussed with the person in question first prior to considering a referral, and consent gained unless in the circumstances of public duty, a serious crime being committed, or a coercive relationship is preventing them from giving consent.

The record of referral and any follow up will be kept in the P&C record of the person being safeguarded.

Where a referral is made for someone outside of services, e.g. a family member the record will be kept by the A&C team.

7. Safeguarding allegations against colleagues

Safeguarding allegations may be raised against colleagues (whether employed, volunteer, or agency etc) by participants, colleagues, or third parties. Where staff have concerns, they should speak to the relevant Service Manager and Safeguarding Lead immediately. If they are unavailable or implicated in concerns, or if for any reason they cannot approach them, the Safeguarding Co-ordinator or Designated Safeguarding Lead should be contacted urgently; out of hours, the on-call process should be followed.
For the safety of and protection of everyone including the colleague who has had allegations raised against them they will be removed from contact with participants and / or alleged victims as far as SIG is able to influence, whilst the allegations are reviewed. To agree this an urgent meeting (one working day) will be convened involving a member of the People and Culture Team, a member of the Compliance Team, the local Safeguarding Lead and Service Manager, and may include Head of Service, Director of Operations or EDI Programme Manager to agree.

- Next steps and appropriate support to be in place for the colleague with allegations against them.
- Whether a safeguarding referral is warranted or what information must be gathered first
- Any other internal or external communications which may be required.
- Who will lead the safety review and timeframes for actions.

Allegations involving colleagues are always escalated to the Trustee Safeguarding Lead. A quick reference guide to this process can be found in Appendix 7.
Alternatively, the Whistleblowing Process may be followed; see Whistleblowing Policy.

8. Historic Abuse

Not all abuse that is disclosed will be occurring or have just occurred. Someone may open up about incidents that may have happened months or years ago.

If that is the case, then consider the following:

			
Evidence: Take what the person says seriously but do not explore past the key details	Can someone still be at risk? Is there a name of a person who could be harming further people? (i.e., a person who is being accused of child abuse who works with children). If so, act immediately by calling 999	What does the service user want? With it being historic, is the person ready to get support for this? If not, is there other services that can support the person?	Build support: If the person wants to disclose, support the person to be clear what they want and to go to the police to report it.

If a historic abuse allegation is made, follow the normal safeguarding process immediately after the disclosure is made to ensure appropriate action is taken.
It may also be appropriate to review the Missing Persons Policy and Whistleblowing Policy dependent on the nature of the allegation.

9. How to respond when a Safeguarding allegation is made

			
Remain calm	Take what the person says seriously	Clarify understanding but do not ask detailed/ leading questions	Reassure the person that they were right to tell you
			
Do not make promises of secrecy	Be open and honest: explain you may have to share concerns with others	Immediately record in writing using their words. Never summarised	Get help, support and reflection from your colleagues and/or your manager

9.1 Limited Re-traumatisation

When someone discloses to you neglect or abuse, it is important to engage them using a Trauma Informed Care approach. Some of the key areas to avoid include:

Lack of privacy when disclosing	Asking them overly personal questions	Making them feel powerless or controlled	Making them feel people are in authority over them	Violating their personal space (e.g. hugging)
Demonstrating your own discomfort discussing the disclosure	Reacting in a way or making promises leading to 'betrayal' by professionals	Making them feel knowledge is being held back by professionals	Making them feel their voice and wants are not being listened to	Making them feel disbelieved

Ensure that after the person has opened about the disclosure, the chance of re-traumatisation is limited through:

				
Checking in on how safe that person is feeling	Understanding what support they have	Assisting in finding support if they do not feel they have any	Agreeing when to follow up to ensure ongoing wellbeing	Encouraging self-soothing and grounding techniques if they feel any re-traumatisation

9.2 The Impact on You: Vicarious Trauma

The term vicarious trauma, sometimes also called compassion fatigue, is the term that describes the phenomenon generally associated with the "cost of caring" for others.

Vicarious trauma is the emotional residue of exposure from working with people. This happens when you hear people's trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. Vicarious trauma is not 'burn out' which can happen over time, instead it is a state of tension and preoccupation of the experience described by Residents & Participants.

Signs and Symptoms can include:

Having difficulty talking about feelings	Anger/ irritation	Startle effect/ being jumpy	Addictions: alcohol, food, gambling, etc	Sleep difficulties	Worried you are not doing enough	Diminished joy
Feeling trapped in your job	Not getting satisfaction from your job	Intrusive thoughts of trauma	Feeling of hopelessness	Blaming others	Black & white thinking	Dissociative thinking

Unfortunately, you cannot always stop the above effects, but you can limit the damage by identifying the effects of Vicarious Trauma and taking active steps to limit the impact of it and learn from the experience. SIG commitment to maintaining a Psychologically Informed Environment means that the following are available to staff:

SIG commitment to staff:					PIE
	Creating a safe space for all	Allowing an environment where reflective practice happens	Providing an Employee Assistance Programme (24hr telephone support)	Providing effective supervision to all colleagues by trained supervisors	Utilising any opportunity to continue to build PIE into day-to-day activities

Your individual commitment:				
	Ensure you take your breaks and being honest on what you can achieve	Ensure you utilise supervision and reflective practice for continued development	Use your manager and colleagues for support and continued wellbeing	Remember that you are human, and this can happen to anyone!

All colleagues are expected to use their supervision sessions with their supervisors to reflect and explore vicarious trauma, or if more immediate support is required talk to Line Manager and trained colleagues to access this at the right time.

10.Safer Recruitment

Safer Recruitment is a key part of our Safeguarding framework at SIG and covers mechanisms for checking applicants employment history and against Disclosure and Barring Service records, as well as discouraging those who pose a threat to vulnerable adults by being open about our policies, procedures and checks throughout the application process. Please refer to our Safer Recruitment policy and procedure for full details.

11. Information Sharing and Data Protection in Safeguarding

Sharing the right information, at the right time, with the right people is fundamental to good practice in adult safeguarding. Safeguarding Adults Reviews frequently highlight shortfalls between organisations in sharing information and working in partnership. SCIE has produced useful guidance on information sharing in the context of safeguarding; https://www.scie.org.uk/safeguarding/adults/practice/sharing-information. Multi-agency working, and working within partnerships with other organisations is a key part of SIG's role in safeguarding.

Information sharing is governed by the General Data Protection Regulation (GDPR) and there are a specific set of principles governing the sharing of data in cases where contexts such as Safeguarding is a concern; the Caldicott Principles (see Caldicott Policy for details).

Fears about sharing information must not be allowed to stand in the way of the need to promote the wellbeing and protect the safety of adults at risk or abuse or neglect. As a general principal people must assume it is their responsibility to raise a safeguarding concern if they believe a child or 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.

The challenges of working within the boundaries of confidentiality should not impede taking appropriate action where safeguarding concerns are identified. Adults have a right to independence, choice and self-determination including control over themselves in the context of adult safeguarding however these rights can be overridden in certain circumstances.
Whenever possible, informed consent to share information should be obtained from the person the concern is about or their parent / carer.

However, it is important to understand that:

- 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 or where a child is at risk.

In 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.

Where safeguarding concerns are identified the decision on sharing information (to share / not to share) must be documented as part of this process. A record of all actions and decisions must be made, as record keeping is a vital component of professional practice and is an essential element in documenting the legal justification for decisions.

Adults who use services at SIG should be reminded of the confidentiality agreement and have their views sought (where possible and safe to do so) on all safeguarding issues. Where informed consent to share information is not given Local Safeguarding Leads will need to make decisions about sharing information with external agencies, including the police and local authority, and should seek advice from the Caldicott Guardian if they are unsure.

All information must be shared securely. Where possible secure email should be used for sharing information and documents must be password protected. Personal data of service users and their children needs to be held securely, access to any information about them should only be provided on a need-to-know basis.

If you are unsure about whether you should be sharing information or how much to share you should consult with the organisation's Caldicott Guardian.

12. Prevent

This is a specialist area of safeguarding provided for by the Counter Terrorism and Security Act 2015. It places a duty on 'specified authorities' (including the NHS, Local Authorities, and Probation Service) to have 'due regard to the need to prevent people from being drawn into terrorism'. As we deliver services on behalf of specified authorities we too come under this duty.
The Prevent Strategy was published by government and deals with all forms of terrorism and non-violent extremism. Extremism is defined as 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs'. Radicalisation is the process by which vulnerable people may be drawn or groomed into extremism, and terrorism is the acts of violence which may be associated with extremist ideologies.

People often become vulnerable to radicalisation when they:

- don't have a strong sense of identity and feel confused about where they fit in or belong.
- feel under threat either personally or as part of their community.
- feel angry or wronged about events like conflicts or terrorist incidents in the UK or abroad.
- experience mental ill health, bereavement, loss of job or home.
- experience racism, bullying or discrimination.
- have family breaking down.
- feel 'left behind'.

Clues to watch for which might indicate radicalisation in someone include:

- a change in behaviour
- changing their circle of friends
- isolating themselves from family and friends
- talking as if from a scripted speech
- unwillingness or inability to discuss their views.
- sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use
- accessing extremist material online
- using extremist or hate terms to exclude others or incite violence.
- writing or creating artwork promoting violent extremist messages

There is a Prevent Team in every local area combining local authority and police team expertise. 'Channel' is the multi-agency safeguarding programme which offers help and guidance to people who may be at risk of being drawn into

extremist related activity. Referrals should always be escalated to the Prevent Lead of the organisation; at the Social Interest Group this is the Director of Compliance, Risk and Internal Audit, however if for any reason you think there is an immediate credible threat you should call 999 for a police response.

13. Training and monitoring

SIG will provide mandatory training on Safeguarding both children and adults at induction and then at two yearly intervals after that. This mandatory level will be monitored and reported on to Leadership Team by the Learning and Development Partner in the People and Culture Team. The Safeguarding Team (Local Safeguarding Leads, Safeguarding Co-ordinator, Designated Safeguarding Lead and Trustee Safeguarding Lead) will receive additional training from external providers aimed specifically at their competencies and requirements. The Safeguarding Team will hold regular CPD and supervision sessions (Safeguarding Practice Reviews) to share and maintain best practice across the organisation. Learning will be disseminated to frontline teams via their Safeguarding Leads. Safeguarding referrals will be monitored by the Safeguarding Co-ordinator and Designated Safeguarding Lead for quality and specificity. Both referrals and concerns raised will be monitored in AINMs review meetings via the Safeguarding log kept by the Audit and Compliance team. There will also be an annual safeguarding audit testing the effective roll out of this policy.

14. Equity Impact Assessment

EIA Questions	**Answer and mitigations**
Who is affected by this policy?	All colleagues, volunteers and contractors, participants and residents, and family, friends and acquaintances of colleagues.
Who is intended to benefit and how?	All the above are intended to benefit as they are in contact with people who know what to look for when someone might be being abused and how to raise concerns effectively and in their best interests.
Could there be a different impact or outcome for some groups?	It is possible that some groups are impacted by social or perceived stereotypes, as people make assumptions when thinking about certain aspects of safeguarding or abuse, for example domestic abuse victims are more likely to be women, certain ethnic groups have a higher level of honour based violence, etc. This will be mitigated by the chain of escalation, and CPD and supervision sessions creating the space to question, explore and identify assumptions.
Does this policy / procedure include making decisions based on individual characteristics, needs or circumstances?	The policy explicitly includes only those over aged 18. There is a need to base safeguarding decisions on certain needs (care and support needs as defined by the Care Act).
Are relations between different groups likely to be affected by what you are doing? Will it favour one group or deny opportunities to others?	The policy does not intend to impact relations between different groups, or to favour / deny opportunities to any group. There is a risk that known biases in certain types of safeguarding can lead to erroneous assumptions being made; to be mitigated by the chain of escalation, and CPD and supervision sessions creating the space to question, explore and identify assumptions, as above.
Is there any specific, targeted action to promote equality? Is	The mitigations above will be targeted to promote an equitable approach.

there a history of unequal outcomes?	

Appendix 1: Legislation

Legislation is available to protect our Residents & Participants, ourselves and the wider community. Do not be afraid to use in line with Evidence Based Practice:

1.1 Care Act 2014: The act helps to improve people's independence and wellbeing through limiting the impact and exposure to abuse and neglect. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support. It replaced 'No Secrets' 2000.

1.2 Mental Capacity Act 2005: The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

1.3 Equality Act 2010: The Act legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single act.

1.4 Children and Families Act 2014: This aims to ensure that children, young people and their families are able to access the right support and provision to meet their needs.

1.5 Children's Act 1989/2004: The act allocates duties to local authorities, courts, parents, and other agencies, to ensure children are safeguarded and their welfare is promoted. The Act is to promote co-ordination between multiple official entities to improve the overall well-being of children. The 2004 Act also specifically provided for further vulnerabilities, such as disabled children.

1.6 Sexual Offences Act 2003: This act aimed to include more offences described as sexual offences and a greater focus on consent.

1.7 Forced Marriage Act 2007: is an act that seeks to assist victims of forced marriage, or those threatened with forced marriage, by providing civil remedies. Those at risk can apply for a Forced Marriage Protection Order (FMPO) to stop the marriage taking place.

1.8 Prevent Strategy 2011: The purpose of *Prevent* is to stop people from becoming terrorists or supporting terrorism. This includes countering terrorist ideology and challenging those who promote it, supporting individuals who are especially vulnerable to becoming radicalized, and working with sectors and institutions where the risk of radicalization is assessed to be high.

1.9 GDPR/Data Protection Act 2018: The General Data Protection Regulation ("GDPR") came into force on the 25 May 2018. It is a European law which governs what we can and cannot do with people's personal data. The UK has supplemented this further with the Data Protection Act 2018 to safeguard people's data/information.

2.0 The London Multiagency Adult Safeguarding Policy and Procedures

2.1 The Human Rights Act (1998)

Appendix 2: Using the Care Act 2014 to assess 'care needs'

The Care Act is the key piece of legislation when safeguarding adults; we must be able to demonstrate that the person is an 'Adult at Risk'. However, sometimes we can make a referral that does not result in the outcome we feel is acceptable for the abuse/neglect the person has suffered/suffering from. To help us make the best possible referrals and to challenge any decision we do not feel is appropriate, please use the below guidance.

2.1 Care Act Assessment

The local authority must carry out an assessment if a person appears to have care and support needs, regardless of their nature or level (section 9). They must then decide whether the person's needs are eligible to be met (section 13) when judged against the national eligibility criteria and whether there is a duty (section 18/20) to meet them.

- Local authorities must assess anyone who appears to have **any level of needs for care and support**.
- Assessment is not a **gateway to services but an intervention in its own right. It is a crucial way to help a person understand their needs and how they can be met.**
- For the assessor they must establish the full extent of the needs, including those currently met by a carer. **This so called 'carer blind' aspect** of assessment is new. It aims to ensure that the entirety of a person's needs are identified.

An assessment should **identify:**

- Clearly define and evidence care and support **needs.**
- What outcomes the individual is looking to achieve to maintain or improve their **wellbeing**
- How care and support might help in achieving those **outcomes**
- Draw on personal, community and family **assets** to promote independence.

2.2 Safeguarding Boards should also ensure that they are:

- Person centred, involving the individual and **any person** they might want involved.
- Establish the **total extent** of the needs, **going beyond the presenting need** and assessing the **impact on wellbeing** and the individual's desired outcome.
- If necessary, the LA must use supported decision making.
- Eligibility can only be decided **after** an assessment.

2.3 Eligibility Criteria

The adult's needs arising from or related to a physical or mental impairment or illness. Importantly with respect to the housing sector, the LA should base their judgement on the assessment of the adult and a formal diagnosis should not be required (Care Act Statutory Guidance 6.105).

As a consequence of being unable to achieve these outcomes there is, or there is likely to be a **significant** impact on the adult's **wellbeing**.

The key is to establish a need that arises from a physical or mental impairment or illness. A mental impairment could cover a mental health condition (whether that condition is diagnosed or not), brain damage such as Wernicke–Korsakoff syndrome, or autism and related conditions.

Establish a need. Physical or mental impairment or illness	+	Identify at least two outcomes that the person is unable to achieve	+	Show a significant impact on a person's wellbeing	=	A successful referral resulting in an eligible need being identified

2.4 Eligibility questions

- Is unable to achieve the outcome without assistance.
- Is able to achieve the outcome without help but to do so causes significant pain, distress or anxiety.
- Is able to achieve the outcome without assistance but doing so endangers others.
- Is able to achieve the outcome without assistance but takes significantly longer than would be normal. **(Care Act Statutory Guidance 6.106)**

2.5 The Care Act clearly defines nine outcomes that everyone in our society has the right to:

1. Managing and maintaining nutrition
2. Maintaining personal hygiene
3. Managing toilet needs
4. Being appropriately clothed
5. Being able to make use of the home safely
6. Maintaining a habitable home environment
7. Developing and maintaining family or other personal relationships
8. Accessing and engaging in work, training, education or volunteering
9. Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
10. Carrying out any caring responsibilities the adult has for a child

The Care Act also discusses the impact of not receiving desired outcomes on their wellbeing. They define wellbeing as:

- personal dignity
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over their day-to-day life
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal domains
- suitability of the individual's living accommodation
- the individual's contribution to society.

Further details can be found in the Care Act Guidance, ch14.

Appendix 3: Further Details on Types of Abuse

3.1 Types of Abuse and Neglect

a) Physical abuse

Being pushed, shaken, pinched, hit, held down, locked in a room, restrained inappropriately, or knowingly giving an adult too much or not enough medication.

b) Financial abuse

Misusing or stealing an adult's money or belongings, fraud, postal or internet scams tricking adults out of money, or pressuring an adult into making decisions about their financial affairs, including decisions involving wills and property.

c) Discriminatory abuse

Forms of harassment, ill-treatment, threats or insults because of an adult's race, age, culture, gender, gender identity, religion, sexuality, physical or learning disability, or mental-health needs. Discriminatory abuse can also be called 'hate crime'.

d) Psychological or emotional abuse

Being shouted at, ridiculed, or bullied, threatened, humiliated, blamed for something they haven't done, or controlled by intimidation or fear. It includes harassment, verbal abuse, cyber-bullying (bullying which takes place online or through a mobile phone) and isolation.

e) Organisational abuse

Neglect and providing poor care in a care setting such as a hospital or care home, or in an adult's own home. This may be a one-off incident, repeated incidents, or on-going ill-treatment. It could be due to neglect or poor care because of the arrangements, processes, and practices in an organisation.

f) Neglect

Not meeting an adult's physical, medical or emotional needs, either deliberately, or by failing to understand these. It includes ignoring an adult's needs, or not providing them with essential things to meet their needs, such as medication, food, water, shelter, and warmth.

g) Self-neglect

Being unable, or unwilling, to care for their own essential needs, including their health (for example, not attending medical appointments or taking medication as prescribed) or surroundings (for example, their home may be infested by rats or very unclean, or there may be a fire risk due to their obsessive hoarding). The adult may also refuse care and support in a residential setting.

h) Sexual abuse

An adult being made to take part in sexual activity when they do not, or cannot, consent to this. Any kind of sexual activity that happens without consent is illegal. This includes suggestive comments, showing people sexual images, touching, and groping as well as sexual activity. Consent can be given and then retracted. And just because someone didn't say 'no', that doesn't mean they've consented. People we work with may not be clear on this and may not be aware they have been a victim of a sexual assault. Some areas to consider when supporting people:

- Did both parties participate freely and readily?
- What was the body language? Did they feel too scared to say no but their body language was closed off?
- Being too intoxicated on drugs/alcohol means they cannot consent.
- Someone who is asleep, or unconscious cannot consent.
- Capacity matters: mental health issues, learning disabilities, head injuries. If someone cannot communicate the decision, understand the consequences or understand choice then they cannot consent.

- People have the right to withdraw consent at any time. Once consent is withdrawn for anything, the behaviour must stop.

i) Modern slavery

An adult being forced to work for little or no pay (including in the sex trade), being held against their will, tortured, abused, or treated badly by others. Slavery is an umbrella term for activities involved when one person obtains or holds another person in compelled service. Someone is in slavery if they are:
forced to work through mental or physical threat.
owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse.
dehumanised, treated as a commodity or bought and sold as 'property'.
physically constrained or have restrictions placed on his/her freedom.
The following definitions are encompassed within the term 'modern slavery' for the purposes of the Modern Slavery Act 2015.

- 'slavery' is where ownership is exercised over a person.
- 'servitude' involves the obligation to provide services imposed by coercion.
- 'forced or compulsory labour' involves work or service extracted from any person under the menace of a penalty and for which the person has not offered himself voluntarily
- 'human trafficking' concerns arranging or facilitating the travel of another with a view to exploiting them.

Signs can include:

- No identification on the individual as it has been taken off them by the perpetrators.
- Threats of being returned to country of origin, told that no one will believe them or that they are in the wrong and will face punishment.
- Having no access to money
- Being paid money but given less than the minimum wage
- Not realising they are slaves.
- Living in cramped conditions or others being forced to live with them

j) Domestic abuse

Physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional, or other abuse. Both persons must be aged 16 or over and 'personally connected'.

3.2 Protected Characteristics: Discriminatory Behaviours

In line with the Equality Act 2010, no one should be treated any differently based on the following:

Age	Disability	Gender reassignment
Marriage/Civil Partnership	Pregnancy & Maternity	Race
Religion/ belief	Sex	Sexual Orientation

If someone is treated differently based on these protected characteristics it is counted as Discriminatory Abuse.

3.3 Cuckooing

This is when an adult at risk has their property taken over by individuals, usually organised crime gangs for the purpose of the distribution/supply of drugs. This is often linked to 'County Lines' where organised crime gangs utilise national networks to distribute drugs, crossing local authority boundaries and therefore making targeted responses challenging. If you suspect this, speak to your manager and inform the police.

3.4 Female Genital Mutilation

FGM is the practice of deliberately cutting, injuring or changing a female's genitalia with no medical reason. It is often practiced due to cultural reasons, but it is illegal (Female Genital Mutilation Act 2003) and can cause considerable physical and emotional pain both in the short-term and the long-term. This usually occurs in childhood, but adults may disclose this has happened to them. If this occurs, it is important you support the person in getting support and help them understand what happened to them was illegal and that support is available.

Appendix 4: Mental Capacity Act 2005

4.1 Two stage assessment:

1. Is the person unable to make the decision in question at the time it needs to be made?
2. Is this inability as a result of an impairment of, or disturbance in the functioning of the mind or brain?

4.2 Four stage capacity test:

1. Does the person have an **understanding** of the key points of the decision that needs to be made, and why they need to make it? Do they understand the likely consequences of making the decision, or not making it?
2. Is the person able to **use and weigh** the information relevant to the decision?
3. Is the person able to **retain** the information relevant to the decision for long enough to make the decision?
4. Is the person able to **communicate** the decision by any means?

If a person is unable to do one or more of these things, they are considered unable to make the decision. Do not feel the pressure to make any final decision unless you are worried about immediate risks (i.e. a heavily intoxicated service user). Utilise your evidence to work with your colleagues, your manager and mental health services so that the person receives the best outcome possible.

"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 best interests"

For further information, the British Medical Association have produced a toolkit:

https://www.bma.org.uk/advice/employment/ethics/mental-capacity/mental-capacity-toolkit

Appendix 5: Contacts List

Designated Safeguarding Lead; Jenny Ralls
Safeguarding Co-ordinator; Kenny Sehmi
Trustee Lead for Safeguarding; Dylan Kerr
Caldicott Guardian; Adam Moll
Director Level; Angela Henry
Best Practice; Victoria Sweetman
Clinical Support; Kasturi Torchia
Head of Audit and Compliance; Nadia Jackson
Peripatetic Service Manager; TItilola Ojuri

Local Safeguarding Leads
Bedford and Luton: Alex Sinclair, Maureen Ryan, Susan Goodland, Sam Smith, Victoria Saxby, Juliette Godfrey, Carla Phillips
Brighton; Janie Pamment, Keran Joy, Belinda Morgan
Croydon; Jacqueline Squire, Rebecca Boafo
Brent; Jatin Patel, Carol Morgan, Bernard Graham
Ealing; Kat Lacey, Dominique Woolnough Joanna Dalton, Shepherd Chikumbindi, Natalie Crank-Burnet
Enfield; Bygid Rahman, Beste Gut
Kent; Suzanne Procter , Rasheedah Badejo (Maidstone), Andy Jupp (Medway)
RBKC; Laurel Struthers, Hadi Khanafer, Dorota Matuszewska, Anoushka Beattie, Ifedolapo Disu, Michael Shaw (SHAP), Bella Rose
Refuge; Esme Rivett, Anne Sim, Afsana Mayala, Lenka Nemeckova
PCCS; Veronica Claridi
South London; Michael Okoye, Gemma Kagho, Gloria Olayinka, Osman Kamara, Linda Ochulor, Biola Aleshe, Adebola Adeyemi, Victor Enubunniga, Linda Ochulor, Murtada Jalal
South London Criminal Justice Services; Eva Katsani, Patrick Owens, Islamiat Husein
Chelsea Salek-Taghizadeh, Susan Worrell
Havering; Mehmet Tore, Abdul Nassir, Lucy Henderson
Altcourse; Emma Hulme, Ailsa Oakes
Central Services; Quwaine Dantes – McPherson

Appendix 6:

SAFEGUARDING ESCALATION V1.2

If someone is in immediate danger phone 999 and ask for police

See it; Recognise it

- Are they safe? If you are concerned about an Adult at Risk of Harm you could help stop abuse.
- It is not your responsibility to decide if abuse has happened. **It IS your responsibility to report it to the Safeguarding Lead**.
- Is it safe to Speak with the adult? What do they want to happen? Consider whether the Adult at Risk has capacity. Seek consent to make a referral.
- Share your concerns/ information with the local Safeguarding Lead urgently. If unavailable call Safeguarding Co-ordinator Kenny Sehmi or Designated Safeguarding Lead Jenny Ralls. When out of hours use the On-Call process.

Report it

- Use the Safeguarding Policy (search the intranet) to guide your discussion with the Safeguarding Lead about whether to make a Safeguarding referral to the local authority.
- If a Safeguarding Alert is appropriate, refer to your local authority as directed by your Safeguarding Lead.

Record it

- Submit an internal Safeguarding report (via the intranet) regardless of whether you refer externally.
- Make a note on the care record (e.g. Inform), including risk assessment and include in the handover for the next team regardless of whether you refer externally.

Contact information

Local Safeguarding Lead:

Safeguarding Co-ordinator: **Kenny Sehmi** 07740 948708

Designated Safeguarding Lead: **Jenny Ralls** 07764 681365

On-Call Manager (out of hours, escalate through the on-call system):

Appendix 7:

ESCALATION FOR ALLEGATIONS AGAINST COLLEAGUES

If someone is in immediate danger phone 999 and ask for police

Everyone

- Any allegation against colleagues (whether employed, volunteer or agency etc) must be reported to the Local Safeguarding Lead and their Service Manager immediately.
- It is not your responsibility to decide if abuse has happened. **It IS your responsibility to report it to the Safeguarding Lead and their Service Manager**.
- Is it safe to Speak with the adult? What do they want to happen? Consider whether the Adult at Risk has capacity. Seek consent to make a referral.
- Share your concerns/ information with the local Safeguarding Lead or their Service Manager urgently. If unavailable or if the Service Manager is implicated call Safeguarding Co-ordinator Kenny Sehmi or Designated Safeguarding Lead Jenny Ralls. When out of hours use the On-Call process.
- **Alternatively the whistleblowing process may be followed (see Whistleblowing policy)**

Service Manager

- The colleague should be immediately removed from contact with participants (and / or alleged victims) whilst the allegations are reviewed.
- Alert your Head of Service and Director of Operations
- Convene an urgent meeting (1 working day) with your P&C business partner, a member of the Compliance team, the Local Safeguarding Lead and yourself.

Next Steps

- The meeting will agree:
  a. Next steps and appropriate support for your colleague
  b. Whether a Safeguarding referral is warranted or what information must be gathered first
  c. any other internal escalation / external communications
  d. Who will lead the safety review and timeframe

Contact information

Local Safeguarding Lead:

Safeguarding Co-ordinator: **Kenny Sehmi** 07740 948708

Designated Safeguarding Lead: **Jenny Ralls** 07764 681365

On-Call Manager (out of hours, escalate through the on call system):

Appendix 8:

Safeguarding decision making for frontline colleagues