

SAFEGUARDING Statement

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AIMS

Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs. Effective prevention in safeguarding needs to be broadly defined and should include all social care user groups and service configurations. It does not mean being over-protective or risk-averse. Some of the most common prevention interventions for adults at risk include training and education of adults at risk and staff on abuse in order to help them to recognise and respond to abuse. Other approaches include identifying people at risk of abuse, awareness raising, information, advice and advocacy, policies and procedures, community links, legislation and regulation, interagency collaboration and a general emphasis on promoting empowerment and choice. Prevention needs to take place in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks.

Safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives

Promote an outcomes approach in safeguarding that works for people resulting in the best experience possible

Raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect

Protecting adults at risk represents the commitment of all staff (paid and unpaid) working within Peak 15 to work together with the Local Authority and other organisations to safeguard adults at risk.

Peak 15's Safeguarding policy and procedures aim to make sure that:

- The need and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the principles of the Mental Capacity Act 2005
- That the Safeguarding Clauses within the Care Act 2014 are adhered to

The Care Act 2014 identifies that the local authority has the lead role in coordinating the response to safeguard adults; however, the Care Act recognises that successful responses need to have effective multi-agency and multi-disciplinary working.

MAKING SAFEGUARDING PERSONAL

'No decision about me without me' means that an adult has the right to know about how Peak 15 and other agencies can work with them to find the right solutions to keep people safe and support them in making informed choices. Making safeguarding personal means that an agency's work with adults should be person-led and outcome-focused. It means engaging the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control, as well as improving quality of life, wellbeing and safety.

Safeguarding adults from abuse is everyone's responsibility and there is a duty to report all concerns. All employees within Peak 15 have a duty to protect the adult, take action to manage the immediate safety of the adult and to report the concerns in line with Peak 15's Safeguarding Adults Policies and Procedures.

SAFEGUARDING Statement

PRINCIPLES AND VALUES

Six key principles underpin all adult safeguarding work:

- Empowerment – Personalisation and the presumption of person-led decisions and informed consent
- Prevention – it is better to take action before harm occurs
- Proportionality – Proportionate and least intrusive responses, response appropriate to the risk presented
- Protection – Support and representation for those in greatest need
- Partnership – Local solutions through services working with their communities
- Accountability – Accountability and transparency in delivering safeguarding

Any service provided should be appropriate to the adult at risk and should not discriminate because of disability, age, gender, sexual orientation, race, religion, culture or lifestyle.

The primary focus/point of decision making must be in discussion with the adult at risk and the person must be supported to make choices. Adults at risk, must be offered advocacy services where the adult needs the support of an advocate to fully engage and be part of the decisions following a concern of abuse being reported and there is no one in the person's support that is appropriate to do this. This is the responsibility of the local authority.

There is a presumption that adults have the mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity which is decision specific, decisions will be made in their best interests as set out in the Mental Capacity Act (MCA) 2005 and MCA Code of Practice.

Adults at risk should be given information, advice and support in a form that they can understand and have their views and what outcomes they want included in all forums that are making decisions about their lives.

All decisions taken by professionals about a person's life should be timely, reasonable, justified, proportionate and ethical and must be made in discussion with the adult or where appropriate, their advocate. This policy takes into account the Surrey and West Sussex Safeguarding Adults Boards Policies and Procedures: which gives the framework for multiagency responses to adult safeguarding concerns.

EMPLOYEES RESPONSIBILITIES WORKING WITH ADULTS AT RISK

All employees must understand their role and responsibilities in regard to this policy and procedure and must know how to recognise abuse and how to report and respond to it. All employees have a duty to report in a timely way any concerns or suspicions that a vulnerable person is being or is at risk of being abused and to gain the consent of the adult where possible or where this is not possible, to make a best interest decision to report without consent. All concerns and suspicions that an adult at risk is being or is at risk of being abused must be reported even if consent is absent. Whether the adult has capacity to give consent or not, action may need to be taken if:

- Others are, or will be, put at risk if nothing is done;
- Where it is in the public interest to take action because a criminal offence has occurred. The above can only be determined during a section 42 enquiry.
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All staff (paid and unpaid) must undertake the relevant levels of safeguarding training in line with the Peak 15 training framework

SAFEGUARDING Statement

WORKING TOGETHER IN SAFEGUARDING ADULTS

- All Peak 15 employees will contribute to effective inter-agency, multi-disciplinary assessments and joint working partnerships in order to provide the most effective means of safeguarding adults.
- Actions taken under the Multi Agency safeguarding procedures does not affect the obligation on Peak 15 to comply with its statutory responsibilities such as notification to regulatory authorities under the Health and Social Care Act 2008/CQC Fundamental Standards and compliance with employment legislation
- Peak 15 Employees may have information about adults who may be at risk from abuse and may be asked to share this where appropriate, with due regard to confidentiality.

In order to support this policy Peak 15 Managers will;

- Ensure that all managers, employees and volunteers have access to and are familiar with this safeguarding adult policy and procedure and their responsibilities within it
- Ensure concerns or allegations of abuse are always taken seriously
- Ensure the Mental Capacity Act is used to make decisions on behalf of those adults at risk who are unable to make particular decisions for themselves.
- Ensure all staff receive training in relation safeguarding adults at a level relevant to their role.
- Ensure that people using our services, and where relevant their relatives and their friends, have access to information about how to report concerns or allegations of abuse.
- Ensure there is a named lead person to promote adult safeguarding awareness and practice within the organisation. This person is currently the Support Service Director Michelle Boxall

This policy and procedure has been developed to be consistent with the Surrey and West Sussex Safeguarding Adults Boards; Adult Safeguarding Policy and Procedures.

ADULTS AT RISK AND ADULT ABUSE

Definition

The Care Act 2014 defines an adult at risk who requires a safeguarding response as being someone who is: An adult over 18 who has needs that require care and support and is experiencing or at risk of abuse or neglect? And as a result of their care and support needs are unable to protect themselves from either the risk of, or experience of abuse or neglect.

Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, who is meeting those needs, whether the adult lacks mental capacity or not, and regardless of setting.

Treatment and Wilful neglect

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety must always be referred to the Local Authority as a safeguarding concern.

Consent

Peak 15 Employees must always attempt to seek the consent of the individual before taking any action or sharing personal information. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but the best interests of the individual or others at risk, demand immediate action.

SAFEGUARDING Statement

ADULTS AT RISK AND ADULT ABUSE CONT/

Where it is assessed that the person has capacity and they refuse any intervention; their wishes will be respected as far as possible. If an employee receives a disclosure from an individual we support in the first instance the staff member must make the situation safe and then immediately discuss this with the on call manager if the Service manager is unavailable to discuss and assess the individual's capacity at that time.

Where a disclosure meets the criteria below, irrespective of capacity, the disclosure must be reported. A person's refusal to give consent does not preclude Peak 15 employees from sharing information with other relevant agencies if;

There is a public interest, for example, not acting will put other adults or children at risk

There is a duty of care to intervene, for example, a crime has been or may be committed

The person alleged to have caused harm is employed in a position of trust ,such as a health or social care professional

TYPES OF HARM

Abuse can be viewed in terms of the following categories:

- Physical
- Sexual
- Psychological
- Financial or material
- Neglect and acts of omission
- Discriminatory
- Organisational
- Self-Neglect
- Domestic Violence
- Modern Slavery

Physical abuse

This may be defined as 'the use of force, or any action, or inaction which results in pain or injury or a change in the person's natural physical state' or the 'non-accidental infliction of physical force that results in bodily injury, pain impairment'. Examples of physical abuse include: hitting, slapping, and pushing, pinching, shaking, scalding, misuse of medication, restraint or inappropriate physical sanctions

Restraint

Unlawful or inappropriate use of restraint or physical interventions and / or misuse of liberty protection safeguards are physical abuse. There is a distinction to be drawn between restraint, restriction and liberty protection safeguards. A judgement as to whether a person is being deprived of their liberty will depend on the particular circumstances of the case. Where a person we support requires restraint, this is assessed and agreed via the LPS process.

In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not.

SAFEGUARDING Statement

TYPES OF HARM CONT/

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SARCs provide a safe location where victims of sexual assault can receive medical care and psychological support, information and access to counselling, legal advice, meeting points with police and forensic examiners, emergency contraception, and screening for sexually transmitted diseases.

Psychological/emotional abuse

This is behaviour that has a harmful effect on the person's psychological and emotional health. This can include: emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse

This is the main form of abuse recorded by the Office of the Public Guardian amongst adults at risk. Financial abuse can occur in isolation but it is also likely to be connected to some other forms of abuse. Although this is not always the case, everyone should be aware of this possibility. Financial abuse is a crime.

Examples may include: theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and Acts of omission

This can take several forms and can be the result of an intentional or unintentional acts or omissions. Neglect includes, ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition or heating. The Police have the powers to investigate allegations of neglect under the Mental Capacity Act 2005, Section 44 and also under the Criminal Justice and Courts Act 2015 Section 20 and 21.

SAFEGUARDING Statement

TYPES OF HARM CONT/

Discriminatory abuse

This exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. It is the exploitation of a person's characteristics, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes discrimination on the basis of age, disability, gender reassignment, marriage, civil partnership, pregnancy, maternity, race, religion or belief, sex or sexual orientation and includes hate crime incidents. Discriminatory abuse includes forms of harassment and slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse

Repeated instances of poor or inappropriate care or support may be an indication of more serious problems and this is referred to as 'organisational abuse'.

Organisational abuse occurs when an organisation's systems and processes, and / or management of these, fails to safeguard a number of adults leaving them at risk of, or causing them harm. Organisational abuse can also occur when the routines, systems and norms of an organisation override the needs of those it is there to support. This can create an environment within which abuse can take place, intentional or otherwise.

Organisational abuse includes, neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a person's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Professional abuse

Professional abuse is the misuse of therapeutic power and abuse of trust by professionals, the failure of professionals to act on suspected abuse / crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems / structures. Signs of possible professional abuse:

- failure to refer disclosure of abuse
- poor, ill-informed or outmoded care practices
- denying an adult at risk access to professional support and services such as advocacy, service design where groups of users living together are incompatible
- punitive responses to challenging behaviours
- Failure to whistle blow on issues, when internal procedures to highlight issues, have been exhausted.

Hate crime

Hate crime is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

Individuals may be concerned that they would not be recognised as victims or be believed and taken seriously. Abusers may also control their victims, threatening to 'out' them to friends, family or support agencies. Local authorities have a range of support services and advice for professionals in place.

SAFEGUARDING Statement

TYPES OF HARM CONT/

Mate Crime

Mate crime happens when someone is faking a friendship in order to take advantage of a vulnerable person. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A 'mate' may be a 'friend', family member, supporter, paid staff or another person with a disability.

Domestic Violence

Domestic Abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can include, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain.

Self-Neglect

This is the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of people who self-neglect and perhaps even to their community.

An individual may be considered as self-neglecting and therefore at risk of harm where they are:

- either unable or unwilling to provide adequate care for themselves
- unable or unwilling to obtain necessary care to meet their needs and/or
- Declining essential support without which their health and safety needs cannot be met.

This includes a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding, nourishment, medication and treatment, paying for bills and services and refusing help/services.

Honour Based Violence (HBV)

HBV may be committed when family members feel that dishonour has been brought to their family. Women are predominantly (but not exclusively) the victims, and the abuse is often committed with a degree of collusion from family members and / or the community. Many victims are so isolated and controlled that they are unable to contact the police or other organisations.

Safeguarding concerns that may indicate 'honour'-based abuse include domestic abuse, concerns about forced marriage or enforced house arrest and missing person reports. If a concern is raised and there is a suspicion that the adult is the victim of 'honour'-based abuse, a concern to the police should always be considered as they have the necessary expertise to manage the risk.

SAFEGUARDING Statement

TYPES OF HARM CONT/

Forced Marriages

Forced marriage is a term used to describe a marriage in which one or both of the parties is married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. The multi-agency practice guidelines Handling cases of forced marriage (Home Office, 2009) recommend that cases involving forced marriage are best dealt with by child protection or 'adult protection' specialists.

In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there may be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations, such as The Forced Marriage Unit.

Forced marriage is a criminal offence.

Female genital mutilation (FGM)

This involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy.

FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.

Exploitation by radicalisers who promote violence

Early intervention to divert people away from being drawn into terrorist activity is at the heart the government counter terrorist strategy Safeguarding adults from radicalisation is no different from safeguarding them from other forms of harm. Indicators for vulnerability to radicalisation include:

- Family tensions
- Sense of isolation
- Migration
- Distance from cultural heritage
- Experience of racism or discrimination
- Feeling of failure
-

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extremist views and persuade vulnerable individuals to the legitimacy of their cause.

There are a number of factors that may make the individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the particular circumstances of the individual: identity or personal crisis, particular personal circumstances, unemployment or underemployment and criminality.

SAFEGUARDING Statement

TYPES OF HARM CONT/

All of these may contribute to alienation from UK values and a decision to cause harm to symbols of the community or the state.

Child protection

The Children Act 1989 provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect.

All Peak15 employees must be aware that in situations where there is a concern that an adult at risk is or could be being abused or neglected and there are children in the same household, they too could be at risk. In this situation a concern must be made to Children's services at the Surrey Multi Agency Safeguarding Hub on 01483 518505.

Legislation

There are a number of pieces of legislation that apply in the context of Safeguarding Adults. These are not exhaustive and include:

- The Care Act 2014
- The Sexual Offences Act 2003
- The Fraud Act 2006
- Corporate Manslaughter and Homicide Act 2007
- Vulnerable Groups Act 2006
- Public Interest Disclosure Act 1998
- Mental Capacity Act 2005
- The Criminal Courts and Justice Act 2015
- The Human Rights Act 1998
- Equality Act 2010

Section 44 of the Mental Capacity Act 2005 makes it a criminal offence for care workers who ill-treats or wilfully neglects an adult at risk.

The Criminal Justice and Courts Act 2015 makes it a criminal offence for a care worker to ill-treat or wilfully neglect someone in receipt of care irrespective of their mental capacity and applies to both the care worker and Peak15 as a care provider.

The Safeguarding Policy and Procedure will be reviewed annually to reflect any legislative amendments and also to reflect lessons learned from Safeguarding Adult Reviews undertaken by Local Authority Safeguarding Adult Boards and any other relevant reviews or enquiries where there is learning.

In addition, Peak 15 will reflect upon the learning arising from all safeguarding concerns within the organisation and review the learning against the Safeguarding Policy and procedure making amendments as necessary.

SAFEGUARDING Statement

SAFEGUARDING REPORTING PROCEDURE

What is an adult safeguarding enquiry?

Section 42 of the Care Act 2014 says that when the tests are met (an adult who is experiencing or at risk of abuse or neglect which they cannot protect themselves from because of their care and support needs) there must be an adult safeguarding enquiry.

The objectives of an adult safeguarding enquiry are to

- Establish facts
- Ascertain the adult's views and wishes
- Assess the needs of the adult for protection, support and redress and how they might be met
- Protect from the abuse and neglect, in accordance with the wishes of the adult;
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect

Enable the adult to achieve resolution and recovery.

The role of the local authority in an adult safeguarding enquiry

Though the actions to carry out an adult safeguarding enquiry and the actions to apply what has been learned when the enquiry has been completed might be undertaken by a range of organisations, local authorities have a particular role which they cannot delegate to others.

Where an adult safeguarding enquiry is required, the local authority must

- Decide what enquiries it thinks are necessary to make up the adult safeguarding enquiry;
- Make those enquiries or cause others to make them; and When the enquiry is completed it must decide whether any action should be taken, and if so, what and by whom.

In Surrey and West Sussex, this role is taken on by the social work team in adult social care or, where the adult's care and support needs relate to serious mental health issues, by the integrated health and social care services for people with mental health needs. For the purposes of clarity, in this policy and procedure the term "adult social care" is used to mean the relevant service for that person.

- Currently in Surrey but in review "all adult safeguarding concerns should be referred via the MASH." We deal with many incidents which are not adult safeguarding concerns. Only those that are adult safeguarding concerns (i.e. which relate to possible abuse or neglect) need be referred via the MASH all other incidents go to the learning disability and Autism Team. Currently The MASH Team will send safeguarding concerns to the locality team where the incident occurred and they will request further information on a section 42 form and decisions regarding investigation will be made from there.
- West Sussex have a document called West Sussex Safeguarding Adults Board Safeguarding Thresholds. In this document contains a Thresholds Matrix which can support decisions in terms of an incident being Non-Reportable, Requires Consultation or Reportable If the incident is reportable a concern needs to be completed on line at: <https://www.westsussex.gov.uk/raiseaconcernaboutanadult>

SAFEGUARDING Statement

SAFEGUARDING REPORTING PROCEDURE CONT/

Where the local authority requires another organisation to carry out enquiries in connection with an adult safeguarding concern, the local authority is required to ensure that these enquiries are carried out satisfactorily. Where they have not been, the local authority may need to carry out those enquiries itself.

The local authority may also decide to carry out enquiries itself rather than require another organisation to do so if there are issues that mean the local authority is best placed to make those enquiries. This might arise, for example, where a conflict of interest might arise if the other organisation were to undertake the enquiries.

In Surrey the information below provides clarity of roles;

Safeguarding Adults Decision Maker (SAD)

This is the person who makes the decisions in s42 Care Act 2014 on behalf of the local authority on the piece of adult safeguarding work. The decisions they make are

- Whether or not there will be an adult safeguarding enquiry
- What that enquiry will consist of
- When that enquiry has been completed
- Whether there needs to be a Safeguarding Plan as a result of the enquiry
- Whether to refer the matter to Surrey Safeguarding Adults Board for consideration for a Safeguarding Adults Review

Safeguarding Adults Manager (SAM)

The SAM role is defined in the Surrey Safeguarding Adults Policy and Procedures. It is the person responsible for overseeing the carrying out of an adult safeguarding enquiry. In Surrey this will typically be a Team Manager or a senior Social Worker in an adult social care team. One person can act as both SAD and SAM, or this can be split between two people.

Lead Enquiry Coordinator (LEO)

This is the person who will lead on the carrying out of the enquiry, under the instruction of the SAM. In Surrey this will typically be a Social Worker in an adult social care team. Where the adult safeguarding enquiry is being led by a team in Surrey and Borders Mental Health Trust it might be a Social Worker, Nurse or Occupational Therapist in that team. However if it is possible i.e. no conflict of interest is perceived a member of the senior Peak 15 Management team maybe asked by the Local Authority to lead the enquiry.

Safeguarding Concerns Manager

The Safeguarding Concerns Manager has the responsibility to decide whether it is appropriate to refer a safeguarding concern to the local authority and what other actions might be needed. The directors employed by Peak 15 will predominantly make this decision once all information has been received and considered

Organisational lead for safeguarding adults

Our organisational lead for safeguarding within Peak 15 is the director of support services who is supported by the PBS manager with regards to disseminating information through the safeguarding courses that are attended and reviewed annually.

The following procedure should be followed where a person we support is at risk or has been harmed.

SAFEGUARDING Statement

SAFEGUARDING REPORTING PROCEDURE CONT/

Care and support statutory guidance 14.69 Updated 26 October 2018 says

'When an employer is aware of abuse or neglect in their organisation, then they are under a duty to correct this and protect the adult from harm as soon as possible and inform the local authority, CQC and CCG where the latter is the commissioner. Where a local authority has reasonable cause to suspect that an adult may be experiencing or at risk of abuse or neglect, then it is still under a duty to make (or cause to be made) whatever enquiries it thinks necessary to decide what if any action needs to be taken and by whom. The local authority may well be reassured by the employer's response so that no further action is required. However, a local authority would have to satisfy itself that an employer's response has been sufficient to deal with the safeguarding issue and, if not, to undertake any enquiry of its own and any appropriate follow up action (for example, concern to CQC, professional regulators).'

The member of staff who first becomes aware or witnesses any concern of abuse, harm or neglect must ensure that the person or any other adults at risk are made safe. Where there is immediate danger to the person or the person's health emergency assistance should be sought by dialling 999. The member of staff and their line manager/responsible manager must ensure that any forensic evidence is preserved to avoid contamination.

Preserving evidence

If a crime has occurred, try to preserve evidence in case there is a criminal investigation.

Responsibilities of all employees and volunteers

If any member of staff or volunteer has reason to believe that abuse is or may be taking place you have a responsibility to act on this information. It does not matter what your role is, doing nothing is not an option.

Your responsibilities are:

To take action to keep the person safe if possible.

If an urgent police presence required to keep someone safe, call 999

If the person needs urgent medical assistance, call 999

Always inform your line manager/on call manager who will contact the Safeguarding Concerns Manager. You cannot keep this information secret, even if the person asks you to.

If consulting with your Line Manager/on call manager/ Safeguarding Concerns Manager will lead to an undue delay and thereby leave a person in a position of risk, you should refer the safeguarding concern to the local authority.

Peak 15's Safeguarding Concerns Manager will discuss with the appropriate Local Authority safeguarding team either CarePoint for a Service in West Sussex or MASH for a service in Surrey. (see OPPR007 Reporting of an Incident, Concern, Disclosure or Suspicion of Abuse) The Safeguarding Adults Decision Maker (SAD) will discuss the report with the local authority who will determine the least intrusive response appropriate to the risk presented. The response to any safeguarding concern will vary and there are a range of legal and welfare interventions that can be used to support people to achieve their outcomes which include a safeguarding enquiry under section 42 of the Care Act 2014.

If the SAD initiates a section 42 a safeguarding adult's notification/concern form is to be completed. Any information given directly by the adult at risk concerned must be listened to and recorded on the Safeguarding notification form. Any questions asked of the person must be "open" questions to establish for example who, what, where and when. Care must be taken not to begin an investigation at this point. Once completed this should be sent the appropriate Local Authority safeguarding team and copy in the Group Manager, A Safeguarding Lead enquirer for that alert will be delegated.

SAFEGUARDING Statement

SAFEGUARDING REPORTING PROCEDURE CONT/

The details of all concerns must always be recorded on both the organisations PCS and Radar software. The information on PCS should be limited to keep confidentiality just a note that a safeguarding concern was raised without going into detail. The Radar report will be more explicit just follow the process which Radar will prompt. It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults or children may be at risk. Consideration should be given to the safety of any children who may also be at risk. If there is a risk to a child/children due to the fact that the person alleged to have caused harm works or lives with children, this must be reported to the relevant Children's Team. For regulated services the statutory notification form must also be completed and sent to CQC within 24 hours

Where the allegation is against a member of staff, the Responsible Manager will discuss with a Senior Manager whether action needs to be taken under the disciplinary procedures including whether there is a need to suspend any member(s) of staff. The outcome will be shared with the local authority as part of the safeguarding concern.

LOCAL AUTHORITY SAFEGUARDING RESPONSE

After a safeguarding concern has been made:

- The Local Authority worker receiving the concern should clarify the referring/responsible Manager whether the adult, who is thought to be at risk, has/has not consented or does/does not have the capacity to consent to the concern being made unless the information indicates that where there are overriding public duties to act, or where gaining consent would put the person at further risk.
- Where the concern involves an allegation against an Peak 15 Employee, the Responsible Manager will advise as part of the concern, the steps being taken to manage the risk in relation to the person alleged to have caused harm. Under no circumstances should the Local Authority direct Peak 15 to suspend a member of staff. This decision will be made by the Support and HR Directors .
- Where the decision is made that the concerns have triggered a Section 42 enquiry the local authority will either 'make or cause an enquiry to be made'. This may involve Peak 15 in undertaking a part or the whole of the Section 42 enquiry.
- When requesting that Peak 15 undertake a Section 42 enquiry, the local authority should advise Peak 15 of the exact points that need to be considered within the enquiry, these are called 'the terms of reference' in Surrey. In West Sussex request a verbal account from The Lead Enquiry Manager and reiterate in an email advising them of agreed actions to be taken. A written report with the outcomes of the Enquiry must be sent to the Local Authority within the timescale given and the report must be signed off and agreed by the Director prior to being sent to the Local Authority.
- Where the Local Authority has made the decision that the concerns meet the threshold for a Large-Scale Enquiry (LSE) this must be referred to the Chairman who will decide on the appropriate level of management representation at the LSE meeting. The Senior Manager attending the LSE meeting must not be implicated in the allegation or have been a potential witness. Triggers for a large-scale enquiry can include one or more of the following:

- A. A number of adults at risk have allegedly been abused resulting in significant harm or there is potential for significant harm (whether or not the local authority is funding this care). This could include people within a provider service or a group of individuals being allegedly abused by an individual or individuals, for example human trafficking or receipt of collective concerns in relation to one service setting.
- B. Concerns in relation to a service are of a high volume
- C. Concerns are serious in nature i.e. serious crime, media interest, multi-agency involvement
- D. A single concern, naming individuals where it is believed other adults may be at risk
- E. A provider has failed to engage with the safeguarding process to date resulting in continued harm or continued risk of harm to one or more adult at risk

SAFEGUARDING Statement

LOCAL AUTHORITY SAFEGUARDING RESPONSE CONT/

- F. An individual safeguarding concern or enquiry has raised significant concerns about the care of others in the same service or within the same organisation.
- G. Receipt of an individual safeguarding concern where the adult has died (consideration must be given as to whether the criteria has been met for a Safeguarding Adults Review)
- H. Receipt of a whistle blowing concern suggesting large scale concerns involving one or more adults at risk and/or more than one suspected perpetrator
- I. Information received from the regulator, the Care Quality Commission which suggests that the practices of an establishment(s) are placing adults at serious risk of harm
- J. information from other bodies such as Monitor, Clinical Commissioning Group, Continuing Healthcare Team, Health watch or the Police suggesting serious concerns in relation to a service, or multiple adults at risk of harm
- K. Information given by professionals or the public suggesting serious concerns within a service
- L. A service provider going into administration or considering home closure. In this instance the Surrey Provider Failure Protocol will be followed and form part of the safeguarding response. This may not always require a large-scale enquiry where there may be multiple victims and one alleged perpetrator, for example where a staff member is alleged to have abused residents over a long period of time

The roles and responsibilities of Peak 15 within a section 42 safeguarding enquiry

The Local Authority is responsible for 'making or causing a safeguarding enquiry to be made'. This is a Section 42 enquiry.

- Where the safeguarding concern is potentially 'criminal' it is the role of the Police to investigate. Where the concern has not met the Police threshold for investigation and the concerns are in relation to an incident that occurred within the organisation, the responsible manager within Adult Social Care will request that Peak 15 undertake the enquiry. The local authority should set the terms of reference for the enquiry. Refusal to undertake such an enquiry or refusal to commission an independent person to undertake the enquiry on behalf of Peak 15 will necessitate the Local Authority in undertaking the enquiry themselves.
- An appropriately skilled, trained and experienced manager should be appointed to undertake the enquiry with the person identified by Peak 15. This may be a Manager within the organisation or an Independent person. The person undertaking the enquiry should use the Peak 15 investigation template document. The completed template should be signed off by the Managing Director and a copy sent to the Chair of the Safeguarding meeting or SAM Manager within the agreed timescale.
- Where the enquiry is being undertaken by another agency such as the Police, Peak 15 should make available documents as requested by the Police, following submission of a data request form, and in discussion with the Director.
- Where Peak 15 employees are being interviewed as part of a Police investigation this must be with the full knowledge of the Service Director who will ensure that relevant staff are supported throughout the process
- Peak 15 must carry out the actions as agreed in the Section 42 Enquiry or LSE plan, and report back to the local authority nominated manager/practitioner the outcomes of their actions within the agreed timescales.

The roles and responsibilities of Peak 15 upon completion of a section 42 safeguarding enquiry

- Immediately upon the completion of all actions identified within the Section 42 Enquiry the local authority responsible manager should discuss and agree with the adult and/or their advocate together with any key agencies whether the outcomes of the Enquiry have been met or not.
- Where the Outcomes have not been met the Local Authority may decide to convene an Outcomes Meeting to which the adult and their advocate must be invited to attend together with Peak 15.
- If it is agreed that the outcomes of the Enquiry have been met, the Local Authority must then ensure that an evaluation of the adults safeguarding experience is undertaken and then close the safeguarding concern, sending Peak 15 a closure letter (or in West Sussex a sign off the Enquiry summary) advising that the relevant safeguarding concern is closed. This information should be recorded on Radar.

SAFEGUARDING Statement

LOCAL AUTHORITY SAFEGUARDING RESPONSE CONT/

The roles and responsibilities of Peak 15 within the Outcomes meeting and the Large-Scale Enquiry meeting (LSE)

- The Local Authority may decide to convene an Outcomes meeting at the conclusion of the Section 42 Enquiry or to convene a Large-Scale Enquiry (LSE) meeting where the criteria has been met.
- A standard letter of invitation should be sent to Peak 15 by the Local Authority giving the date, time and venue for whichever type of safeguarding meeting is being planned.
- Under no circumstances should a member of staff attend a Safeguarding meeting without being made aware of the type of meeting and having been fully informed of the nature of the concerns.
- Where appropriate, for example, a LSE meeting, the Service Director should prepare a summary/chronology of events to inform the discussions within the meeting.
- The local authority Chair of the Outcomes meeting or LSE meeting will, as part of the meeting, consider the additional support that should be provided to the adult at risk throughout any such enquiry.
- Notes of any type of safeguarding meeting should be agreed by the Chair and distributed to attendees within 15 working days of the date of the meeting. The notes should give agreed actions and timescales for the enquiry or safeguarding plan. Any amendments required or inaccuracies within the notes of the meeting must be raised directly with the Chair.

Quick guide to reporting and responding to an adult who discloses a concern of abuse

- In an emergency ring 999
- Do ensure the safety of the individual and others if in immediate danger, contact the relevant emergency service e.g. GP.
- Do preserve any forensic or other evidence.
- Do not be judgemental or jump to conclusions Do listen carefully
- Do provide support and information to meet their specific communication needs
- Do use open questions
- Do tell the adult that they did a good/right thing in telling you
- Do tell the adult you are treating the information seriously
- Do tell the adult it was not their fault
- Do ask the adult what they need to keep themselves safe
- do not make promises you cannot keep
- Do not promise to keep secrets
- Do seek consent of the adult to share the information with your manager, however lack of consent should not prevent you from reporting your concerns
- Do explain that you have a duty to tell your Manager or other designated person
- Do not confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses
- Do explain that you will try to take steps to protect them from further abuse or neglect.
- Do support and reassure the person.
- Record the adult's details, actions taken, who was present at the time, dates and times of incident(s)
- Record details of the adult alleged to have caused harm
- Do record any concerns about the adults capacity to make any decisions and the reasons for the concerns

Ongoing action:

- Peak 15 will ensure that all members of staff involved in the enquiry receive support from the most appropriate people within the organisation.
- Employees will be supported when required to provide evidence to the Police
- Employees will be supported to give evidence in a Coroner's Inquest
- Employees will be supported during interviews as part of a disciplinary investigation
- Employees will be supported when required to participate in a section 42 enquiry

SAFEGUARDING Statement

LOCAL AUTHORITY SAFEGUARDING RESPONSE CONT/

- Employees will be supported when required to attend safeguarding meetings.
- Employees will be supported to follow Whistleblowing Procedures if you feel that you will not be believed, taken seriously or believe that your manager may be causing the risks of abuse to the adult

The relationship of an adult safeguarding enquiry to other processes

Situations that meet the test in section 42 of the Care Act may also require other types of responses such as

- Internal management review, including processes such as “Untoward incident” or “Serious Incident” investigations
- Complaint
- Disciplinary process
- Contract management action
- Criminal investigation

These processes should not be seen as separate from, or an alternative to, an adult safeguarding enquiry, but as strands of that enquiry. Such processes will often have their own usual arrangements and timescales, but where they are contributing to an adult safeguarding enquiry there may have to be some flexibility about these arrangements so that the various strands of the enquiry work well together.

If disputes arise between organisations and professionals involved in adult safeguarding work attempts should be made to resolve them locally in the first instance. If this is not successful then the person in the SAM role should be consulted. If the matter is still not resolved then reference should be made to Surrey or West Sussex’s Safeguarding Adults Board’s dispute resolution arrangements.

When resolving disputes the primacy of the interests of the adult at risk abuse or neglect should be taken in to account.

Taking actions following an adult safeguarding enquiry

Peak 15 will set out who will do what to complete any actions that the local authority requires from our organisation at the completion of an adult safeguarding enquiry. If there are lessons to be learnt from adult safeguarding enquiries these will be delivered in the most appropriate way by the Service, HR or Finance Director.

Safeguarding Adults Reviews

When Surrey Safeguarding Adults Board commissions a Safeguarding Adults Review (SAR) or West Sussex convenes a meeting which our organisation is required to contribute to, the most appropriate Senior Manager will attend.

Governance, monitoring and quality assurance

All Safeguarding enquiries will be logged on Radar and the Group Manager and Director of Support Services who is also the safeguarding lead for Peak 15 Michelle Boxall will review the outcomes in supervisions and Radar Reports.