





## HADSUL LIMITED

### 1.0 INTRODUCTION

Safeguarding means protecting people's health, wellbeing, and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care. This policy is written to inform staff of how to protect Service Users in our care. It is also designed to comply with **Regulation 13 of the Social Care Act 2008**. Staff should also be aware of the Key lines of Enquiry where our policy should outline our response to the Safe Section questions in subsection 1.

#### 1.1. Policy Statement

Hadsul Limited has a zero tolerance of abuse and this policy continually to be **reviewed by our Senior Management Team (Directors and Registered Manager)**. A copy of this policy will be given to all staff members (including volunteers, agency staff and sub-contractors). We recognize that everyone has a valuable role in reducing the incidence of abuse and harm.

Revision to this policy is regularly undertaken and updates given to all staff members. (1)

This policy is written to show how Hadsul protects its service users from abuse or harm in line with its legal requirements and best safeguarding practice guidance. It reflects in particular: (2)

- Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; and,
- the statutory guidance for the Care Act 2014 (Chapter 14: Safeguarding), which describes the duties and responsibilities of local authorities and its partner organisations to protect adults with care and support needs from abuse, neglect and other sources of harm.

The Social Care Institute for Excellence states the following regarding the Care Act 2014 requirements regarding Safeguarding Adults. (3)

*"The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.*

*Local authorities have new safeguarding duties. They must:*

***Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens;***

***Make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed;***



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**Establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy;

**Carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them; and,

**Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.  
Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested."

Hadsul Limited shares and is committed to the vision of the local safeguarding authority, which is to empower and protect adults who are at risk of abuse and neglect, as defined in legislation and statutory guidance. (5)

Hadsul Limited understands that local safeguarding arrangements and developments follow a government strategy based on: (6)

- **empowerment** — supporting people to make decisions and have a say in their care;
- **protection** — support and representation for those in greatest need;
- **prevention** — it is better to take action before harm occurs.
- **proportionality** — safeguarding must be built on proportionality and a consideration of people's human rights;
- **partnership** — local solutions through services working with their communities; and,
- **accountability** — safeguarding practice and arrangements should be accountable and transparent.

<b>Empowerment</b>	Adults are encouraged to make their own decisions and are provided with support	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
<b>Prevention</b>	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help



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<b>Proportionate</b>	A proportionate and least intrusive response is made balanced with the level of risk	I am confident that the professionals will work in my interest and only get involved as much as needed
<b>Protection</b>	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
<b>Partnerships</b>	Local solutions through services working together within their communities.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
<b>Accountable</b>	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the problem

Hadsul Limited recognises that safeguarding involves a range of responses to different forms of abuse and potential sources of harm and the different contexts in which abuse occurs. Accordingly, this policy should be read and used in association with a suite of policies all designed to make sure that users are safe from abuse and the risks of their coming to harm are kept to the minimum and well managed. (9)

**Key related policies are: (10)**

1. Safeguarding Service Users from Financial Abuse;
2. Safeguarding from Bullying, Harassment, Exploitation and other Forms of Social Abuse;
3. Safeguarding Service Users from Abuse and Harm: Rights, Risks and Restraint;
4. Safeguarding Service Users from Abuse and Harm: Physical Interventions and Restraint;
5. Keeping Staff Safe: Aggression Towards Staff;
6. Safeguarding: Missing Persons;



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7. Safeguarding Service Users who are at Significant Risk of Harm; and,
8. Safeguarding Service Users from the Harmful Actions and Behaviour of Peers and Social Contacts.

The service develops its policies and procedures in line with **local Safeguarding Adults Boards (SABs) recommendations and guidance**, as found on its website together with relevant documentation for e.g., raising alerts and staff training. (11)

The local multi-agency Adults Safeguarding Board to which Hadsul relates as a partner organisation is: (12)

West Sussex SAB: [www.westsussexsab.org.uk](http://www.westsussexsab.org.uk)

### **Report alleged or suspected abuse to Social Services Safeguarding Team:**

**By email:** [socialcare@westsussex.gov.uk](mailto:socialcare@westsussex.gov.uk) , [adults.carepoint@westsussex.gov.uk](mailto:adults.carepoint@westsussex.gov.uk)

**By telephone: 01243 642121**

Where a criminal act may have been committed the police must be notified immediately. The person raising the safeguarding concern should call 999 immediately.

## 2. Policy Aims

The central aim of this safeguarding policy is to set out for all relevant parties the: (1)

1. principles and values underlying Hadsul's approach to the safeguarding of its service users;
2. ways in which Hadsul does this;
3. steps taken to avoid abuse/harm taking place; and,
4. actions taken to deal with abuse/harm if it occurs.

Hadsul Limited works on the principle that it is the right of vulnerable service users to be kept safe from all forms of abuse/harm. Being and feeling safe will contribute a great deal to their well-being and quality of life. It therefore recognises that it must at all times protect its service users and identify and deal with specific instances of abuse/harm if they occur, following the required procedures and best practice guidance. (2)

Hadsul Limited is aiming for the very best quality of care and will not be satisfied with anything that falls short of this. It takes every possible action to prevent abuse/harm and associated risks and to deal with the issues as promptly and effectively as possible when they arise. (3)

Hadsul Limited seeks to work in line with local safeguarding adults' authority policies and procedures (or, in relation to services to children and families, to work in line with local



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safeguarding children authority policies and procedures) and guidance from the Care Quality Commission (CQC). It recognises the importance of government and national guidance and seeks to comply in all respects with current safeguarding legislation and regulations. (4)

Hadsul Limited recognises that service users who lack mental capacity are particularly exposed to abuse/harm and exploitation. It is accordingly mindful of the need to follow the principles and practice guidance that has accompanied the Mental Capacity Act 2005. These apply particularly to investigations of possible abuse/harm in which it is important to seek means of ascertaining the experiences and views of any victim or indeed alleged perpetrator who might lack capacity, e.g., through the services of independent advocates. (5)

The service recognises that anyone who might need the help of an independent advocate when engaged in safeguarding enquiries and plans is entitled to one (as legislated for by the Care Act 2014). It will always support a person to have advocacy help where required in line with its (separate) advocacy policy. (6)

### **3. Defining Abuse**

Hadsul Limited works to definitions of abuse that have been developed nationally and included in the Care Act 2014 statutory guidance

The Act recognises that abuse/harm of home care service users may take many forms including: (2)

1. **Actual physical abuse/harm;**
2. **Social abuse**, including bullying, cyber-bullying, harassment and personal exploitation;
3. **Social isolation/scapegoating/ostracism/stigmatization;**
4. **Financial or material exploitation/abuse/harm;**
5. **Psychological or emotional abuse/harm;**
6. **Sexual abuse/harm/exploitation;**
7. **Neglect and acts of omission;**
8. **Discriminatory abuse/harm;**
9. **Self-harm, including self-neglect;**
10. **Inhuman or degrading treatment;**



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11. **Inappropriate or excessive restraint and restrictions on movement and activities;** or,
12. **Organisational abuse/harm.**

Hadsul Limited also recognises that a domiciliary care service could operate in contexts in which domestic abuse and violence occurs or could occur and where vulnerable people are victims of modern-day slavery. In these circumstances, the agency is mindful that one or more of the above forms of abuse might be found and the appropriate actions will need to be taken in response. (3)

Further guidance on the types of abuse that may occur and potential indicators that such may be occurring is given in **Appendix 1** to this Policy. (4)

### 4. Identifying Abusers – Those who Harm People at Risk

Hadsul Limited accepts that abuse/harm can be committed by a range of possible people. It therefore accepts its responsibility to protect its service users from possible abuse from all sources, which include: (1)

1. The staff and management of Hadsul;
2. Volunteers working in Hadsul;
3. Visiting health and social care practitioners and other official visitors;
4. Service users' relatives and friends;
5. People who have contact with service users while they are temporarily outside; and,
6. Neighbours, people on their social network or living in the community at large.

### 5. The Role and Accountability of Staff in Relation to Abuse

Hadsul Limited insists that all its staff (including volunteers, agency care workers and our nominated sub-contractors) have a responsibility to: (1)

1. Provide service users with the best possible care;
2. Desist from any abusive/harmful action in relation to service users;
3. Report anything, they witness which is or might be abusive/harmful;
4. Co-operate in every possible way in any investigation into alleged abuse; and,
5. Participate in training activities relating to abuse/harm and protection from harm.

Hadsul Limited requires its **managers to take responsibility for:** (2)

1. Developing the systems and structures within which it is possible to deliver the best possible care;
2. Encouraging a culture and ethos that is hostile to any sort of abuse/harm;
3. Producing and regularly revising the policies and procedures to prevent and deal with abuse/harm;



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4. Operating personnel policies which identify, appropriately deal with and if necessary, exclude from practice potential or actual abusers;
5. Providing training for staff in all aspects of safeguarding, abuse/harm and protection Investigating any evidence of abuse/harm speedily and sympathetically;
6. Implementing improvements to procedures if an investigation into abuse/harm reveals deficiencies in the way in which the service operates;
7. Collaborating with all other relevant agencies in combating abuse/harm and improving the safeguarding and protection of service users; and,
8. Liaising with the relevant safeguarding adults/children authority teams and following their guidance and instructions where applicable, including the issues arising from multi-agency involvement.

## **6. Recruitment Practices**

Hadsul takes great care in the recruitment of staff, carries out all possible checks on recruits to ensure that they are of a high standard, and co-operates in all initiatives regarding the sharing of information on care workers who are found to be unsuitable to work with people at risk. The agency will ensure that new employees employed in regulated activity have been checked against DBS criminal records and barred lists in line with the current requirements. (See the Staff Recruitment and Selection policy.) (1)

## **7. Defining Those at Risk**

Adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect. Hadsul Limited follows the guidance on those considered at risk as reproduced below. (1)

*"It is difficult to describe who the Care Act safeguarding duties may apply to as the scope has been significantly widened, however, it may support practitioners to consider that the duties could apply to an adult who:*

- *Is elderly and frail due to ill health, physical disability or cognitive impairment;*
- *Has a learning disability;*
- *Displays behaviour consistent with self-neglect;*
- *Is a victim of domestic violence or honour-based violence;*
- *Is a victim or at risk of female genital mutilation (FGM)*
- *Has a physical disability and/or a sensory impairment;*
- *Has mental health needs including dementia or a personality disorder has a long-term illness/ condition;*
- *Misuses substances or alcohol;*
- *Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse;*
- *Is unable to look after their own wellbeing, property, rights or other interests;*
- *Is in need of care and support but is unable to demonstrate the capacity to make an informed decision about themselves.*



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- *Is a victim of exploitation – such as financial or sexual.*

*This is not an exhaustive list and agencies and individuals should not limit their view of what may constitute an adult with needs for care and support as above.*

*It does not mean that just because a person is old or frail or who has a disability, they are inevitably at risk of experiencing abuse or neglect or unable to protect themselves from abuse or neglect.”*

Some of the factors leading to potential vulnerability are shown in **Appendix 3. (2)**

## **8. Preventing Abuse from Occurring**

The agency is committed to taking all possible steps to prevent abuse or harm of service users from occurring, including: (1)

1. Setting out and making widely known the procedures responding to suspicions or evidence of abuse/harm.
2. Operating personnel policies which ensure that all potential staff in regulated activity are rigorously checked, by the taking up of references and clearance through DBS criminal records and barred list checks, with equivalent checks for staff employed from overseas;
3. Incorporating material relevant to abuse/harm into staff training at all levels;
4. Maintaining vigilance concerning the possibility of abuse/harm of service users from whatever source;
5. Encouraging among staff, service users and all other stakeholders a climate of openness and awareness that makes it possible to pass on concerns about behaviour that might be abusive or that might lead to abuse/harm;
6. Maintaining robust procedures for regulating any contact that care workers need to have with service users' property, money or financial affairs;
7. Communicating concerns to the local Adults' Safeguarding Board or, where applicable, Safeguarding Children Board and the Care Quality Commission within the framework of current policies and professional guidance.
8. Helping service users as far as possible to avoid or control situations or relationships that would make them vulnerable to abuse/harm.
9. Carrying out person centred values through promoting person-centred care plans for each service users to encourage them take part in decision making of their care and support as a way of exercising choices and their rights and enabling independence.

## **9. Identifying Actual or Possible Abuse**

We aim to identify any instances of actual or possible abuse/harm involving our service users by all possible means including: (1)

1. Fostering an open and trusting communication structure so that staff, service users and others feel able to discuss their concerns with someone authorised to take action.



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2. Ensuring that all staff and service users know whom they may turn to for advice and action if they become aware or suspect that abuse/harm is occurring.
3. Encouraging staff to recognise that a commitment to the highest possible standards of care must, when necessary, overrule loyalty to colleagues individually or corporately.
4. Making it clear to staff that failing to report incidents or suspicions of abuse is itself abusive and may lead to disciplinary or criminal proceedings; and.
5. Operating systems of management, supervision, internal inspection and quality control that have the potential to reveal abuse/harm where it exists.

### **10. Procedures for When Abuse Has Occurred or is Alleged to Have Occurred**

If abuse/harm is clearly occurring or is alleged to have occurred, Hadsul Limited takes swift action to limit the damage to service users and to deal with the abuse. The below procedures are applied in accordance with the particularly **reporting and investigation procedures of the local Adult Safeguarding Board**, the local procedures are detailed in **Appendix 2. (1)**

#### **10.1 Initial procedures (2)**

1. A staff member who witnesses a situation in which a service user is in actual or imminent danger must use their judgment as to the best way to stop what is happening without further damage to anyone involved including themselves, either by immediately intervening personally or by summoning help.
2. Any staff to whom actual or suspected abuse/harm is reported — usually the manager or a senior staff member — must immediately take any further action necessary to provide protection, support or additional care to a service user who has been harmed.
3. The manager will discuss with the known or suspected abused/harmed person what actions they consider to be appropriate. In some circumstances, the person might not wish any action to be taken or agree to a referral being made on their behalf (though this would not apply to children). In such cases the manager will consider whether there are reasons for overriding the person's wishes, e.g., because it is in the public interest and to prevent further harm or because the harmed individual is a child. This could include seeking advice on the correct action to take on an anonymous basis from the Safeguarding Adults' Authority or Safeguarding Children Authority.
4. Any adult "victim" whom it is thought might lack mental capacity to give their consent for the abuse/harm to be reported will be assessed for their capacity to decide and a "best interests" decision will be taken in line with Mental Capacity Act procedures.
5. Once a person has consented to further action being taken, or for someone unable to give their consent it has been decided that it is in their best interests to do so, the senior staff member or manager (or whoever has authority at the time) will then alert the local Safeguarding Adults' Authority or Safeguarding Children Authority and follow its procedures and guidance from that point on. This will usually involve a strategy meeting and an action plan to be implemented from the strategy meeting.
6. The specific procedures to be followed and referral forms are those available on the local SAB website.



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7. In some instances, if it's a crime, the registered manager/person responsible for safeguarding needs to report the matter directly to the police and take guidance from them on the measures to be taken.
8. The registered manager must take steps to ensure that there is no further risk of the victim being abused/harmed by the alleged or suspected perpetrator.
9. The registered manager must ensure that the needs of the alleged victim of the abuse/harm for any special or additional care, support or protection or for checks on health or wellbeing are met at the outset and subsequently throughout the proceedings.
10. If the alleged abuser is a staff member and there is sufficient evidence that abuse/harm has or might have occurred, the manager will suspend the person from duty pending the outcome of a disciplinary investigation. The manager will receive guidance on the steps to be taken following the local safeguarding adults/children authority strategy meeting, which will be held following the reporting of the abuse or suspected abuse/harm.
11. If the evidence is insufficiently strong to warrant suspension the staff member against whom the allegation has been made will be instructed not to have further unsupervised contact with any service users until the matter is resolved.
12. However, it should be noted that in the event of a referral being made to the police because a criminal offence might have been committed the police investigation will take precedence and no action should be taken that might jeopardise its enquiries, which might contaminate the evidence it is seeking and collecting.

### **10.2 Investigating alleged abuse (3)**

In many cases an investigation will be carried out or led by a member of an external agency in line with the action plan determined by the initial strategy meeting convened by the local SAB or Safeguarding Children Authority. If a staff member is expected to carry out an investigation the following guidance should be followed.

1. An appointed investigating officer will usually consult the person who may have been abused/harmed to hear their account of what has occurred and their views about what action should be taken, involving the service user's relatives, friends or representatives if that is appropriate and in line with the wishes of the service user.
2. The investigating officer is expected to take into account in his or her conducting of the investigation:
  1. The fears and sensitivity of the abused/harmed person;
  2. Any risks of intimidation or reprisals;
  3. The need to protect and support witnesses;
  4. Any confidentiality or data protection issues;
  5. The possible involvement of other agencies, including the police, local safeguarding team and the CQC; and,
  6. The obligation to keep the abused/harmed person and in specific instances the alleged perpetrator informed on the progress of the investigation.
3. The investigating officer will assure the person who may have been abused/harmed that they will be taken seriously, that the comments will as far as possible be treated



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confidentially, that they will be protected from reprisals and intimidation, and that they will be kept informed of actions taken and of the outcome.

4. The investigating officer will consider whether the service user needs independent help or representation, including the services of an independent advocate, in presenting their evidence and, in conjunction with the registered manager if necessary, will arrange for the appropriate help or support to be made available.
5. If the abused/harmed person expressly states a wish that no further action should be taken, the investigating officer will consider whether:
  1. A danger to others exists from not investigating further;
  2. In the light of that assessment it is possible to follow the person's wishes; and,
  3. In any case precautionary measures should be taken to protect others from the possibility of abuse from the same source.

The person will be informed of what is to happen.

6. If it is decided that an investigation should proceed, the investigating officer will, as discreetly and confidentially as possible, look into all aspects of the situation.
7. The investigation will include interviewing the staff involved in the incident or circumstances up to that point, hearing and assessing evidence from any others who might be in a position to supply information, exploring every other possible source of evidence, maintaining appropriate contact with any other agencies involved, and if necessary seeking expert advice on any technical aspects of the situation which are outside the knowledge or expertise available within the organisation.
8. Any staff from whom evidence is taken will be assured that they will be dealt with in a fair and equitable manner and informed of their employment, legal and procedural rights.
9. The alleged victim of the abuse/harm, and where appropriate their relatives, friends or representatives, will at all times be kept as fully informed as possible of what is happening regarding the suspected abuse/harm.
10. The investigation will be carried out as quickly as possible and the findings presented to the local safeguarding adults/children strategy group, which will then decide what further action to take, e.g., that a Safeguarding Plan should be developed and implemented.

### **10.3 Following the investigation (4)**

1. If it seems from the investigation that on the balance of probabilities abuse/harm did indeed take place, the manager will, if the abuser is a staff member, initiate and carry through proceedings according to the agency's disciplinary policy or, if the abuser is not a member of staff, take action to involve other responsible bodies.
2. If abuse/harm is proved against an Hadsul staff member, the manager will initiate appropriate action, which most likely will be dismissal and referral to the Disclosure and Barring Service to prevent them from being employed further in regulated activity.
3. Other employment sanctions could apply depending on whether there might have been mitigating or extenuating circumstances. In some cases, retraining could be appropriate.
4. The service user or representatives will be informed of the outcome of the investigation and any further action and will be consulted about whether any redress or apology would be appropriate and helpful to them in line with the service's duty of candour.



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5. The manager will take appropriate steps to inform the Disclosure and Barring Service for possible inclusion of the person on its barring lists as someone who is unsuitable to work again in regulated activity with at-risk adults and/or children.
6. At all stages of the process, a careful record will be kept of all actions taken, paying particular attention to the sensitivity of the abused/harmed person.
7. Where relevant to the resolution of the situation, a plan will be drawn up to address the issues with the alleged or known perpetrator(s), particularly if they will be continuing to form part of the victim's life, directly or indirectly. (See also the policies on: Safeguarding from Bullying, Harassment, Exploitation and other Forms of Social Abuse, and Safeguarding Service Users from the Harmful Actions of Other Service Users.)

#### **10.4 Planning further action**

At the end of an incident involving possible or actual abuse/harm, the manager will review what has happened with a view to assessing whether the agency or its management has been in any way culpable, ineffective or negligent, learning lessons for the way the agency should operate in the future, and passing on any appropriate information to other agencies. (5)

If necessary, the agency's policies, procedures and training arrangements will be modified in response to any material that has emerged from the incident or the investigation. The agency will carry this out with advice and guidance from the local Safeguarding Adults' Authority or Safeguarding Children Authority. (6)

#### **Contacts and sources of assistance**

##### **CQC National Customer Service Centre**

Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA  
Telephone: 03000 616161

##### **Social Services Safeguarding Team**

Website: [www.westsussex.gov.uk](http://www.westsussex.gov.uk)

##### **Report alleged or suspected abuse to the Safeguarding Team:**

**By email:** [socialcare@westsussex.gov.uk](mailto:socialcare@westsussex.gov.uk) / [MASH@westsussex.gcsx.gov.uk](mailto:MASH@westsussex.gcsx.gov.uk)

**By telephone:** [01243 642121](tel:01243642121)

##### **West Sussex Police:**



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Email: [horsham@sussex.pnn.police.uk](mailto:horsham@sussex.pnn.police.uk)  
Telephone: 101 / 01273 404935 (Horsham District)  
Emergencies: 999



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### 11. Record Keeping

Hadsul ensures that all details associated with allegations of abuse/harm are recorded clearly and accurately. The records are kept securely and the agency's rules on confidentiality are carefully followed. Reports are made as required to the Care Quality Commission and other safeguarding agencies involved. (1)

### 12. Referrals to DBS Barred Lists

Hadsul always complies with its legal requirement to refer a care worker, where it has evidence that the staff member in question has been guilty of misconduct by harming or putting at risk of harm a service user or other person at risk, during the course of their work, to the DBS barred lists following the procedures issued by the Independent Safeguarding Authority. (1)

### 13. Training

All staff receive mandatory training in recognising abuse or harm and carrying out their responsibilities under this policy as part of their induction programme and further training in line with their training needs as identified from their supervision and appraisals and policy developments and changes. The training is updated on a regular scheduled basis at least annually. The Manager ensures that all volunteers, agency staff and nominated sub-contractors have received the same mandatory training. (1)

All training, including induction training, is in line with the guidance and standards produced by the relevant social and health care workforce development organisations and the local safeguarding authority training policies and guidance. (2)

#### **Examples of a Safeguarding Training Strategy: (3)**

1. Staff new to care work must achieve Standard 10: Safeguarding Adults and Standard 11: Safeguarding Children to achieve the Care Certificate. Other new staff will have a baseline training level, which is at least the equivalent of the Care Certificate standards 10 and 11 from previous or current induction training.
2. All staff receive training to ensure that they are familiar with local Safeguarding Adults Boards policies and procedures.
3. All staff following induction are expected to proceed to at least a Foundation Level 2 award and a Multi-Agency (Level 3) training in safeguarding.
4. Managers and staff responsible for safeguarding are required to receive Specialist Safeguarding Training (Level 4) and, where appropriate to their roles and responsibilities, achieve the Multi-Agency Safeguarding Leaders Development Programme (Level 5).



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### 14. Review

This Policy is reviewed at a minimum annually, when guidance or legislation changes, or when best practice suggests improvements. (1)

<b>Policy Reviewed</b>	<b>Signed</b>	<b>Next Review</b>
MAY 2025	Zam Namakula	MAY 2026

### 15. Additional Policy:

This policy should be read in conjunction with the several other policies of the agency that relate to safeguarding of service users.

**Whistleblowing**

**Complaints,**

**Physical restraint,**

**Management of service users' money and financial affairs,**

**Recruitment,**

**Induction,**

**Staff development and training,**

**Staff supervision**

**Mental Capacity Act**





## **HADSUL LIMITED Appendix 1**

### **Types and Indicators of Abuse**

#### **Types of Abuse/Harm**

Chapter 14: Safeguarding of the Statutory Guidance to the Care Act 2014 has replaced “No Secrets” as the official guidance to the development and implementation of local safeguarding policies and strategies. It defines the scope of local authority safeguarding duties under the Act in terms of any adult who:

- a. has needs for care and support (whether or not the local authority is meeting any of those needs),
- b. is experiencing, or at risk of, abuse or neglect; and
- c. 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.

It describes the different forms of abuse that might then require appropriate action by the local authority and partner organisations (i.e., physical abuse, domestic violence, sexual abuse, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission and self-neglect).

The guidance suggests that exploitation is a recurrent theme of most forms of abuse. Modern slavery and domestic violence, which are included in the list, are clearly areas of current concern, but are best interpreted as specific contexts in which other forms of abuse are to be found. Domiciliary care services need to be mindful of and might well encounter different forms of domestic abuse in the course of their work and should take the appropriate safeguarding actions in response.

The main forms of abuse for which domiciliary care managers and staff must remain vigilant can be described as follows.

#### **Physical Abuse/Harm**

Physical abuse can consist of hitting, pushing, burning or otherwise deliberately harming a person.

Since caring for and supporting vulnerable people often involves considerable physical contact, physical abuse also includes rough or careless handling of a person. People who use



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care services are likely to be delicate or sick or may have disabilities, so their care needs to be particularly gentle.

Giving excessive or incorrect medication should also be thought of as a form of physical abuse, whether or not the action is deliberate.

### **Indication of Physical Abuse/Harm**

Possible signs of physical abuse/harm that should prompt an investigation include:

- unexplained cuts, bruises or other wounds
- unconvincing explanations of injuries
- frequent falls
- delays in reporting injuries
- unexpected reactions to medicine
- any reports, evidence or suspicion of physical abuse/harm
- complaints or observations about service users being assaulted.

### **Social Abuse – Bullying, Harassment and Exploitation as Forms of Abuse/Harm**

Bullying, harassment and exploitation are all forms of what might be described as “social abuse”. Bullying can be defined as any unsolicited or unwelcome act that humiliates, intimidates or undermines the individual involved. Much bullying is the result of peer behaviour and in many cases has to be treated on its merits. Staff, however, can also adopt bullying and harassing behaviour.

Bullying, harassment, and exploitation do not always occur in direct contact but might occur through the use of the internet and social media. Thus, where vulnerable service users might be making extensive use of the internet and social media, staff will need to be aware of the risks of cyber-bullying, harassment and exploitation and have the necessary safeguards in place.

In some domestic situations, service users too can be vulnerable to exploitation, which could be financial, sexual and criminal exploitation by external parties. Bullying, harassment and the cynical and sometimes criminal exploitation of any vulnerable adult or child is harmful; it causes distress and can lead to accidents, illness, non-participation and low self-esteem and morale. This in turn can lead to depression and self-harm and self-neglect, thus perpetrating a vicious cycle of abuse.

Management should take every step to prevent and eliminate any of its service users from being bullied in line with its general safeguarding from abuse/harm policies and procedures.



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The priority for Hadsul is to always to keep a victim safe from further bullying, harassment and exploitation and to reduce the risks of harm posed by the perpetrators. Staff who observe or can identify that one of their service users is being bullied or bullying for instance, another family member or carer should report the matter to their manager, who can begin to investigate the situation with the individuals concerned and their representatives. Any form of bullying that is clearly causing significant harm to the person or persons being bullied should be investigated and addressed by following established safeguarding procedures. Staff who bully, harass and exploit their vulnerable service users should be subject to disciplinary and even criminal procedures in line with the severity of their behaviour and the harm that they have caused.

### **Indications of Social Abuse/Harm**

Possible signs of bullying, harassment and exploitation that should prompt an investigation include:

- observations or complaints of service users being or feeling “picked on” by more powerful peers or staff, or who appear ostracised or scapegoated
- service users becoming withdrawn and isolated or who seem to be frightened and anxious when certain people are about them
- service users disappear for long periods of time and who cannot account for their absences
- service users spend a lot of time on the internet or social media and are secretive about their use of it or who appear anxious and frightened in relation to their cyber-experiences
- evidence of deteriorating physical or mental health – lack of appetite, poor eating, increased anxiety, depression and poor self –esteem and morale

### **Sexual Abuse/Harm**

Sexual abuse includes rape, indecent assault or any other unwelcome sexual act or approach. It might occur in some cases as a result of sexual exploitation involving a process of grooming, occurring through direct contacts between perpetrator and victim or it could be initiated through the internet and social media.

Care of service users often involves close physical contact, but staff must take care to observe their needs for privacy and dignity. Careless or unnecessary touching of breasts or genital areas during physical care and a failure to provide and respect privacy for intimate functions are forms of sexual abuse.

Mocking or shouting at a service user who is inadvertently or deliberately exposing himself or herself is abusive, degrading and harmful. In certain circumstances simply ignoring such behaviour, when it has the potential to expose a service user to shame or ridicule, should also be regarded as abuse. Service users who have learning difficulties or dementia may be



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particularly vulnerable in this regard. They have difficulty in communicating their need for attention or feelings of distress.

### **Indications of Sexual Abuse/Harm**

Possible signs of sexual abuse/harm which should prompt an investigation include:

- bruises or bleeding associated with the breasts or genital areas
- reluctance to be alone with a particular person
- damaged underclothes
- over-casual handling of service users being helped with intimate functions
- any reports, evidence or suspicion of sexual abuse/harm.

### **Psychological or Emotional Abuse/Harm**

Psychological or emotional abuse is particularly hard to identify and correct. It leaves no visible signs and the victims are often not well placed to provide evidence.

It may involve threatening, frightening, exercising continuous control over, shouting at, or intimidating service users. Sometimes people will laugh at, mock or taunt people who cannot defend themselves. Other ways of treating service users with anything less than complete respect or in ways that deny their personhood are also abusive.

### **Indications of Psychological Abuse/Harm**

Possible signs of psychological or emotional abuse that should prompt an investigation include:

- fear of specific individuals
- depression, withdrawal or low self-esteem
- hesitancy or reluctance in explaining unhappiness
- changes in sleep patterns or appetite
- any reports, evidence or suspicion of psychological or emotional abuse/harm.

### **Financial and Material Abuse/Harm**

Financial or material abuse/harm may involve the stealing of money or possessions, fraud, interfering with financial documents, holding back or confiscating allowances and bringing pressure to bear over financial agreements or inheritance.



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As protection from possible financial abuse, registered providers should make sure that their staff are not allowed to:

- benefit financially from a person using any care service
- be involved in writing the wills of people using the service or the making of bequests
- use the property of service users for personal use
- borrow money from, or lend money to, service users
- sell or dispose of goods belonging to people who use services for their own gain.

The care service should have policies on these matters.

### **Indications of Financial Abuse/Harm**

Possible signs of financial or material abuse that should prompt an investigation include:

- disappearance of valuable possessions
- sudden withdrawals of money from accounts
- sudden shortage of resources
- loss of financial documents
- any reports, evidence or suspicion of financial or material abuse.

Managers should treat intelligence of any of the above occurrences as suspicious of possible abuse/harm and alert the local safeguarding adults' authority for guidance on the actions to be taken, information on the procedures to follow can usually be found on its website.

### **Neglect and Acts of Omission**

Neglect includes the failure to provide anything a service user needs, e.g., not giving sufficient or appropriate food, drink or medication, or providing inadequate facilities for exercise or social activities. It can also involve paying inadequate attention to a service user's illnesses or disabilities or not arranging for necessary health or other services to be available. Some disturbed people might attempt self-harm, and failure to take appropriate action to prevent suicide or self-harm could be negligent.

### **Indications of Neglect and Acts of Omission**

Possible signs of neglect or acts of omission that should prompt an investigation include:

- dirty or insanitary conditions in any living area
- inadequate provision of food and drink
- poor personal hygiene
- pressure sores, weight loss or other unexplained or untreated physical symptoms
- inappropriate dress
- low resistance to disease
- any reports, evidence or suspicion of neglect or the omission of good care.



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All care and support staff should receive training to look out for such signs and to report them if found so that the appropriate actions can be taken to make sure that the person does not remain neglected in any way. Such actions form part of Hadsul's duty of care to make sure that its service users are fully protected.

### **Discriminatory Abuse/Harm**

Diversity is one of the basic principles of good care. Care workers are expected to accept and follow the principles of diversity and equality by responding to service users' cultural and religious wishes.

Discriminatory abuse/harm, as reflected in the Equality Act 2010, can involve the deliberate failure to provide appropriate cultural and faith-related facilities, diets or contacts, not respecting spiritual and cultural convictions, enforcing involvement in religious practice, or mocking minority group practices. Using discriminatory language and forms of address, making jokes at the expense of any minorities, or treating service users differently on spurious grounds, are abusive discriminatory acts.

#### **Indications of Discriminatory Abuse/Harm**

Possible signs of discriminatory abuse that should prompt an investigation include:

- complaints from relatives, friends of minority community leaders or members
- the absence of appropriate celebration of significant anniversaries and festivals
- discomfort in relation to certain foods, practices or activities
- any reports, evidence or suspicion of discriminatory abuse/harm.



### **Excessive Restraint**

There may be occasions when care staff need to restrain physically the behaviour of someone who poses a risk to their own safety or of others. However, it should be used only in extreme cases and its use should be proportional to the situation and solely to protect the service user or others.

Inappropriate restraint might involve unnecessary holding or pinning down, tying to a chair or commode, and using medication purely to control behaviour.

Restraint is illegal unless it can be demonstrated that for an individual, in particular circumstances, not being restrained would conflict with the duty of care of the service and that the outcome for the individual would be harm to themselves or for others.

Enabling people receiving care services to take risks, make choices and keeping them safe is a difficult balance but the improper use of restraint can never be justified. The misuse of physical restraint has resulted in many injuries, and in the most serious case, deaths.



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Current policies and practices should be based on the guidance issued by the Department of Health in its *Positive and Proactive Care: reducing the need for restrictive interventions* (2014), available from the gov.uk website.

Domiciliary care services might come across service users who have been subject to excessive restraints and restrictive actions by their informal carers and family members, sometimes with the idea of keeping them safe. Where service users' freedoms and independence appear severely compromised by these restrictions to which they have not given their informed consent, an alert should be raised with the local safeguarding adults' team. In some cases where there is a possible deprivation of a person's liberty the Court of Protection might eventually need to be involved.

### **Indications of Excessive Restraint**

Possible signs of excessive restraint that should prompt an investigation include:

- The presence of restraining mechanisms such as ropes or straps;
- Signs of fear of being left in certain places or with certain people;
- Injuries or chaffing of the limbs;
- High levels of drugs causing sedation; or,
- Any reports, evidence or suspicion of frequent restraint.

### **Use of Restraint and Restrictions**

Service users should be made aware of forms of restraint that might be acceptable and the circumstances in which it might be used.

Care staff should know and understand:

- The different forms that reasonable restraint can take;
- When different types of restraint are or are not appropriate;
- That de-escalation or positive behaviour support and similar approaches should be used in preference over restraint wherever possible;
- That restraint should be used in a way that respects dignity and protects human rights wherever possible;
- Whether and what type of restraint is permitted in the service in which they are working;
- That restraint should only be used as a last resort, and that the type of restraint used should be the least restrictive and for the minimum amount of time; and,
- How restrictiveness can amount to a deprivation of a person's liberty and for which specific safeguards might be needed (DoLS). (See Human Rights and Mental Capacity topics.)

### **Restraint Procedures**



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Restraint should only be used to protect people from actual or possible harm, only the minimum necessary restraining actions should be used to achieve this. We are to use the following guidelines whenever staff are presented with behaviour that might need to be restrained.

- The risks posed by the behaviour are always assessed to make sure that appropriate techniques are used to manage it.
- Restraint is carried out in ways that protects the dignity and respect of the person being restrained and protects their human rights.
- Where the risks can be identified the actions to be taken in the event of a need for restraint are discussed, agreed and documented in advance, wherever possible, with the person concerned as part of their care plan.
- The person's care plan identifies and documents the preferred measures to prevent and minimise the use of restraint, which is reviewed as the person's needs change.
- Restraint is only used as a last resort and is the minimum response necessary for the shortest possible time.
- The use of restraint is fully recorded, i.e., on the individual's care plan and in a separate critical incident log book recording all such incidents.
- Where applicable, restraint methods are used in line with the restraint guidelines in the *Mental Capacity Act 2005 Code of Practice*, the *Mental Health Act 1983 Code of Practice* and the Deprivation of Liberty Safeguards.
- Whenever restraint is used there should be an assessment of the person restrained and others involved in restraint for signs of injury and any emotional or psychological impact.
- Staff should receive specialist training in appropriate restraint methods and techniques where needed.

### **Recording and Reviewing Use of Restraint**

For every occasion on which restraint is used there should be records made on the service user's case record and in the organisation's records. For each occasion, the record should show the date, the time at which restraint occurred, the precipitating circumstances, the staff involved, and the nature of the restraint used. At each review, or more frequently if necessary, these records should be scrutinised with a view to ensuring that the restraint was unavoidable and proportionate.

Managers should also review the records of the use of restraint across the whole service user group. This is to observe trends, to identify which staff are frequently needing to use restraint, and to consider whether changes in practice overall are required to diminish the amount of restraint used.

Managers should be prepared to make these records available to the CQC, If the CQC assessor considers that restraint has been used frequently or seems to have been used abusively, he or she could initiate a formal review or enquiry into their use to assess possible non-compliance with the regulations.



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Changes to procedures may then be required with the agency subject to enforcement actions for non-compliance. Staff who use excessive restraint could face disciplinary and even criminal proceedings.



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Appendix 2**

**Four Key Stages of the Safeguarding Adults Process with Timescales**

**Stage 1: Concerns**

For Full Details of the Process see **Multi-Agency Adult Safeguarding Policy & Procedures (MASH)** Section 7 (Stage 1: Concerns)

**Stage 2: Enquiry**

For Full Details of the Process see **West Sussex Multi-Agency Adult Safeguarding Policy & Procedures (MASH)** Section 7 (Stage 2: Enquiry)

**Stage 3: Safeguarding Plan and Review**

For Full Details of the Process see **West Sussex Multi-Agency Adult Safeguarding Policy & Procedures (MASH)** Section 7 (Stage 3: Safeguarding Plan and Review)

**Stage 4: Closing the Enquiry**

For Full Details of the Process see **West Sussex Multi-Agency Adult Safeguarding Policy & Procedures**, Section 7 (Stage 4: Closing the Enquiry)



<b>Indicative Timescales</b>	
<b>Stage one: Concerns</b>	Immediate action in cases of emergency
	Within one working day in other cases
<b>Stage two: Enquiries</b>	
Initial conversation	Same day concern received if not already taken place
Planning meetings or Strategy discussions	Within 5 working days



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Enquiry actions	Target time within 20 working days
Agreeing outcomes	Within 5 working days of enquiry report
<b>Stage three: Safeguarding Plan &amp; Review</b>	
Safeguarding Plan	Within 5 working days of enquiry report
Review	Not more than 3 months, but dependent upon risk
<b>Stage four: Closing the Enquiry</b>	
Closing the enquiry	Actions immediately following decision to close where possible. Other actions within 5 working days

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**Appendix 3**

**Factors determining vulnerability**

<p><b>Personal Characteristics of the Adult that increase vulnerability may include:</b></p>	<p><b>Personal Characteristics of the Adult that decrease vulnerability may include:</b></p>
<ul style="list-style-type: none"> <li>● Not having mental capacity to make decisions about their own safety including fluctuating metal capacity associated with mental illness</li> <li>● Communication difficulties</li> <li>● Physical dependency – being dependent on others for personal care and activities of daily life</li> <li>● Low self-esteem</li> <li>● Experience of abuse</li> <li>● Childhood experience of abuse</li> </ul>	<ul style="list-style-type: none"> <li>● Having mental capacity to make own decisions about their own safety</li> <li>● Good physical and mental health</li> <li>● Having no communication difficulties or if so having the right equipment/support</li> <li>● No physical dependency or if needing help, able to self-direct care</li> <li>● Positive former life experiences</li> <li>● Self-confidence and high self-esteem</li> </ul>
<p><b>Social/situational factors that increase the risk of abuse may include:</b></p>	<p><b>Social/situational factors that decrease the risk of abuse may include:</b></p>
<ul style="list-style-type: none"> <li>● Being cared for in a care setting that is more or less dependent on others</li> <li>● Not getting the right amount or the right kind of care that they need</li> <li>● Isolation and social exclusion</li> <li>● Stigma and discrimination</li> <li>● Lack of access to information and support</li> <li>● Being the focus of anti-social behaviour</li> </ul>	<ul style="list-style-type: none"> <li>● Good family relationships</li> <li>● Active social life and a circle of friends</li> <li>● Able to participate in the wider community</li> <li>● Good knowledge and access to the range of community facilities</li> <li>● Remaining independent and active</li> <li>● Access to sources of relevant information</li> </ul>



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## HADSUL LIMITED APPENDIX 4

### Guidance on Hate Crime, Domestic Abuse, Honour-based Violence and Forced Marriage

#### Hate crime

The impact of hate crime on an individual and their family can be devastating, affecting social, psychological and physical well-being. Where individuals are targeted because of a personal characteristic they often feel fearful of further incidents and isolated, it can also affect others who may share that characteristic, leading to impacts across the wider community.

The most commonly used definition of Hate Crime is that agreed by the Association of Chief Police Officers and the Crown Prosecution Service which states;

*"Hate crimes and incidents are taken to mean any crime or incident where the perpetrators hostility or prejudice against an identifiable group of people is a factor in determining who is victimised."*

Individuals may be targeted because of their actual or perceived:

- Disability;
- Gender identity (transphobic);
- Race or ethnicity (racist);
- Religion or belief;
- Sexual orientation (homophobic); or
- Due to a combination of these.

Individuals may also be targeted due to other issues which identify them as 'different'.

#### Domestic abuse

Domestic abuse is defined as: "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 encompass, but is not limited to, the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial; or,
- 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, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.



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“Coercive behaviour” is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation and forced marriage. (Home Office 2013) Whatever form it takes, domestic abuse is rarely a one-off incident and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over the victim. Domestic abuse occurs across society, regardless of age, gender, ‘race’, sexuality, wealth and geography. The figures show, however, that it consists mainly of violence by men against women. Children are also affected both directly and indirectly and there is also a strong correlation between domestic abuse and child abuse. It is important that all agencies are as robust in their interventions with interfamilial domestic abuse as they are with intimate/ex-partner relationships and appropriate support services are sought to meet the needs of the adult who is experiencing domestic abuse.

Effective safeguarding is achieved when agencies share information to obtain an accurate picture of the risk and then work together to ensure the safety of the Adult at Risk is prioritised. safeguard agency staff and to work towards addressing and managing the behaviour of the person causing harm.

### **Honour-based violence**

‘Honour’ based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called ‘honour’. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the ‘rules’ are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place.

This is not a crime which is perpetrated by men only, sometimes female relatives will support, incite or assist. It is also not unusual for younger relatives to be selected to undertake the abuse as a way to protect senior members of the family. Sometimes contract killers and bounty hunters will also be employed. Honour Based Violence can be fatal – it is important to remember that families really do kill in the name of ‘honour’ and therefore ensuring the victims’ safety is paramount.

Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Many of these victims will contact police or other organisations. Many are so isolated and controlled that they are unable to contact the police.

### **Forced marriage**

A forced marriage is a marriage that is performed under duress and without the full and informed consent or free will of both parties.

There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses. In forced marriage, one or both spouses do not (or, in the case of some adults with



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disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, sexual, financial and emotional pressure. The guidance contained in the multi-agency practice guidelines, Handling cases of forced marriage (Home Office, 2009), recommends that cases involving forced marriage are best dealt with by child protection or 'adult protection' specialists.



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## **HADSUL LIMITED Appendix 5**

### **Support for those involved in the Safeguarding Adults process**

#### **Supporting the Adult at Risk**

The adult about whom there is a concern should be supported in a way which does not jeopardise any investigation or criminal prosecution. The Safeguarding Adult Manager (SAM) is responsible for ensuring that arrangements are made to meet these needs. Decisions about how this will be achieved will be taken at the multi-agency strategy meeting informed by what the adult is saying they need and what would be acceptable to them.

#### **Advocates**

The SAM should consider whether an Adult at Risk may benefit from the support of an independent advocate.

Advocates should be invited to the strategy meeting or case conference, either accompanying the Adult at Risk or attending on their behalf, to represent the person's views and wishes. Instructed advocates would attend only with the permission of the Adult at Risk.

#### **Independent Mental Capacity Advocates (IMCAs)**

The IMCA service was established by the Mental Capacity Act 2005, as the first statutory advocacy service. IMCAs are specially trained, professional advocates who provide a statutory safeguard for people who lack capacity to make certain important decisions. The IMCA will usually be involved where the incapacitated person does not have family or friends who can represent them, however, in Safeguarding Adults proceedings, IMCAs can be instructed even when the incapacitated person does have family or friends.

There is a legal requirement to consider whether an IMCA should be instructed for an Adult at Risk or a perpetrator who lacks capacity and is the focus of Safeguarding Adults processes. It is good practice for the SAM to make a decision about the need for IMCA instruction and, if required, to ensure an instruction is made promptly. IMCA instruction may be unnecessary if the Adult at Risk has adequate alternative independent representation. This could be from another advocate, or from family or friends.

Before making an instruction to an IMCA for Safeguarding Adults, it is necessary to assess the person as lacking capacity for consenting to at least one protective measure which is either being considered or has been put in place. Examples of protective measures may include (but are not limited to):



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- Restrictions on contact with certain people;
- Temporary or permanent moves of accommodation;
- The police interviewing the person or collecting forensic evidence which may support a prosecution;
- Increased support or supervision;
- An application to the Court of Protection;
- Restrictions on accessing specific services and/or places; or,
- Access to counselling or psychology with the aim of reducing the risk of further abuse.

The IMCA has a statutory right to see the incapacitated person in private, and to access any relevant health or social care records. The IMCA will attend Safeguarding meetings, and compile a report for the SAM, which will contain information about the potential impact of the proposed safeguarding measures on the incapacitated person's quality of life. The SAM must inform the IMCA of the outcome of the Safeguarding Adults proceedings and any decisions about safeguarding measures that have been made. If the IMCA believes that the SAM has not given their report due consideration, or has not acted in the best interests of the incapacitated person, they can challenge the decision, and in extreme cases may make application to bring the matter before the Court of Protection.

The IMCA service is commissioned by the Local Authority and has no cost to the instructor or the incapacitated person.

### **In West Sussex:**

To arrange an independent advocate or IMCA in West Sussex, there is a referral form on the [westsussex.gov.uk](http://westsussex.gov.uk) website for professional working for partnership organisations alongside West Sussex County Council. Once completed send to Adults' CarePoint below:

Email: [socialcare@westsussex.gov.uk](mailto:socialcare@westsussex.gov.uk)

CarePoint1 on: 01243 642121

Or

West Sussex County Council Adults' CarePoint,  
Second Floor, The Grange,  
County Hall,  
Chichester,  
West Sussex,  
PO19 1RG

### **Support for vulnerable witnesses**



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Witness support and special measures If there is a police investigation, the police will ensure that interviews with the Adult at Risk who is a vulnerable or intimidated witness are conducted in accordance with 'Achieving Best Evidence in Criminal Proceedings'.

Special measures are those specified in the Youth Justice and Criminal Evidence Act 1999 and will be used to assist eligible witnesses. The measures can include the use of screens in court proceedings, the removal of wigs and gowns, the sharing of visually recorded evidence-in-chief, cross-examination and re-examination and the use of intermediaries and aids to communication.

Intermediaries play an important role in improving access to justice for some of the most vulnerable people in society, giving them a voice within the criminal justice process. They help children and adults who have communication difficulties to understand the questions that are put to them and to have their answers understood, enabling them to achieve their best evidence for the police and the courts.

The Witness Service provides practical and emotional support to victims and witnesses (either for the defence or for the prosecution). The support is available before, during and after a court case to enable them and their family and friends to have information about the court proceedings and could include arrangements to visit the court in advance of the trial.

### **Victim Support**

Victim Support is a national charity which provides support for victims and witnesses of crime in England and Wales. It provides free and confidential help to family, friends and anyone else affected by crime, which includes information, emotional support and practical help. Help can be accessed either directly from local branches or through the Victim Support helpline.

### **Keeping families and others concerned informed and supported**

Family and friends and other relevant people who are not implicated in the allegation of abuse often have an important part to play in the Safeguarding Adults process and provide valuable support to the individual and to manage the risk.

If appropriate and possible, and where the Adult at Risk has mental capacity and gives their consent and there are no evidential constraints, family and friends should be consulted.

If the adult does not have mental capacity, family and friends must be consulted under the Mental Capacity Act 2005. A record should be made of the decision to consult or not to consult family and friends with reasons given and recorded.



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### **Responsibilities to those who are alleged to have caused the harm**

Adults who are alleged to have abused an Adult at Risk have the right to be assumed innocent until the allegations against them are proven on the evidence. Whether they are a member of staff, a volunteer, a relative, a carer or another service user they also have the right to be treated fairly and their confidentiality respected.

What information is shared with them and when should be decided at the strategy discussion or meeting. They have a right to know in broad terms what the allegations are that have been made against them, unless the police advise otherwise, or it is deemed unsafe to do so. For example, it will increase the risk to the victim. The SAM must be satisfied of the strength of the evidence to support this decision. They should be provided with appropriate support throughout the process.

If the person causing harm is also an Adult at Risk, they should be provided with appropriate support. If the person causing harm is a young person or has a mental disorder, including a learning disability, and they are interviewed at the police station, they are entitled to the support of an appropriate adult under the provisions of the Police and Criminal Evidence Act 1984 Code of Practice. (Refer to local Police and Criminal Evidence Act procedures and agreements.)



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## **HADSUL LIMITED Appendix 6**

### **Principles of Information Exchange**

Information sharing should be organised to meet the following standards.

- It conforms to confidentiality and data protection principles.
- Information is transferred safely and securely.
- The services involved agree in advance ways of documenting, copying, storing and transferring the information to the other service, making sure that all information is handled safely.
- Staff know the ways that are acceptable for transferring information.
- Information that is transferred:
  - is relevant to the person's care and treatment
  - is factual and correct
  - does not include subjective opinions about the person.
- The information is shared in line with the Data Protection Act 1998 and other relevant guidance.
- There are procedures for staff to notify their line manager if information has been lost or transferred incorrectly and the actions that will follow. Procedures should include a requirement to inform the person whose information is lost about the loss.
- When information relates to a safeguarding allegation, or where disclosure is in the wider public interest for another reason, the disclosure is made in line with relevant legislation and guidance. As far as possible the consent of the person(s) whose information is to be disclosed should be obtained.
- Where the service cannot obtain consent, the reasons and the necessity for sharing in the person's best interests are made clear.