



ADULT SAFEGUARDING

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Part 1: Policy Statement

With the introduction of the Care Act 2014, changes came into place that updated adult safeguarding in England. This adult safeguarding guidance replaced 'No Secrets' in its entirety. New safeguarding duties apply to an adult who:

- Requires care and support (whether or not the local authority [LA] is meeting any of those needs;
- Is experiencing, or at risk of abuse or neglect; and
- As a result of those care and support needs, is unable to protect themselves from either the risk or the experience of abuse or neglect.

The above duties have a legal effect in relation to organisations other than the LA, e.g., the NHS or police.

Multi-Agency Safeguarding (Adults) Protocol

All LAs have updated their multi-agency safeguarding agreement to reflect these changes. Information can be found at Birmingham Safeguarding Adults Board at www.bsab.org. Each staff member carries the responsibility to keep themselves updated with protocols and legislation via the website.

All LAs are required to produce the above guidance. When contracted with more than one authority, we ensure all protocols are listed and followed.

The Care Act 2014

The changes introduced in April 2015 are fully detailed in the Care and Support Statutory Guidance issued under the Care Act 2014 (Chapter 14). This replaces current guidance and covers the following:

- Adult safeguarding, what it is and why it matters.
- Abuse and neglect.
 - What they are and spotting the signs.
 - Reporting and responding to abuse and neglect.
- Carers and adult safeguarding.
- Adult safeguarding procedures.
- LA's role and multi-agency working.

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- Criminal offences and adult safeguarding.
- Safeguarding enquiries.
- Safeguarding adult boards (SABs).
- Safeguarding adult reviews (SARS).
- Information sharing, confidentiality and record keeping.
- Roles, responsibilities and training in LAs, the NHS and other agencies.

The government also re-issued the Care and Support Statutory Guidance on 9 May 2016 under the Care Act 2014

As an organisation, we are aware of the changes within the Care Act 2014 (Chapter 14) in relation to LAs' roles and responsibilities

Note: When someone is 18 years old or over, but whose services are arranged via children services, any safeguarding issue is dealt with via the adult safeguarding arrangement within the LA or other statutory partners, such as NHS or police.

Definition of an Adult at Risk

An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and, as a result of their care needs, is unable to protect themselves.

Throughout this policy, the distinction between an adult with the capacity to make decisions and adults lacking capacity is emphasised. Adults who have the capacity retain the right to make their own decisions and to direct their own lives. Adults lacking the capacity to make decisions, though they retain the right to be involved in decision-making as far as possible, nevertheless require decisions to be made on their behalf and the overall approach shifts to promoting their best interests. The judgement that an adult is at risk should not be confused with a decision about their capacity. They are distinct questions, although a lack of capacity will, ordinarily, contribute to an adult being at risk.

Adult Safeguarding, What It Is, and Why It Matters

Adult safeguarding is a means of protecting an adult's safety and ensuring they are free from abuse and neglect. It means people and organisations working together to prevent and stop such abuse and neglect, whilst making sure that the adult's wellbeing is promoted, including, where appropriate, due regard to their views, wishes, feelings and beliefs in decision-making. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can best be achieved. Professionals should not be advocating 'safety' measures that do not take account of individual wellbeing, as defined in Chapter 1 of the Care and Support Statutory Guidance issued by the Department of Health & Social Care.



Safeguarding is not a substitute for:

- Providers' responsibility to provide safe, high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- The core duties of the police are to prevent and detect crime and protect life and property.

The Care Act 2014 requires that each LA must:

- Make enquiries or cause others to do so, if it believes an adult is experiencing or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so by whom.
- Set up a SAB.
- Arrange, when appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or SAR, e.g., when the adult has substantial difficulty in being involved in the process and when there is no other suitable person to present and support them.
- Co-operate with each of its relevant partners to protect the adult. In their turn, each relevant partner must co-operate with the LA.

BJHA is committed to safeguarding our service users. We have a safeguarding lead who is responsible for safeguarding. Our organisation will ensure that our safeguarding lead has had suitable safeguarding training and have the right knowledge and skills to ensure the protection and safety of our service users.

Aims of Adult Safeguarding

The Care Act 2014 sets out the following aims of adult safeguarding, which apply to all LAs and their relevant partners. Relevant partners include the NHS, police, the ambulance service, regulated or unregulated providers, and all parties involved in the enquiry:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult.
- Address what has caused the abuse or neglect.

The Care Act 2014 sets out the steps that LAs must implement to meet the legal requirements of the act. All staff must become familiar with these requirements.

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Guidance developed by our LA partners will be included in this policy as it becomes available. All LAs will review and amend the Multi-Agency Safeguarding Protocol, which is available from the LA's SAB website.

Any changes to training are incorporated with immediate effect.

The Six Principles of All Adult Safeguarding

The following six principles underpin all adult safeguarding:

Empowerment: people are supported and encouraged to make their own decision and informed consent:

- “I am asked what I want from the safeguarding process and these directly inform what happens.”

Prevention: it is better to take action before harm occurs:

- “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality: the least intrusive response appropriate to the risk presented:

- “I am sure that the professionals will work in my interest, as I see them, they will only get involved as much as needed.”

Protection: support and representation for those in greatest need:

- “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership: local solutions through services working with their communities have a part to play in preventing, deleting and reporting neglect and abuse:

- “I know that staff treat any personal or sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability: Accountability and transparency in delivering safeguarding:

- “I understand the role of everyone involved in my life and so do they.”

These principles apply to all sectors and settings, including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare welfare benefits, housing, wider LA functions, and the criminal justice system. The principles should inform how professionals and other staff work with adults. They can also help SABs and other organisations more widely, by using them to examine and improve their local arrangements.

In addition to these principles, the Care Act 2014 seeks to broaden a community approach to establishing safeguarding arrangements. All organisations must recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and lifestyles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.



Types of Abuse and Neglect

Physical abuse: including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence: including psychological, physical, sexual, financial or emotional abuse, and called 'honour-based violence'.

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.

Sexual exploitation: any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. It may be very important in specific cases to be clear about the context in which concerns about sexual exploitation arise. Some individuals may have been groomed as children or young people, whilst others may be engaged as sex workers and are at risk because they are threatened or coerced, have drug dependencies, and/or mental health needs. People with learning disabilities may be led into harm because of a perception that they are being offered friendships.

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.

Coercive behaviour: 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.

Forced marriage: although forcing someone into a marriage and/or luring someone overseas for the purpose of marriage is a criminal offence, the civil route and the use of Forced Marriage Protection Orders are still available. These can be used as an alternative to entering the criminal justice system. It may be that perpetrators will automatically be prosecuted when it is overwhelmingly in the public interest to do so; however, victims should be able to choose how they want to be assisted

Exploitation by radicalisation: the Home Office leads on the anti-terrorism PREVENT strategy, of which CHANNEL is part (refer to www.gov.uk for information). This aims to stop people from becoming terrorists or supporting extremism. All local organisations have a role to play in safeguarding people who meet the criteria. Contact should be made with the police regarding any individuals identified who present concern regarding violent extremism.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyberbullying, isolation, or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including regarding wills,



property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery: encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Human trafficking: the illegal movement of people, through force, fraud or deception, to exploit them, typically for the purposes of forced labour or sexual exploitation. Men, women and children are forced into a situation through the use (or threat) of violence, deception or coercion. Victims may enter the UK legally, on forged documentation, or secretly under forced hiding, or they may even be a UK citizen living in the UK, who is then trafficked within the country. It should not be confused with people smuggling when the person has freedom of movement upon arrival in the UK. There is no typical victim of human trafficking and modern slavery. Victims can be men, women and children of all ages, ethnicities, nationalities and backgrounds. It can however be more prevalent among the most vulnerable members of society, and within minority or socially excluded groups.

Cuckooing: refers to the relatively recent identification of a new type of controlling and coercive criminal activity. It involves gangs using adults at risk (and children and young people) to move, store and deliver drugs.

Discriminatory abuse: including forms of harassment, slurs or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation, or religion.

Internet/cyberbullying: the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route to harass their victim, or can be simply without motive. Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones to unkind blogs, social networking posts, emails and instant messages, malicious websites created solely to intimidate an individual or virtual abuse during an online multiplayer game.

Organisational abuse: Organisational abuse (also known as institutional abuse) is distinct from other forms of abuse or neglect because it is not directly caused by individual action or inaction. Instead, it is a cumulative consequence of how services are managed, led and funded. Some aspects of organisational abuse may be hidden (closed cultures), and staff may act differently when visitors are there (disguised compliance). Organisational abuse can affect one person or many residents. Therefore, it is important to consider each unique case and the impact on individual service users as well as the whole care service.

Neglect and acts of omission: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, or the withholding of the necessities of life, such as medication, adequate nutrition and heating.



Self-neglect: this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Incidents of abuse may be one-off or repeated and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems, which is now described as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared.

Signs of Abuse

Source: Social Care Institute for Excellence, October 2020.

Signs of physical abuse include:

- No explanation for injuries or inconsistency in the account of what happened.
- Injuries are inconsistent with the person's lifestyle.
- Bruising, cuts, welts, burns and/or marks on the body, or loss of hair in clumps.
- Frequent injuries.
- Unexplained falls.
- Subdued or changed behaviour in the presence of a particular person.
- Signs of malnutrition.
- Failure to seek medical treatment or frequent changes of GP.

Signs of **sexual abuse** include:

- Bruising, particularly to the thighs, buttocks and upper arms, and marks on the neck.
- Torn, stained or bloody underclothing.
- Bleeding, pain or itching in the genital area.
- Unusual difficulty in walking or sitting.
- Foreign bodies in genital or rectal openings.
- Infections, unexplained genital discharge, or sexually transmitted diseases.
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude.
- Incontinence, not related to any medical diagnosis.
- Self-harming.
- Poor concentration, withdrawal, or sleep disturbance.
- Excessive fear/apprehension of, or withdrawal from, relationships.
- Fear of receiving help with personal care.
- Reluctance to be alone with a particular person.

Signs of **psychological abuse** include:

- An air of silence when a particular person is present.
- Withdrawal or change in the psychological state of the person.
- Insomnia.
- Low self-esteem.
- Uncooperative and aggressive behaviour.



- A change of appetite or weight loss/gain.
- Signs of distress: tearfulness, anger.
- Apparent false claims, by someone involved with the person, attract unnecessary treatment.

Signs of **financial abuse** include:

- Missing personal possessions.
- Unexplained lack of money or inability to maintain lifestyle.
- Unexplained withdrawal of funds from accounts.
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity.
- Failure to register an LPA after the person has ceased to have the mental capacity to manage their finances so that it appears that they are continuing to do so.
- The person allocated to manage financial affairs is evasive or uncooperative.
- The family or others show an unusual interest in the assets of the person.
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA.
- Recent changes in deeds or title of a property.
- Rent arrears and eviction notices.
- A lack of clear financial accounts held by a care home or service.
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person.
- The disparity between the person's living conditions and their financial resources, e.g., insufficient food in the house.
- Unnecessary property repairs.

Signs of **domestic abuse** include:

- Appears to be afraid of their partner and/or of making choices for themselves.
- Behaves as though they deserve to be hurt or mistreated.
- May have low self-esteem or appear to be withdrawn.
- Appears unable or unwilling to leave perpetrator.
- Leaves perpetrator and then returns to them.
- Makes excuses for or condones the behaviour of the perpetrator.
- Blames or abuse on themselves.
- Minimises or denies abuse or seriousness of the harm.
- The perpetrator is always with the victim and will not let the victim speak for themselves, e.g., at GP visits.
- Feeling that the abuse is their fault when it is not.
- Physical evidence of violence, such as bruising, cuts, or broken bones.
- Verbal abuse and humiliation in front of others.
- Fear of outside intervention.
- Damage to home or property.
- Isolation – not seeing friends and family.
- Limited access to money.



Domestic violence and abuse include 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. It also includes so-called 'honour-based violence, female genital mutilation and forced marriage.

Signs of **modern slavery** include:

- Signs of physical or emotional abuse.
- Appearing to be malnourished, unkempt or withdrawn.
- Isolation from the community or appearing under the control or influence of others.
- Living in dirty, cramped or overcrowded accommodation and/or living and working at the same address.
- Lack of personal effects or identification documents.
- Always wearing the same clothes.
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.
- Fear of law enforcers.

Signs of **discriminatory abuse** include:

- The person appears withdrawn and isolated.
- Expressions of anger, frustration, fear or anxiety.
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

Signs of **organisational abuse** include:

- Incidents of abuse or neglect are not reported, or there is evidence of incidents being deliberately not reported.
- Lack of flexibility and choice for people using the service.
- Inadequate staffing levels.
- People being hungry or dehydrated.
- Poor standards of care or frequent, unexplained deterioration in service users' health and wellbeing.
- Repeated cases of the service user not having access to nursing, medical or dental care.
- Lack of procedures and safeguards in place relating to the safe handling of service users' money.
- A sudden increase in safeguarding concerns in which abuse or neglect has been identified.
- Repeated instances of service users, families and carers feeling victimised if they raise safeguarding concerns.
- The service fails to improve or respond to actions or recommendations in local compliance visits or audit frameworks from the local authority.
- Lack of personal clothing and possessions and communal use of personal items.
- Lack of adequate procedures.
- Poor record-keeping, missing documents or evidence of redacted, falsified, or incomplete records.
- Absence of visitors.



- Few social, recreational and educational activities.
- Public discussion of personal matters.
- Unnecessary exposure during bathing or using the toilet.
- Absence of individual care plans.
- Lack of management overview and support.

Signs of **neglect and acts of omission** include:

- Poor environment (dirty or unhygienic).
- Poor physical condition and/or personal hygiene.
- Pressure sores or ulcers.
- Malnutrition or unexplained weight loss.
- Untreated injuries and medical problems.
- Inconsistent or reluctant contact with medical and social care organisations.
- Accumulation of untaken medication.
- Uncharacteristic failure to engage in social interaction.
- Inappropriate or inadequate clothing.

Signs of **self-neglect** include:

- Very poor personal hygiene.
- Unkempt appearance.
- Lack of essential food, clothing or shelter.
- Malnutrition and/or dehydration.
- Living in squalid or unsanitary conditions.
- Neglecting household maintenance.
- Hoarding.
- Collecting a large number of animals in inappropriate conditions.
- Non-compliance with health or care services.
- Inability or unwillingness to take medication or treat illness or injury.

Patterns of Abuse

Serial abuse in which the person allegedly responsible seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse.

Long-term abuse in the context of an ongoing family relationship, such as domestic violence between spouses or generations, or persistent psychological abuse.

Opportunistic abuse, such as theft occurring because money or jewellery has been left lying around.

Who Abuses or Neglects Adults?

Anyone can carry out abuse or neglect, including:

- Spouses/partners.
- Other family members.
- Neighbours.

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- Friends.
- Acquaintances.
- Local residents.
- People who deliberately exploit adults.
- Paid staff or professionals.
- Volunteers and strangers.

While a lot of attention is paid, e.g., to targeted fraud or internet scams perpetrated by strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

Spotting Signs of Abuse and Neglect

Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life, including among those in health and social care, welfare, policing, banking, fire and rescue services, trading standards, leisure services, faith groups, and housing. GPs, in particular, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected.

Findings from SARs have sometimes stated that, if professionals or other staff had acted upon their concerns or sought more information, death or serious harm might have been prevented.

Safeguarding Children in an Adult setting

This organisation is aware of its obligations to protect and safeguard children who, whilst not service users, sometimes live with or accompany service users, their representatives or families, and are present during the delivery of the service.

Refer to our Safeguarding Children in Adult Settings policy. This policy sets out the responsibilities of staff concerning any allegation of abuse involving children that may be witnessed by staff whilst in the employ of this organisation. We are committed to working in partnership with other multi-agency partners so that the protection and safeguarding of children are consistent with current policy and guidance.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 (MCA) starts with the presumption that, from the age of 16, we can make our own decisions, including about our safety, and when and how services intervene in our lives. People must be assumed to have the capacity to make their own decisions and be given all practicable help to make a specific decision before anyone treats them as unable to make their own specific decision. When an adult is found to lack the capacity to make a decision, any action taken, or any decision made, on their behalf, must be made in their best interests.

Professionals and other staff need to understand and always work in line with the MCA. They should use their professional judgement and balance many competing

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views. They will need considerable guidance and support from their employers if they are to help adults manage risk in ways that put them in control of decision making, if possible.

Regular face-to-face supervision from skilled managers is essential to enable staff to work confidently and competently in difficult and sensitive situations.

Mental capacity is frequently raised concerning adult safeguarding. The requirement to apply the MCA in adult safeguarding enquiries challenges many professionals and requires utmost care, particularly when it appears an adult has the capacity for making specific decisions that nevertheless places them at risk of being abused or neglected.

The MCA created the criminal offences of ill-treatment and wilful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that adult's care and support, whether paid staff or family carers, as well as people who have the legal authority to act on that adult's behalf (i.e., persons with power of attorney or court-appointed deputies).

These offences are punishable by fines or imprisonment. Ill-treatment covers both deliberate acts of ill-treatment and also those acts that are reckless and result in ill-treatment. Wilful neglect requires a serious departure from the required standards of treatment and usually means that a person has deliberately failed to carry out an act that they knew they were under a duty to perform.

Abuse by an Attorney or Deputy

If someone has concerns about the actions of an attorney acting under a registered enduring power of attorney (EPA) or LPA, or a deputy appointed by the Court of Protection, they should contact the Office of the Public Guardian (OPG). The OPG can investigate the actions of a deputy or attorney and can also refer concerns to other relevant agencies. When it makes a referral, the OPG will make sure that the relevant agency keeps it informed of the action it takes.

The OPG can also make an application to the Court of Protection if it needs to take possible action against the attorney or deputy. Whilst the OPG primarily investigates financial abuse, it is important to note that it also has a duty to investigate concerns about the actions of an attorney acting under a health and welfare LPA or a personal welfare deputy. The OPG can investigate concerns about an attorney acting under a registered EPA or LPA, regardless of the adult's capacity to make decisions.

Reporting and Responding to Abuse and Neglect

We recognise that our role as a service provider is key to promoting good practice (and therefore preventing harm) or allowing harm to take place. Safe recruitment practices, effective supervision, focused training and direct observation of staff practice are all critical elements that contribute to the prevention of harm. We also have a responsibility to work in partnership with commissioners to ensure that, when



things do go wrong, we both report it and, if appropriate, seek help to put matters right without delay.

It is important to understand the circumstances of abuse, including the wider context, such as whether others may be at risk of abuse, whether there is an emerging pattern of abuse, whether others have witnessed abuse, and the role of family members and paid staff or professionals.

Concern should be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any person or persons. This may include anyone self-neglecting when there is a significant risk to their health or wellbeing.

The LA will determine whether the concern meets the criteria for a Section 42 Enquiry and, if not, what other actions may be taken. In doing so, the LA will consider the circumstances surrounding any actual or suspected case of abuse or neglect.

For example, it is important to recognise that abuse or neglect may be unintentional and may arise because a carer is struggling to care for another person. This makes the need to act no less important but, in such circumstances, an appropriate response could be a support package for the carer and monitoring. However, the primary focus must always be how to safeguard the adult. In other circumstances, when the safeguarding concerns arise from abuse or neglect deliberately intended to cause harm, it would not only be necessary to immediately consider what steps are needed to protect the adult, but also whether to refer the matter to the police to consider whether a criminal investigation would be required or appropriate.

The nature and timing of the intervention and any decision about who is best placed to lead will be, in part, determined by the circumstances and always directed by the LA safeguarding team. For example, when there is poor, neglectful care or practice, resulting in pressure sores, an employer-led disciplinary response may be more appropriate; this situation will, however, need additional responses, such as clinical intervention to immediately improve the care given and a clinical audit of practice. Commissioning or regulatory enforcement action may also be appropriate.

Early sharing of information is the key to providing an effective response when there are emerging concerns. To ensure effective safeguarding arrangements:

- All organisations must have arrangements in place that set out clearly the processes and the principles for sharing information between each other, with other professionals and the SAB; this could be via an information-sharing agreement to formalise the arrangements; and,
- No professional should assume that someone else will pass on information that they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, they should share the information with the LA and/or the police, if they believe or suspect that a crime has been committed.



The Local Authority's Role in Carrying Out Enquiries

As per Section 42 of the Care Act 2014, it is a legal duty of LAs to make enquiries, or cause others to do so if they reasonably suspect an adult, who meets the criteria set out in the Care and Support Statutory Guidance, Chapter 14.2, is or is at risk of being abused or neglected. Such enquiries are known as Section 42 enquiries.

An enquiry is an action taken or instigated by the LA in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult or, if they lack capacity or have substantial difficulty in understanding the enquiry, their representative or advocate before initiating a formal enquiry under Section 42, right through to a much more formal multi-agency plan or course of action. Whatever the course of subsequent action, the professional concerned should record the concern, the adult's views and wishes, any immediate action that has been taken, and the reasons for those actions.

The purpose of the enquiry is to decide whether or not the LA or another organisation or person should do something to help and protect the adult. If the LA decides that another organisation should enquire, e.g., a care provider, then the LA should be clear about timescales, the need to know the outcomes of the enquiry, and what action will follow if this is not done.

What happens as a result of an enquiry should reflect the adult's wishes, whenever possible, as stated by them or by their representative or advocate. If they lack capacity and are unable to make the decision, it should be in their best interests and proportionate to the level of concern.

The adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. If the adult has substantial difficulty in being involved, and when there is no one appropriate to support them, the LA must arrange for an independent advocate to represent them for facilitating their involvement.

Professionals and other staff need to handle enquiries in a sensitive and skilled way to ensure distress to the adult is minimised. Many enquiries will likely require the input and supervision of a social worker, particularly the more complex situations and to support the adult to realise the outcomes they want and to reach a resolution or recovery.

For example, when abuse or neglect is suspected within a family or informal relationship, a social worker will likely be the most appropriate lead. Personal and family relationships within community settings can prove both difficult and complex to assess and intervene in. The dynamics of personal relationships can be extremely difficult to judge and rebalance. An adult may, e.g., make a choice to be in a relationship that causes them emotional distress but that outweighs, for them, the unhappiness of not maintaining the relationship.

Whilst work with the adult may frequently require the input of a social worker, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans relating to medicines management or pressure sores.

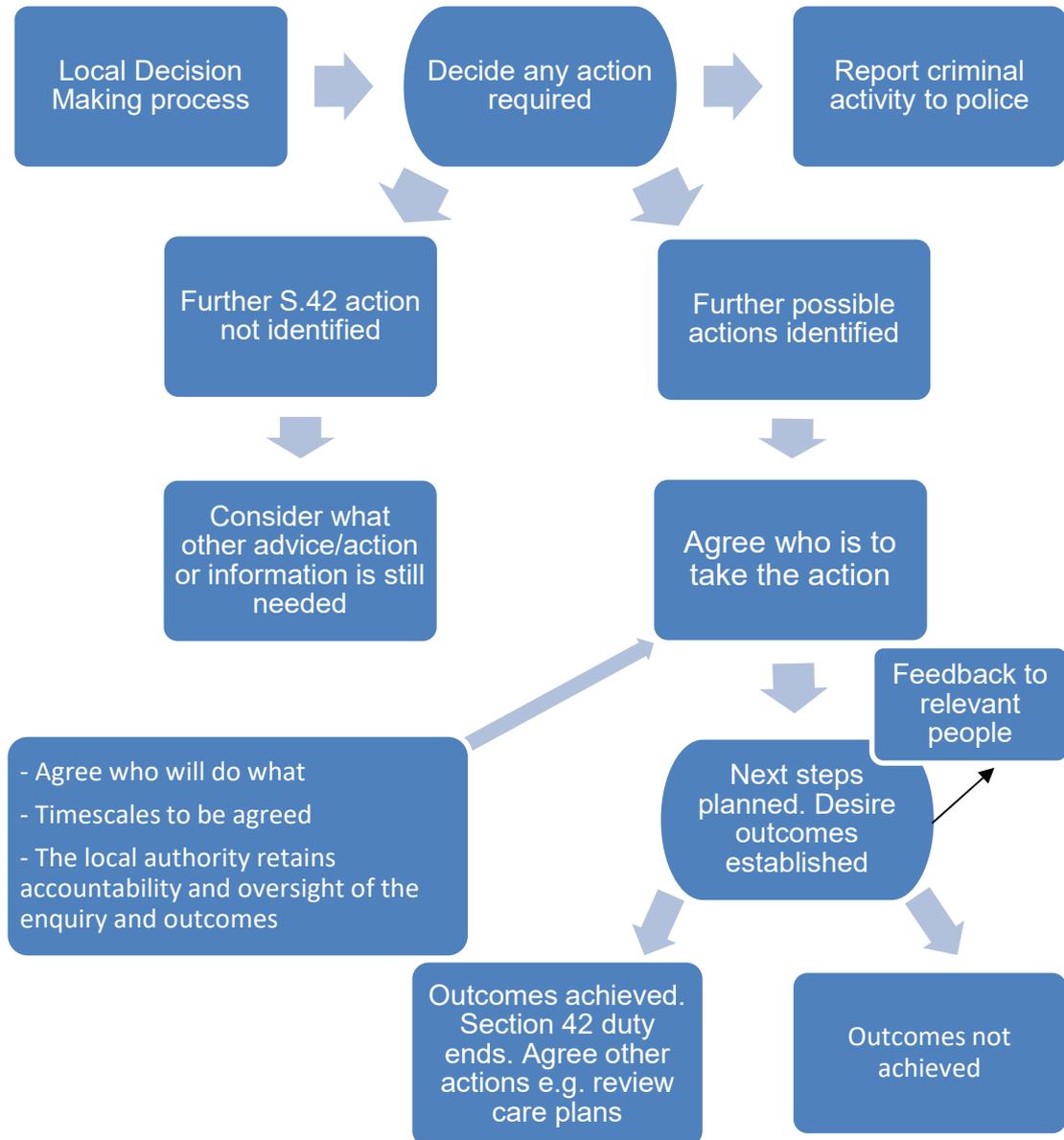


Birmingham Jewish Housing Association
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Registered with the Regulator of Social Housing No L2889
An Exempt Charity, registered with the Financial Conduct Authority under the Co-operative and Community
Benefit Societies Act 2014 No: 22624R

Information Gathering Diagram



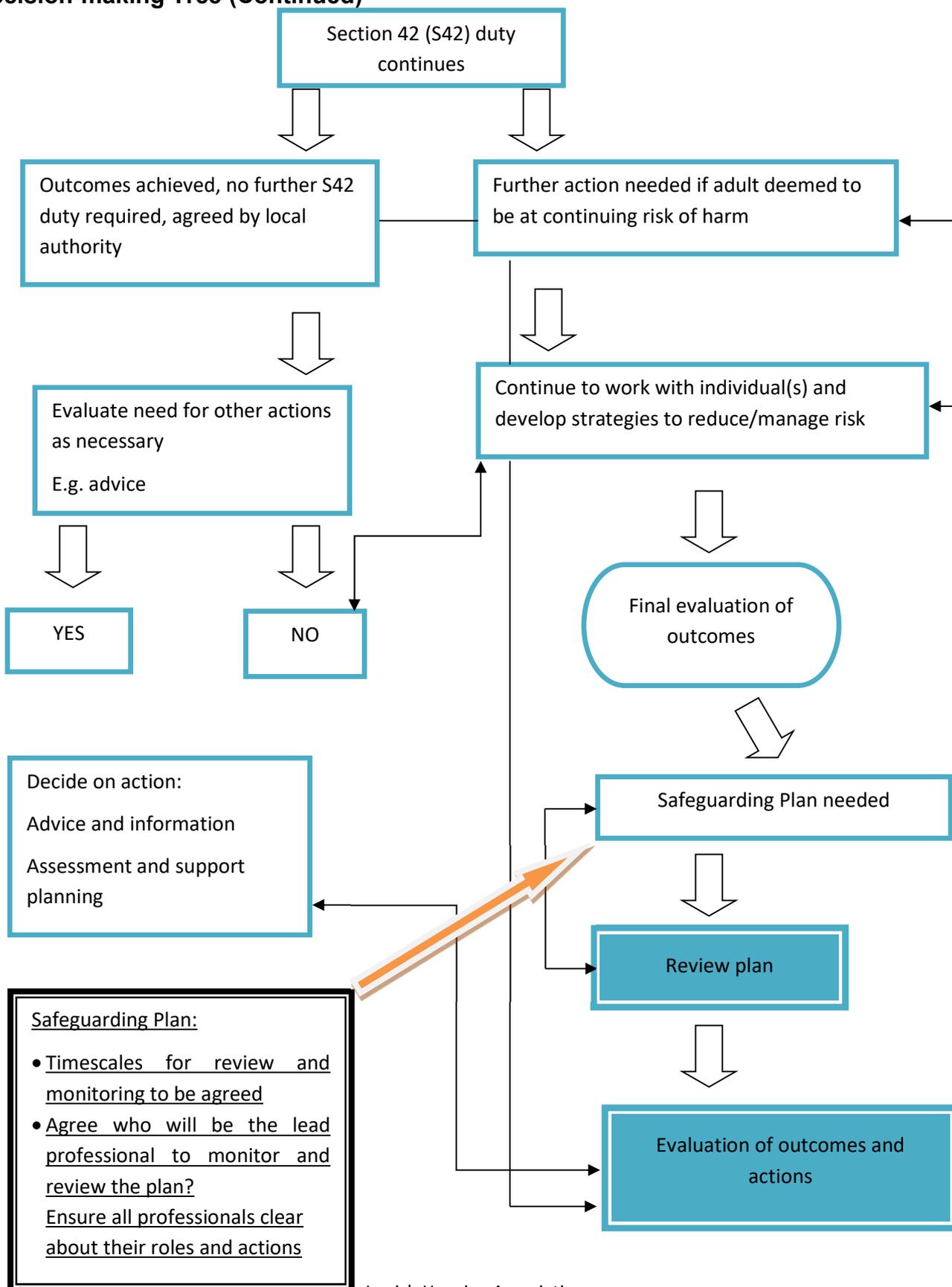
Decision-making Tree



Principles

- Empowerment – Presumption of person-led decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionate and least intrusive response appropriate to the risk presented.
- Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through service working with their communities.
- Communities – have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability and transparency in delivering safeguarding
- Feeding back whenever possible

Decision-making Tree (Continued)





Procedures for Responding in Individual Cases

When Should an Enquiry Take Place?

LAs must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected concerning an adult and the LA thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult. The scope of that enquiry, who leads it and its nature, and how long it takes will depend on the circumstances. It will usually start by asking the adult their view and wishes, which will often determine what next steps to take.

Everyone involved in an enquiry must focus on improving the adult's wellbeing and work together to that shared aim. At this stage, the LA also has a duty to consider whether the adult requires an independent advocate to represent and support the adult in the enquiry. The decision-making tree highlights appropriate pauses for reflection, consideration and professional judgment and reflects the different routes and actions that might be taken.

Objectives of an Enquiry

The objectives of an enquiry into abuse or neglect 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 abuse and neglect, following the wishes of the adult.
- Make decisions as to what follow-up action should be taken regarding the person or organisation responsible for the abuse or neglect.
- Enable the adult to achieve resolution and recovery.

The priority should always be to ensure the safety and wellbeing of the adult. The adult should experience the safeguarding process as empowering and supportive. Practitioners should, whenever practicable, seek the consent of the adult before taking action. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry. Whether or not the adult has the capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or when it is in the public interest to take action because a criminal offence has occurred. It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.

When an adult has the capacity and is deemed to be at serious risk of harm, but declines to engage with suggested care and support, good practise requires consideration of the following:

- Rights: individuals have a right to receive advice and support to make choices about their service needs and take risks, subject to the degree of impact those risks may have on other adults and children.



- Duty of care: risk assessment and risk management are essential to establishing the likelihood and impact of risks that may be so serious that agencies need to take action to protect individuals.
- A duty of care is established in common law in relation to all services. For an action to succeed in negligence, there must be an identified duty of care. An action will only be successful when a duty of care is breached through negligent acts or omissions and when an injury is suffered as a result.
- Councils, health bodies, private care providers and individual care staff owe a duty of care to individuals to whom they provide services.
- Information should be provided in a form that the individual can understand.
- Equality: services and support should be provided with dignity and respect and not discriminate because of disability, age, gender, sexual orientation, race, religion or belief or lifestyle.
- Work to engage: every effort should be made to engage with the individual, highlighting triggers that may increase dependency or harm and actions that may minimise or eliminate risks.

Note: when a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be when a criminal offence may have taken place or when there may be a significant risk of harm to a third party. If, for example, there is an abused adult in a position of authority concerning other adults at risk, it may be appropriate to breach confidentiality and disclose information to an appropriate authority. When a criminal offence is suspected, it may also be necessary to take further advice. Ongoing support should also be offered. Because an adult initially refuses the offer of assistance, they should not, therefore, be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that they can take up the offer of assistance at any time.

Who Can Carry Out an Enquiry?

Although the LA is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person to begin an enquiry is. In many cases, a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker, such as a community nurse.

The LA retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The LA, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under Section 42 of the Care Act 2014 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role, if the LA has asked someone else to make enquiries, it is able to challenge the body making the enquiry, if it considers that the process and/or outcome is unsatisfactory.

When a crime is suspected and referred to the police, the police must lead the criminal investigations, with the LA's support when appropriate, e.g., by providing information and assistance. The LA has an ongoing duty to promote the wellbeing of the adult in these circumstances.



What Happens After an Enquiry?

Once the wishes of the adult have been ascertained and an initial enquiry is undertaken, discussions should be undertaken with them as to whether further enquiry is needed and what further action could be taken.

That action could take a number of courses: it could include disciplinary, complaints or criminal investigations, or work by contracts managers to improve standards. Those discussions should enable the adult to understand what their options might be and how their wishes might best be realised. Social workers must be able to set out both the civil and criminal justice approaches that are open, and other approaches that might help to promote their wellbeing, such as therapeutic or family work, mediation and conflict resolution, peer or circles of support. In complex domestic circumstances, it may take the adult some time to gain the confidence and self-esteem to protect themselves and take action, and their wishes may change. The police, health service and others may need to be involved to help ensure these wishes are realised.

Safeguarding Plans

Once the facts have been established, a further discussion of the needs and wishes of the adult is likely to take place. This could be focused on safeguarding planning to enable the adult to achieve resolution or recovery, or fuller assessments by health and social care agencies (e.g., a needs assessment under the Care Act 2014). This will entail joint discussion, decision making and planning with the adult for their future safety and wellbeing. This applies if it is concluded that the allegation is true or otherwise, as many enquiries may be inconclusive.

The LA must determine what further action is necessary. When the LA determines that it should itself take further action (e.g., a protection plan), the authority would be under a duty to do so.

The MCA is clear that LAs must presume that an adult has the capacity to make a decision until there is a reason to suspect that capacity is in some way compromised. The adult is best placed to make choices about their wellbeing, which may involve taking certain risks. Of course, when the adult may lack the capacity to make decisions about arrangements for enquiries or managing any abusive situation, their capacity must always be assessed and any decision made in their best interests.

If the adult has the capacity to make decisions in this area of their life and declines assistance, this can limit the intervention that organisations can make. The focus should therefore be on harm reduction. It should not however limit the action that may be required to protect others who are at risk of harm. The potential for 'undue influence' will need to be considered, if relevant. If the adult is thought to be refusing intervention on the grounds of duress, action must be taken.

To make sound decisions, the adult's emotional, physical, intellectual and mental capacity in relation to self-determination and consent and any intimidation, misuse of authority or undue influence will have to be assessed.



Information Sharing

Record Keeping

Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records, and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. When abuse or neglect is raised, managers need to look for past incidents, concerns, risks and patterns. We know that in many situations, abuse and neglect arise from a range of incidents over a period of time.

Staff should be given clear direction as to what information should be recorded and in what format. The following questions are a guide:

- What information does staff need to know to provide a high-quality response to the adult concerned?
- What information does staff need to know to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

Records should be kept in such a way that the information can easily be collated for local use and national data collections.

If you need to refer a safeguarding issue concern, you should make a chronological written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written record. The written record will need to include:

- The date and time of the disclosure, or when you were told about or witnessed the incident/s.
- Who was involved and if there were any other witnesses, including service-users and other staff.
- Exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told.
- The views and wishes of the adult.
- The appearance and behaviour of the adult and/or the person making the disclosure, including any injuries observed.
- Any actions and decisions taken at this point.
- Any other relevant information, e.g., previous incidents that have caused you concern.

All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection, for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support, information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people, this should be included in



any information that is passed on to service providers or other people who need to know.

To carry out their functions, SABs will need access to information that a wide number of people or other organisations may hold. Some of these may be SAB members, such as the NHS and the police. Others will not be, such as private health and care providers, housing providers/housing support providers or education providers.

In the past, there have been instances when the withholding of information has prevented organisations from being fully able to understand what 'went wrong' and so has hindered them from identifying to the best of their ability, the lessons to be applied to prevent or reduce the risks of such cases reoccurring. If someone knows that abuse or neglect is happening, they must act upon that knowledge, not wait to be asked for information.

A SAB may request a person to supply information to it or another person. The person who receives the request must provide the information provided to the SAB if:

- The request is made to enable or assist the SAB to do its job.
- The request is made of a person who is likely to have relevant information and then either:
 - The information requested relates to the person to whom the request is made and their functions or activities; or
 - The information requested has already been supplied to another person subject to a SAB request for information.

Managers should ensure that:

- All actions taken to safeguard service users are recorded and shared with other staff as necessary.
- Safeguarding records are focused on the well-being of the individual.
- All records are clear and easily accessible for purposes such as performance management, audits, court proceedings, local authority quality monitoring visits or learning and development.
- Reviews of safeguarding records include checks of accuracy, quality and appropriateness.

Confidentiality

Agencies should draw up a common agreement relating to confidentiality and setting out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Any agreement should be consistent with the principles set out in the Caldicott Review, published 2013, ensuring that:

- Information will only be shared on a need-to-know basis when it is in the interests of the adult;
- Confidentiality must not be confused with secrecy;



- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases when there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g., because there is a risk that others are at risk of serious harm), and whenever possible, the appropriate Caldicott Guardian should be involved.

Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, within agency policies and the constraints of the legal framework.

Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, a duty arises to make full disclosure in the public interest.

In certain circumstances, it will be necessary to exchange or disclose personal information that will need to be in accordance with the law on confidentiality and data protection legislation where this applies. The Home Office and the Office of the Information Commissioner have issued general guidance on the preparation and use of information sharing protocols

Frontline Staff

Operational front-line staff are responsible for identifying and responding to allegations of abuse and substandard practice. Staff at the operational level need to share a common view of what types of behaviour may be abuse or neglect and what to do as an initial response to suspicion or allegation that it is or has occurred. This includes GPs. It is the duty of employers and commissioners to set these out clearly and reinforce them regularly.

It is not for front line staff to second-guess the outcome of an enquiry in deciding whether to share their concerns. There should be effective and well-publicised ways of escalating concerns when immediate line managers do not take action in response to a concern being raised.

Concerns about abuse or neglect must be reported whatever the source of harm. Poor or neglectful care must be brought to the immediate attention of managers and responded to swiftly, including ensuring the immediate safety and wellbeing of the adult. When the source of abuse or neglect is a member of staff, it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).



There should be clear arrangements in place about what each agency should contribute at this level. These will cover approaches to enquiries and subsequent courses of action. The LA is responsible for ensuring effective co-ordination at this level.

Line management and supervision of frontline staff

The Safeguarding Lead and other staff with line manager responsibilities must:

- Promote reflective supervision to help staff understand how to identify and respond to potential abuse and neglect.
- Provide feedback (through supervision and appraisals) acknowledging how staff have learned from their experience of identifying, reporting and managing safeguarding concerns.
- Encourage staff to discuss the organisation's culture, learning and management concerning safeguarding (e.g. in exit interviews) when leaving employment.

Be aware that staff may be reluctant to challenge poor practice or raise concerns about potential abuse or neglect, particularly if they feel isolated or unsupported.

Managers should also be aware of the potential for under-reporting of safeguarding concerns by staff who may be afraid of losing their job (for example staff who have their housing or work permit linked specifically to their current role).

Part 2: The Policy

Making Enquiries

Making enquiries is the term now used as a response to any adult safeguarding concern. The following procedures are in place for all staff who need to report an adult safeguarding concern

Staff: How to Report a Safeguarding Concern

Any suspicion of a safeguarding situation must be reported as soon as possible to the registered manager or, in their absence, to the senior manager on duty at the time. The Safeguarding lead for BJHA is Kim Kennedy, Housing Manager for BJHA and Senior Social Work Co-ordinator for Birmingham Jewish Community Care.

It is a duty to report any such allegation and the appropriate manager will then take advice and follow the appropriate guidance.

- Always believe the person who is disclosing the actual or potential abuse or neglect.
- Make sure that no one is in immediate danger. If there is immediate danger, call 999 and stay with the service user at risk until help arrives E.g., the ambulance and police service.



- Depending on the risks the service user is facing, and who the alleged abuser is, advice will be sought from a safeguarding lead (unless they are implicated in the alleged abuse or neglect).
- The worker should be supportive and listen but should not ask investigative questions.
- It is not the worker's job to decide if they are telling the truth or not, but it is their responsibility to report it to the office manager immediately.
- Even if the person asks for it not to be reported, it is the worker's responsibility to report and explain that they have no choice but to follow policy.
- It is also important to tell the person to whom the report will be made and that they will need to come and talk to them about it.
- Remember there is a responsibility to report - the Local Authority Safeguarding Team will make or arrange the enquiries and listen to the individual's views and choices.
- The abuser should not be confronted or alerted to what has been alleged, staff must not put themselves in danger and must call for backup as soon as is possible.
- Support needs to be given to the person at risk especially through the initial stages of the enquiries and later if an investigation takes place.
- If there is a possibility that forensic evidence can be identified, protect the person and the evidence, do not clean up. Inform your manager.
- Think about who should be immediately notified. For example, the registered manager, a healthcare professional, or the NHS 111 service if there is a serious medical issue.
- If a crime is suspected but the situation is not an emergency, encourage and support the service user to report the matter to the police. If they cannot or do not wish to report a suspected crime (for example, because they have been coerced or lack capacity), report the situation to the manager who will report the situation to the police.
- Relevant documents must be completed, recording what has been seen or has been disclosed as soon as possible, recording only the facts and not opinions or views.

Remember. If you suspect abuse or neglect, you must act on it. Do not assume that someone else will.

Making a Complaint or Allegation About Another Member of Staff

If a member of staff has concerns or receives a complaint or allegation about another member of staff with regards any of the following, they must immediately report to their line manager, who will immediately make an assessment, obtain further advice, and take steps to ensure the safety and protection of the service users:

- Behaviour in a way that has potentially or actually harmed the service user.
- Possibly committed a criminal offence against the service user.



When a complaint or allegation has been made against a member of staff, including people employed by the adult, they will be made aware of their rights under employment legislation and internal disciplinary procedures. This may include suspension or transferral to other duties, pending consideration or investigation of an allegation of abuse or serious concern relating to the safety or wellbeing of individuals.

A disciplinary investigation, and potentially a hearing, may result in the employer taking informal or formal measures, which may include dismissal and referral to the Disclosure and Barring Service.

If someone is removed, dismissed, or redeployed to a non-regulated activity, following a safeguarding incident, or a person leaves their role, either by resignation or retirement, to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold, the regulated activity provider has a legal duty to refer to the Disclosure and Barring Service.

Service Users: How to report a Safeguarding Concern

During the information-gathering process within our quality assurance systems, service users and or their representatives need to be informed and asked about any inappropriate behaviour, verbal or physical, that they have observed or been subject to by staff or visitors. This needs to be handled sensitively.

As part of the information given to new service users and or their representatives, our Service User Guide explains and details how to report a safeguarding concern.

Posters displayed in communal areas of the office will also draw attention to safeguarding and feeling safe.

Information on raising a safeguarding concern can also be found at the back of the service users support plan in their home.

Service users and or their representatives can inform any staff on duty at any time of their concerns. Staff will then report to the designated manager.

The Role of the Manager

An immediate assessment of the alleged abuse should be undertaken by the manager in relation to the following:

- The health safety and wellbeing of the adult.
- Their needs, preferences and wishes concerning any action to be considered.
- Their mental capacity to understand comprehend and make decisions regarding the actions to be considered.

From this assessment, the manager will institute steps to ensure the protection and safeguarding of the adult, as appropriate, with immediate effect.

The manager will notify the local safeguarding team and will also contact the police if required. If a staff member, HR to be informed.



The manager, in this context, is the person to whom the concern has been reported, whether during office hours or out of hours. They will be the responsible manager until they are informed otherwise. Records and notes of all actions should be taken. This includes any advice given to the responsible manager by any triage arrangements that are in place.

Supporting staff who are subject to a safeguarding enquiry

Where the source of abuse or neglect is a member of staff it is for the employer to take immediate action and record what they have done and why (similarly for volunteers and or students).

Following immediate action to safeguard service users, and through any subsequent safeguarding enquiry, the registered manager should:

- Be aware of how safeguarding allegations can affect the way other staff and service users view staff subject to a safeguarding enquiry.
- Take steps to protect the staff member from victimisation or discriminatory behaviour.
- Check with the local authority what information they can share with staff at each stage of the enquiry subject to the employer's usual duties of confidentiality with its employees.
- Tell the staff member about any available Employee Assistance Programme.
- Tell the staff member about professional counselling and occupational health services (if available).
- Nominate someone to keep in touch with the staff member throughout the enquiry if they are suspended from work.
- Staff who are subject to a safeguarding enquiry should be able to request that the nominated person be replaced if they think there is a conflict of interest. The nominated person must not be directly involved with the enquiry.

If a member of staff returns to work after being suspended, the manager should:

- Arrange a return-to-work meeting when the enquiry is finished, to give them a chance to discuss and resolve any issues.
- Agree to a programme of guidance and support with them.

If staff are concerned about working with a service user who has made allegations, the managers should:

- Provide support, additional training and supervision to address these concerns.
- Ensure that the service user is not victimised by staff.

Learning lessons from safeguarding concerns, referrals and enquiries

As an organisation committed to continuous learning and driving improvement we recognise the opportunities of learning lessons and improving our practice with safeguarding concerns, referrals and enquiries. This organisation is committed to identifying key lessons to drive improvements at:



- An individual level – for example, changes to support, supervision, retraining, and performance management.
- An organisational level for example through, observations of practice, discussion and watching people work across the home. And/or, changing practices, procedures, policy and learning, and group training (including training from other health and social care practitioners).

We also ask for feedback about safeguarding from our service users (and their families, friends and carers) and other people working in the service.

We ask them about their experience of safeguarding concerns and how these have been identified, reported, managed and resolved.

We respond to feedback and tell people about any changes made in response to their comments.

Statutory Notifications

As an approved provider of services, you must inform your LA safeguarding team of any suspected or alleged incidents of abuse, if any of the following applies:

- The person is affected by abuse.
- They are affected by alleged abuse.
- The person is an abuser.
- They are an alleged abuser.

Restrictive Interventions

This policy and our service response to restrictive practices reflect the guidelines in the document, Positive and Proactive Care: Reducing the Need for Restrictive Interventions (Department of Health; April 2014).

This guidance is of significance for health and social care services when individuals, who are known to be at risk of being exposed to restrictive interventions, are cared for. Such settings may provide services to people with mental health conditions, autistic spectrum conditions, learning disabilities, dementia and/or personality disorder, older people and detained service users. It is more broadly applicable across general health and social care settings when people using services may, on occasion, present with behaviour that challenges, but which cannot reasonably be predicted and planned for on an individual basis.

Related Guidance

LA Multi-Agency Adult Safeguarding Guidance/ Protocol

www.bsab.org

Birmingham City Council Adult safeguarding referral

[Adult social care | Birmingham City Council](#)

www.bsab.org



Local Government Association, Making Safeguarding Personal:
<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

Local Government Association, Making Safeguarding Personal for Commissioners and Providers of Health and Social Care:
https://www.local.gov.uk/sites/default/files/documents/25.142%20Making%20Safeguarding%20Personal_03%20WEB.pdf

Contact List

Provider Designated Lead: **Housing Manager BJHA**

Local Authority Safeguarding Unit: **Birmingham City Council/Safeguarding**

LA Adult Board: **Birmingham Safeguarding Adults Board**

Local Police: **West Midlands Police/Safeguarding**

Date Reviewed: September 2021

Person responsible for updating this policy: Sharon Grey

Next Review Date: September 2022