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Regd Charity No. 1124209

SAFEGUARDING ADULTS AT RISK – POLICY AND PROCEDURES

Amendments

January 2024 – update Safeguarding Team information

Designated Safeguarding Leads

Jeni Kenson – jeni@choicesislinton.org 07795 392189

Omi MacRorie - omi@choicesislinton.org 07736 950345

Designated Safeguarding Leads

Sophie Guthrie-Kummer – sophie@choicesislinton.org 020 7700 4475

Safeguarding Trustee

Chloe Selby – chloe@choicesislinton.org – 07814 822936

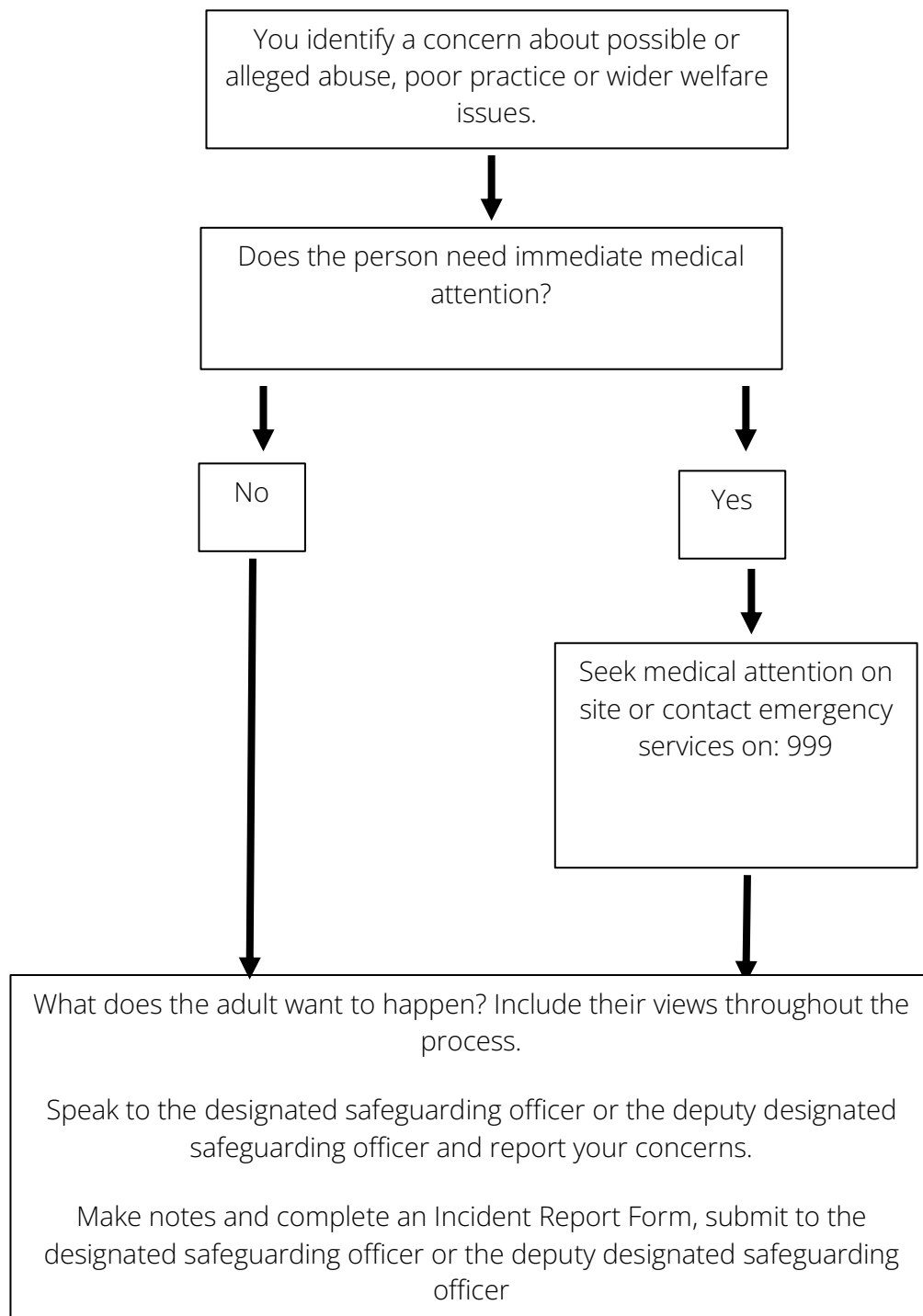
Last reviewed January 2024

Do you have concerns about an adult?

Safeguarding is everyone's responsibility.

If you have concerns about an adult's safety and or wellbeing you must act on this.

It is not your responsibility to decide whether or not an adult has been abused. It is however your responsibility to act on any concerns.



Introduction

Choices is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of all adults involved with Choices in accordance with the Care Act 2014.

(<http://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf>)

Choices' safeguarding adults at risk policy applies to all individuals involved in Choices. This includes all that are employed by Choices in a full, part-time or casual capacity and any volunteer (including trustees and interns) working either at Choices or for Choices in another location. These safeguarding procedures relate to all work excluding the prison work. Prison specific procedures are unique and outlined in Appendix B.

All staff are expected to operate within the law and general policies and procedure outlined by Choices.

1. Aim

The aim of this document is to help all staff to respond appropriately, where abuse is disclosed or discovered, and to develop safe working practices with adults at risk. Choices have nominated Jeni Kenson and Omi MacRorie as Co-Designated Safeguarding Officers to act as coordinators on its behalf in referring all allegations of abuse.

Designated Safeguarding Leads

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2. Principles

The guidance given in this policy and the procedures are based on the following principles:

- All adults, regardless of age, ability or disability, sex, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice.
- The rights, dignity and worth of all adults will always be respected.

- We all have a shared responsibility to ensure the safety and wellbeing of all adults and will act appropriately and report concerns.
- All allegations will be taken seriously and be responded to quickly in line with Choices Safeguarding Adults Policy and Procedures.
- Choices recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.
- Choices also recognises the need to protect staff from false accusation.

The six principles of adult safeguarding

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults;

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
 - "I am asked what I want as the outcomes 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 and 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. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - "I know that staff treat any personal and 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."

Making Safeguarding personal

'Making safeguarding personal' means that adult safeguarding should be person led and outcome focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as improving quality of life, wellbeing and safety.

Wherever possible discuss safeguarding concerns with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process, seeking their consent to share information outside of the organisation where necessary.

3. Legislation

The practices and procedures within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures. They take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 2018

4. Definitions

To assist working through and understanding this policy a number of key definitions need to be explained:

- a. **Adult** is anyone aged 18 or over.
- b. **Adults in need of care and support (previous term was 'vulnerable adult')**.
There are a range of factors that result in an adult needing care and support. This can include personal characteristics, factors associated with their situation or environment and social factors determines adult in need of care and support. E.g.
 - Are elderly or frail
 - Have a mental health difficulty
 - Have a physical disability
 - Have a learning disability
 - Have a severe physical illness

Naturally, a person's disability or frailty does not mean that they will inevitably experience harm or abuse.

- c. **Abuse** is a violation of an individual's human and civil rights by another person or persons.

See section 6 for further explanations.

- d. Adult safeguarding** is protecting a person's right to live in safety, free from abuse and neglect.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

Care and Support Statutory Guidance, Department of Health, updated February 2017

- e. Capacity** refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005).

See Appendix A.

5. To whom do adult safeguarding duties apply?

The Care Act 2014 sets out that adult safeguarding duty applies to **Adults at risk**.

An adult at Risk is a person aged 18 or over who:

- Has needs for care and support (see previous section for information about what this means) and;
- Is experiencing, or is 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 of, or the experience of, abuse or neglect.

6. Types of abuse and neglect

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour which could give rise to a safeguarding concern.

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.

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

Domestic Abuse and coercive control – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. It can occur between any family members. See Appendix C for procedures.

Discriminatory Abuse – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

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

Physical Abuse – including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

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.

Financial or Material Abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

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

Emotional or Psychological Abuse – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Not included in the Care Act 2014 but also relevant:

Cyber Bullying – cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced Marriage – forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry. The forced marriage of adults with learning disabilities occurs when the adult does not have the capacity to consent to the marriage.

Mate Crime – a ‘mate crime’ as defined by the Safety Net Project as ‘when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.’ Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

Radicalisation – the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

Possible signs of abuse

Adults at risk may disclose abuse directly or make comments that prompt suspicion. They may present unkempt or with physical health concerns which suggest possible abuse – such as sexually transmitted infections.

Although presentation may be with the recognised signs of abuse as documented in the Child Safeguarding policy (bruising, burns etc) it is often more subtle. Choices endeavours to be aware of any imbalanced relationships – where a carer might be taking advantage of a client, or organised crime groups use the property/finances of an individual for their criminal activities, putting the adult at risk of harm. Any presentation or disclosure that provokes concern in an individual classed as an adult at risk should be discussed with the Safeguarding Lead.

Safeguarding Adults Procedure

It is everyone's responsibility to respond to and report concerns.

With any and every disclosure you should follow the four 'R's';

1. Respond

- Take emergency action if someone is at immediate risk of harm/in need of urgent medical attention. Dial 999 for emergency services if indicated.
- Get brief details about what has happened and what the adult would like to be done about it, but do not probe or conduct a mini investigation.
- Seek consent from the adult to act and to report the concern. Consider whether the adult may lack capacity to make decisions about their own and other people's safety and well-being. If you decide to act against their wishes or without their consent, you must record your decision and the reasons for this.

2. Report

- Discuss the case with a Designated Safeguarding Officer (Jeni Kenson, Omi MacRorie or Sophie Guthrie-Kummer) or, in their absence, with the Safeguarding Trustee (Chloe Selby).

3. Record

- Clear and accurate records should be made. Disclosed information must never be kept on an applicant's personal file. It must be stored separately in a secure, lockable, non portable cabinet, or on our secure online database (Salesforce) with access strictly controlled and limited to those who are entitled to see it as part of their duties.

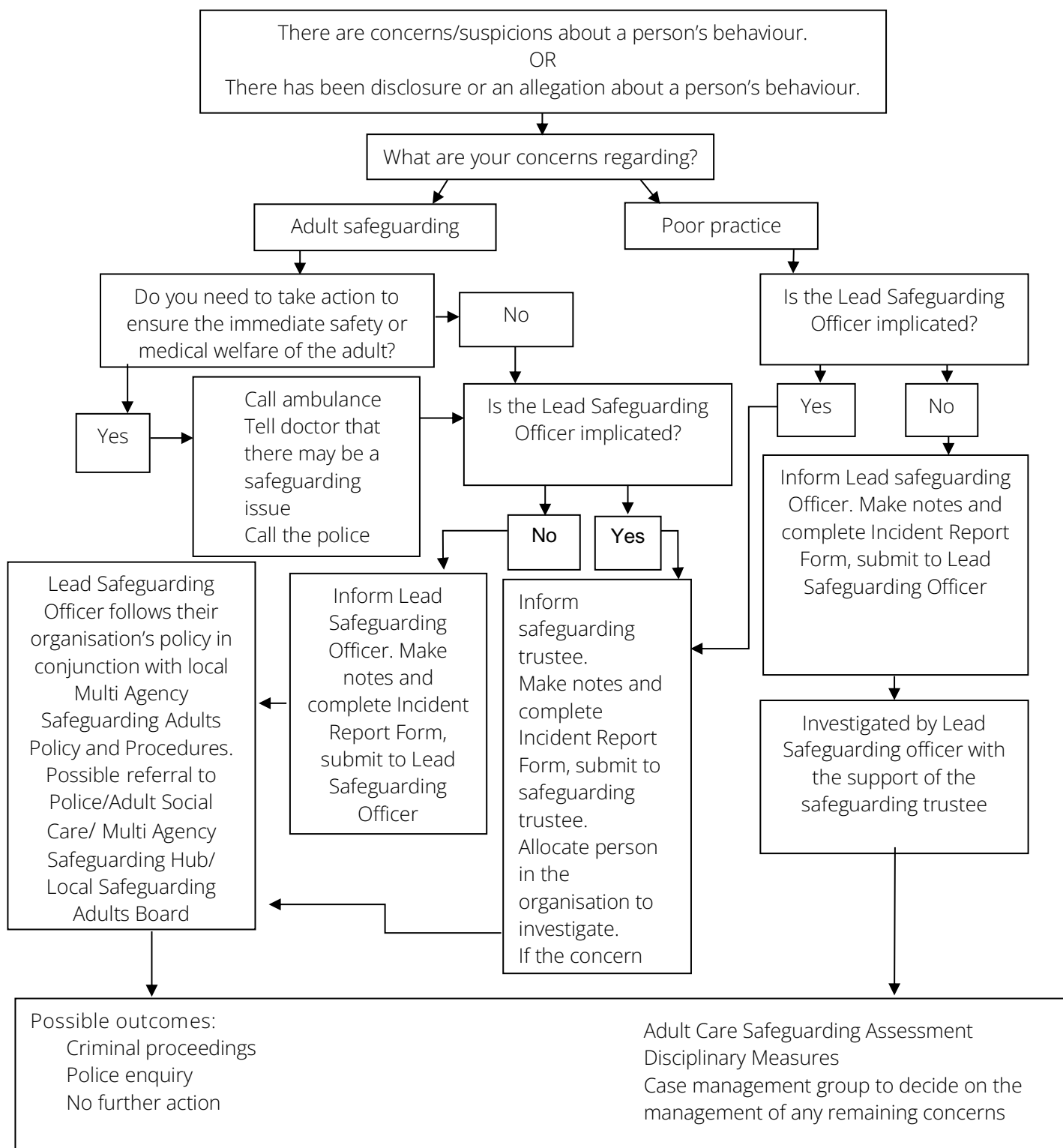
4. Refer (the role of Choices Safeguarding team)

The designated safeguarding lead should make a decision about whether to refer the concern to:

- The police if the situation poses immediate risk to the individual or others using '999'.
- Islington Access and Advice Team on 020 7527 2299 or email access.Service@islington.gov.uk.
- If the client lives out of borough, the Islington Access and Advice team can direct appropriately or the details of the client's local Access and Advice team can be sought online.
- The Community Safety Unit (branch of Islington Police) on 0207 421 0174.
- For female/male offenders follow local procedure; this may involve reporting to social services or the police direct or via the line manager in the prison Mental Health Department. Refer to Appendix B.

Safeguarding Adults Procedure Flowchart

Dealing with Concerns, Suspicions or Disclosure



Remember to involve the adult at risk throughout the process wherever possible and gain consent for any referrals to social care if the person has capacity

Client Confidentiality and Consent

While we generally assure confidentiality, there are exceptions such as safeguarding an adult at risk.

Choices' confidentiality policy outlines the situations when confidentiality needs to be broken. A key procedure within this policy is to seek consent when confidentiality should be broken. There may be instances where there is clear evidence to suggest that the adult does not have the mental capacity to provide this informed consent. See appendix A for more information about client capacity and guidance on making decisions.

What to do if an allegation is made towards a Choices Team Member

If an allegation of abuse is made involving a Choices Team Member, then the safeguarding lead should be advised immediately. In this case it is extremely important to have clear and detailed records as stated above. It will be the Executive Director's responsibility to advise the Board of Trustees and the Choices Complaints Procedure will be followed. If the complaint relates to the Executive Director, the Safeguarding Trustee should be advised and take action.

Recruitment and selection

Choices is committed to safe employment. Safe recruitment practices, such as Disclosure and Barring checks, interview and references reduce the risk of exposing adults with care and support needs to people unsuitable to work with them.

Training, awareness raising and supervision

Choices ensures that all staff and volunteers receive basic awareness training (level 1) on safeguarding adults at risk annually as they may come across adults with care and support needs who may be at risk of abuse. Those adults may report things of concern to staff or volunteers who should be equipped with the basic knowledge around safeguarding adults and be confident to identify that abuse is taking place and action is required. All staff and volunteers should be clear about the core values of Choices and commitment to safeguarding adults.

It is also useful to discuss training with staff who have attended training sessions to ensure they are embedding this in practice.

Voluntary organisations (including volunteers) who support adults with care and support needs can access the basic awareness safeguarding adults training provided by Islington Council. Free on-line training is also available. See: <https://www.islington.gov.uk/social-care-and-health/support-for-professionals/courses-for-professionals>

Similarly, staff and volunteers may encounter concerns about the safety and wellbeing of children. For more information about children's safeguarding, refer to Choices Children's safeguarding policy.

Related policies

- Safeguarding children policy
- Confidentiality policy

References

The Human Rights Act 1998 www.equalityhumanrights.com/en/Human-rights

[Data Protection Act 2018 \(legislation.gov.uk\)](http://legislation.gov.uk)

<https://www.islington.gov.uk/community-safety/violence-against-woman-and-girls>

<http://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf>

<https://www.islington.gov.uk/-/media/sharepoint-lists/public-records/adultcareservices/information/adviceandguidance/20192020/20190812islingtonappendixtolondonsafeguardingadultspolicymay20194.pdf> ***

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/365629/making-decisions-opg606-1207.pdf

<https://www.gov.uk/find-someones-attorney-deputy-or-guardian>

Designated Safeguarding Lead Contact

Co-Designated Safeguarding Lead: Jeni Kenson

Work Number: 020 7700 4475

Mobile: 07795 392189

Co-Designated Safeguarding Lead: Omi MacRorie

Work Number: 020 7700 4475

Mobile: 07736 950345

Deputy Designated Safeguarding Lead: Sophie Guthrie-Kummer

Work Number: 020 7700 4475

Designated Safeguarding Trustee: Chloe Selby

Mobile: 07814 822936

Signed by Designated Safeguarding Trustee:



Chloe Selby

Signed by Designated Safeguarding Lead:



Jeni Kenson

Last reviewed January 2024

Appendix A – Capacity

Capacity and Consent

The issue of capacity or decision making is a key one in safeguarding adults. It is useful for organisations to have an overview of the concept of capacity.

We make many decisions every day, often without realising. We make so many decisions that it's easy to take this ability for granted.

But some people are only able to make some decisions, and a small number of people cannot make any decisions. Being unable to make a decision is called "lacking capacity".

What might affect someone's capacity within decision making?

A person's ability to do this may be affected by things like learning disability, dementia, mental health needs, acquired brain injury, and physical ill health.

Mental Capacity Act 2005

Decisions around whether an adult has capacity are based on the **Mental Capacity Act 2005**. This applies to anyone over 16 years of age.

The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions and provides the framework for this to happen.

The MCA is about making sure that people over the age of 16 have the support they need to make as many decisions as possible.

The MCA also protects people who need family, friends, or paid support staff to make decisions for them because they lack capacity to make specific decisions.

The MCA recognises that capacity is decision-specific, so no one will be labelled as entirely lacking capacity. The MCA also recognises that decisions can be about big life-changing events, such as where to live, but equally about small events, such as what to wear on a cold day.

To help you to understand the MCA, consider the following five points:

1. Assume that people are able to make decisions, unless it is shown that they are not. If you have concerns about a person's level of understanding, you should check this with them, and if applicable, with the people supporting them.
2. Give people as much support as they need to make decisions. You may be involved in this – you might need to think about the way you communicate or provide information, and you may be asked your opinion.

3. People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, consider how risks might be minimised.
4. If someone is not able to make a decision, then the person helping them must only make decisions in their "best interests". This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.
5. Find the least restrictive way of doing what needs to be done.

Choices' procedures in regards to clients' capacity to consent

Decisions regarding an individual's capacity to consent should be made by the safeguarding officer, in correspondence with the safeguarding deputy or safeguarding trustee. This decision will be made through undertaking a capacity assessment-a two-stage process that asks:

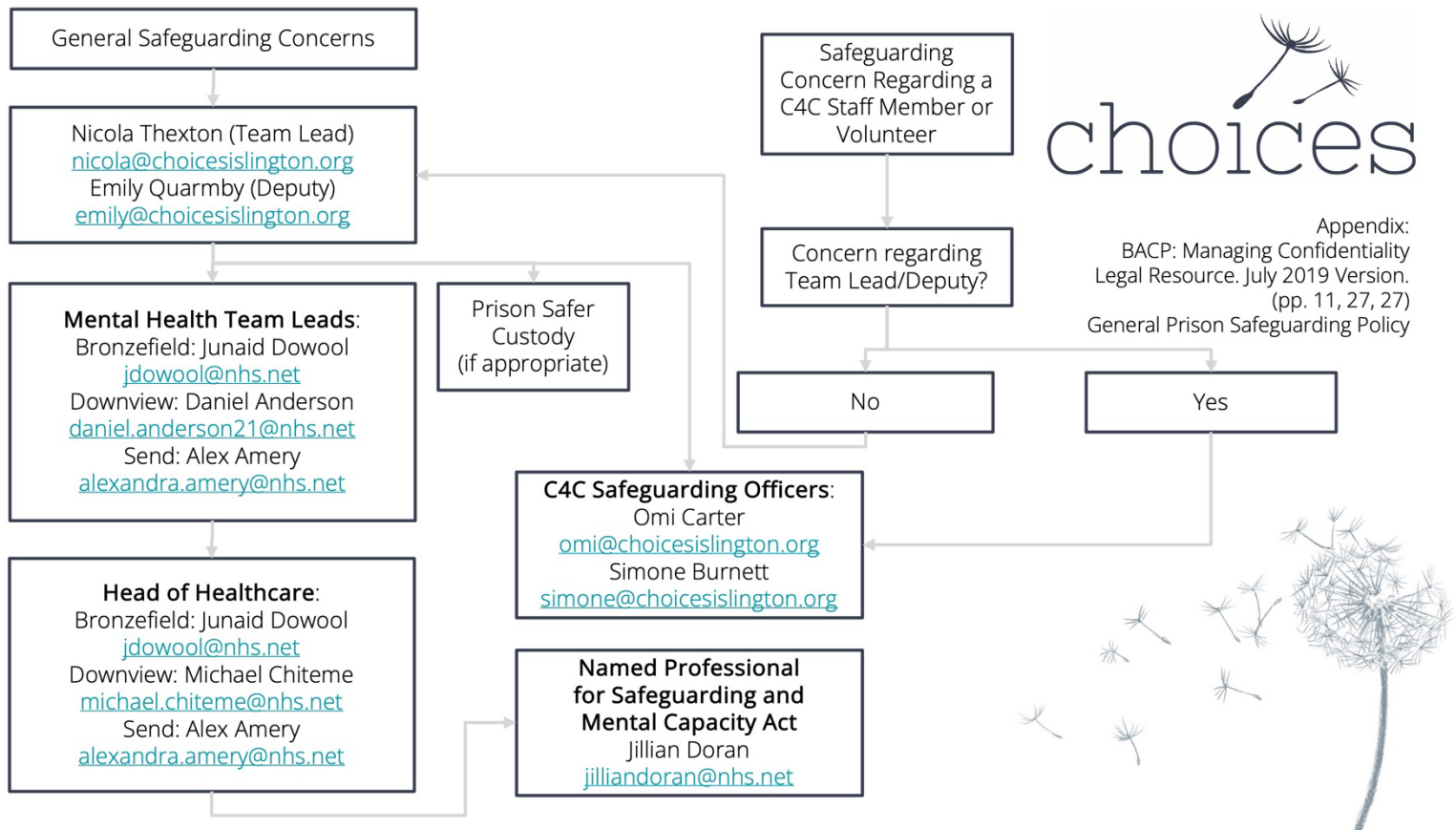
- Does the individual have an impairment or disturbance of the mind?
- Does this impairment or disturbance affect their ability to make THIS decision at THIS time.

e.g. An individual might be assumed to be making a bad decision, but if they have capacity to do so, the bad decision does not demonstrate a lack of capacity. They may have capacity around one decision (such as what to eat for lunch) but not another (whether to proceed with a pregnancy) at the same point in time.

The Mental Capacity Act 2005 states that, with all relevant information regarding the specific decision, an individual must be able to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

Appendix B – Prison Procedures



Appendix:
 BACP: Managing Confidentiality
 Legal Resource. July 2019 Version.
 (pp. 11, 27, 27)
 General Prison Safeguarding Policy



Appendix C – Domestic Abuse Procedures



Choices Safeguarding Officers:

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