

CR03 - Safeguarding Policy and Procedure

Category: Care Management Sub-category: Rights & Abuse





Policy Review Sheet

Review Date: 17/10/17 **Policy Last Amended:** 17/10/17



Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
		X		
Changes are important, but urgent implementation is not required, incorporate into your existing workflow.				

 Reason for this review:	Scheduled review
 Were changes made?	Yes
 Summary:	Policy reviewed and revised to clarify the procedure for reporting concerns. Additional resources added to assist with training with the inclusion of a Safeguarding Guide for Care Staff. A Service User Safeguarding Leaflet is also included to support the policy. For Learning Disability Providers please note that this policy replaces policy number CR04.
 Relevant Legislation:	<ul style="list-style-type: none"> • Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012 • Serious Crime Act 2015 Section 76 • Domestic Violence, Crime and Victims Act 2004 • The Counter Terrorism and Security Act 2015 • The Modern Slavery Act 2015 • Anti-social Behaviour, Crime and Policing Act 2014 • The Criminal Justice and Courts Act 2015 Section 20-25 • Public Interest Disclosure Act 1998 • The Care Act 2014 • Care Quality Commission (Registration) Regulations 2009 • Equality Act 2010 • The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015 • Human Rights Act 1998 • Mental Capacity Act 2005 • Safeguarding Vulnerable Groups Act 2006

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 <p>Underpinning Knowledge - What have we used to ensure that the policy is current:</p>	<ul style="list-style-type: none"> • Department of Health, (2016), <i>Care and support statutory guidance</i>. [Online] Available from: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance [Accessed: 17/10/2017] • Social Care Institute for Excellence, (2014), <i>Adult safeguarding: sharing information</i>. [Online] Available from: https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/ [Accessed: 17/10/2017] • The Ministry of Justice, (2015), <i>Criminal Justice and Courts Act 2015: Explanatory Notes</i>. [Online] Available from: http://www.legislation.gov.uk/ukpga/2015/2/notes/contents [Accessed: 17/10/2017] • Local Government Association, (2017), <i>Making Safeguarding Personal</i>. [Online] Available from: https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal [Accessed: 17/10/2017] • London ADASS, (2015), <i>LONDON MULTI-AGENCY ADULT SAFEGUARDING POLICY & PROCEDURES</i>. [Online] Available from: http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULT-SAFEGUARDING-POLICY-AND-PROCEDURES.pdf [Accessed: 17/10/2017]
 <p>Suggested action:</p>	<ul style="list-style-type: none"> • Encourage sharing the policy through the use of the QCS App

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? 1. Purpose

- 1.1 To protect the Participant's right to live in safety, free from abuse and neglect.
- 1.2 To set out the key arrangements and systems The Inclusion Project has in place for safeguarding and promoting the welfare of adults at risk, to ensure compliance with local policies and procedures.
- 1.3 To have a clear, well-publicised policy of zero-tolerance of abuse within the organisation.
- 1.4 To support The Inclusion Project in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?

- 1.5 To meet the legal requirements of the regulated activities that The Inclusion Project is registered to provide:

- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Serious Crime Act 2015 Section 76
- Domestic Violence, Crime and Victims Act 2004
- The Counter Terrorism and Security Act 2015
- The Modern Slavery Act 2015
- Anti-social Behaviour, Crime and Policing Act 2014
- The Criminal Justice and Courts Act 2015 Section 20-25
- Public Interest Disclosure Act 1998
- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006

The principal pieces of legislation governing this policy are:

The Care Act 2014

The Care Act 2014 places a general duty on local authorities to promote the wellbeing of individuals when carrying out care and support functions. The definition of 'wellbeing' includes:

- personal **dignity** including treating individuals with respect
- physical and mental health and emotional **well being**
- **protection** from abuse and neglect
- control by the **individual** over day-to-day life
- **participation** in work, education, training or recreation
- **social and economic** well-being
- **domestic, family and personal** relationships
- suitability of **living accommodation**
- the individual's **contribution to society**

(Department of Health, 2014).

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Sexual Offences Act 2003

The offences in the Act relating to care workers apply whether or not the victim appears to consent, and whether or not they have the legal capacity to consent.

This does not prevent care workers from providing intimate personal care so long as the behaviour is not intended to be sexual. The Act is not intended to interfere with the right of people with a mental disorder who have the capacity to consent to engage in sexual activity with anyone who is not in a caring relationship with them. The SOA also attempts to make the prosecution of rape easier by clarifying the meaning of consent.

Section 74 of the Act provides that someone consents to a sexual act if, and only if, he or she agrees by choice and has the freedom and capacity to make that choice.

Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill

This Safeguarding Vulnerable Groups Act (SVGA) 2006 was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with vulnerable adults from gaining access to them through their work. The Independent Safeguarding Authority was established as a result of this Act. On 1 December 2012 the Criminal Records Bureau and Independent Safeguarding Authority merged to become the Disclosure and Barring Service (DBS). All staff, whether paid or voluntary need to have an enhanced DBS check that is updated.

The Protection of Freedoms Bill (Chapter 1 of Part 5) amends the SGVA 2006, retaining the national barring function whilst abolishing registration and monitoring requirements.

Ill treatment or wilful neglect

It is an offence under section 127 of the **Mental Health Act 1983** for staff to ill-treat or wilfully neglect a person with a mental disorder. The MCA 2005 (s44) extends this, creating two new criminal offences of ill treatment or wilful neglect of a person who lacks capacity to make relevant decisions. This applies to all people who lack mental capacity in whatever setting, thus offering protection to people with learning disabilities, brain injury or dementia. The offences may apply to all people, paid or unpaid, who care for a person who may lack capacity and those with deputyship, Lasting Power of Attorney.

Wilful neglect is a failure to act rather than a deliberate act to commit harm. Examples of wilful neglect could include not administering the correct medication, failing to take someone to hospital when they have fallen and hurt themselves, or leaving someone locked and unattended in a vehicle (Mandelstam 2012). Managers with responsibility for ensuring good care can be held accountable but currently there is no offence of corporate neglect.

An important part of promoting **dignity** is ensuring a working environment that encourages people to challenge practices in their own workplace. The law offers some protection from victimisation to people who blow the whistle under the **Public Interest Disclosure Act (PIDA) 1998**. The parameters of 'protected disclosure' are set out in the Employment Rights Act (ERA) 1996. The person making the disclosure must reasonably believe one or more of the following:

- that a criminal offence has been committed, is being committed or is likely to be committed;
- that a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject;
- that a miscarriage of justice has occurred, is occurring or is likely to occur;
- that the health or safety of any individual has been, is being or is likely to be endangered;
- that the environment has been, is being or is likely to be damaged; or
- that information tending to show any matter falling within any one of the preceding concerns has been, is being or is likely to be deliberately concealed.

Mental Capacity Act 2005

The principles of the Act support the promotion of dignity in care by ensuring that individuals are at the centre of decision-making and that they are safeguarded within a legal framework. The primary purposes of the MCA are to:

- empower people to make decisions for themselves wherever possible and protect people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process
- allow people to plan ahead for a time in the future when they might lack the capacity, for any number of reasons, to make decisions for themselves.

The Act is underpinned by **five key principles**:

Principle 1: A presumption of capacity

Principle 2: Individuals being supported to make their own decisions

Principle 3: Unwise decisions

Principle 4: Best interests

Principle 5: Less restrictive option

Those who work with people who lack capacity have a legal duty to have regard for the Code of Practice.

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2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following people may be affected by this policy:

- Participants

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS



3. Objectives

3.1 To ensure that all staff working for, or on behalf of The Inclusion Project, understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concern to within The Inclusion Project.

3.2 To manage the safety and well-being of adults in line with the six principles of safeguarding.

3.3 To identify lessons to be learned from cases where adults have experienced abuse or neglect.

3.4 The Inclusion Project aims to support and empower each adult to make choices, to have control over how they want to live their own lives, and to prevent abuse and neglect occurring in the future which is a key underpinning principle of Making Safeguarding Personal (MSP). The Inclusion Project intends to take this approach with all safeguarding concerns.

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4. Policy

4.1 Everybody has the right to live a life that is free from harm and abuse. The Inclusion Project recognises that **safeguarding adults at risk of abuse or neglect is everybody's business**. The Inclusion Project aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence or aggression. The Inclusion Project's safeguarding policies and procedures will dovetail with the local multi-agency policy and procedures, which we understand take precedence over The Inclusion Project's policy and procedures.

4.2 We aim to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, 'race', ethnicity, religion, culture, or lifestyle. We will make every effort to enable Participants to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

We will work with Participants and others involved in their care, to ensure they receive the support and protection they may require; that they are listened to and treated with respect (including their property, possessions and personal information) and that they are treated with compassion and dignity.

4.3 The Inclusion Project will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all Participants:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding

4.4 The Inclusion Project understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the Mental Capacity Act 2005
- Each adult at risk maintains:
 - Choice and control
 - Safety
 - Health
 - Quality of life
 - Dignity and respect

4.5 Our robust governance processes will make sure that staff working on behalf of The Inclusion Project recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14, which is not an exhaustive list but an illustration as to the sort of behaviour that could give rise to a safeguarding concern:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

4.6 The Inclusion Project is committed to the principles of Making Safeguarding Personal and aims to ensure that safeguarding is person-led and focused on the outcomes that Participants want to achieve. We will engage

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Participants in a conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, well-being and safety.

4.7 Roles and Responsibilities

All personnel who work under the umbrella of The Inclusion Project have a role to play in Safeguarding Participants / Vulnerable Adults: it is all workers' responsibility to take action and to make referrals to appropriate individuals and agencies. However, **Simon Jackson-Turner, the Managing Director of The Inclusion Project is the Lead Designated Safeguarding and Protection Officer (LDSO). The Deputy Designated Safeguarding and Protection Officer (DDSO) is the Director of Inclusion and Progressions and is the Registered Manager: Dr. Denise Jackson.** All Safeguarding matters should be referred on to either Simon or Denise. Contact details:

Simon Jackson-Turner, The Inclusion Project Managing Director (LDSO), simon@inclusionproject.co.uk or 07955 281 643

Dr. Denise Jackson, The Inclusion Project Quality Assurance Manager (DDSO), denise@inclusionproject.co.uk or 07730 438327

All staff (paid or unpaid) have responsibility to follow the guidance laid out in this policy and related policies, and to pass on any welfare concerns using the required procedures.

We expect all staff (paid or unpaid) working within The Inclusion Project, to promote good practice by being an excellent role model, contribute to discussions about Safeguarding and to positively involve people in developing safe practices.

The Inclusion Project escalated safeguarding and protection issues, concerns and incidents need to be reported on the Safeguarding and Protection Disclosure Form (online on Box). This is passed to the relevant Area Manager; Area Manager reports the disclosure to the respective Local Authority County Council; the form is stored in the relevant Participant folder in Box; and also sent to Denise / Simon to record for CQC notification; action and recording of outcomes and CPD points.

4.8 Registered Manager's and Area Manager's Responsibilities

- **To establish the facts** about the circumstances giving rise for concern: investigation reports and interviews conducted
- To identify sources and level of risk: complete the incident risk assessment grading, Participant post-incident risk assessment, positive behaviour plan (if needed), and lessons learnt tables
- To ensure information is recorded and that the Local Authority Social Service Team is contacted to inform them of the concern or harm
- If a Participant is at immediate risk of harm, the Area Manager will contact the Police. The CQC will also be informed (by Dr. Denise Jackson, if The Inclusion Project at Home)
- In all cases of alleged harm, there will be early consultation between the Area Manager, local authorities, and the Police to determine whether or not a joint investigation is required. We understand that it may also be necessary to advise the relevant Power of Attorney, if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected and which may need to be balanced against each other
- The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action
- Documentation of any incidents of harm in the Participant's file and using body maps to record any injuries
- Follow local policy guidelines where applicable
- Report any incidents of abuse to the relevant parties
- Work with multi-agencies
- Advise and support staff
- Ensure staff are trained to enhance knowledge
- Actively promote the 'Whistleblowing' policies

4.9 The Group Leader Care Worker's Responsibilities

- To be able to recognise and report incidences of harm
- To report concerns of harm or poor practice that may lead to harm
- To remain up to date with training
- To follow the policy and procedures
- To know how and when to use The Inclusion Project's whistleblowing procedures
- To understand the Mental Capacity Act and how to apply it in practice
- To complete a Safeguarding Incident Form (Form found on The Inclusion Project's Box at: <https://form.jotformeu.com/82053483867364>)

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4.10 General Principles

- We will have robust recruiting and safer staffing policies in place to make sure that staff are fit to work with adults at risk and are compliant with national safe recruitment practices, including the requirements of the Disclosure and Barring Service (Hertfordshire County Council process The Inclusion Project's DBS applications as an umbrella service)
- A named safeguarding lead will be in place that is responsible for embedding safeguarding practices and improving practice in line with national and local developments: Dr. Denise Jackson or Simon Jackson-Turner
- Any staff member who knows or believes that harm is occurring will report it to the Area Manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they should use The Inclusion Project's whistleblowing process
- The Inclusion Project will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with local multi-agency procedures: Area Managers to know their local County Council's policy and procedures and place them in Box
- We will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve care practice: the incident grading system, Area Manager report, post-incident Participant risk assessment, and lessons learnt for improvement forms
- We will have a learning and development strategy which specifically addresses adult safeguarding. We will provide training on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported beginning with the induction requirement of all staff gaining the Care Certificate.
- We recognise our responsibilities in relation to confidentiality and will share information appropriately
- We will have a zero tolerance policy on harm
- We will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency
- We will ensure that any action that is taken is assessed, proportionate, and reflective of risk presented to the people who use the services
- We will report any incidents in line with our regulatory requirements
- The Inclusion Project will adhere to the Code of Conduct for Adult Social Care Workers
- There is a clear well publicised Whistleblowing policy and procedure in place that staff know how to use

4.10.1 Policy Principles

The Inclusion Project adopts the following policy principles in line with the 2014 Care Act:

- **All individuals have the right to live their lives free from violence, coercion, intimidation, fear, neglect, oppression and physical, sexual, emotional or mental harm; Empowerment: People being supported and encouraged to make their own decisions and informed consent.**
- **Prevention – It is better to take action before harm occurs;**
- **Proportionality: The least intrusive response appropriate to the risk presented**
- **Individuals have a right to confidentiality in respect of personal information insofar as this does not infringe the rights of other people;**
- **All individuals have the right to receive full and comprehensive information to enable them to make informed choices about their own circumstances;**
- **All individuals have the right to the protection of the law and access to the judicial process; support and representation for those in greatest need**
- **To work in partnership in preventing, detecting and reporting neglect and abuse. Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.**
- **Adults and Children who lack capacity cannot be expected to bear the primary responsibility for their own protection. Abuse is a violation of an individual's human and civil rights by any other person(s). The risk of being abused depends upon the situation, the environment and the perpetrators, not on the behaviour of victims. Many incidents of abuse are criminal offences.**

Accountability and transparency in delivering safeguarding.

Principles upon which The Inclusion Project's Safeguarding of Children and Vulnerable Adults Policy are based:

- **The welfare of Vulnerable Adults and Children is of primary concern;**
- **All Vulnerable Adults and Children, whatever their age, culture, disability, gender, language, racial origin, socio-economic status, religious belief and / or sexual identity have the right to Safeguarding from abuse;**
- **It is everyone's responsibility to report any concerns about abuse to the Designated Safeguarding Officers, and the responsibility of the Social Services Department and the Police to conduct, where**

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appropriate a joint investigation;

- All incidents of alleged poor practice, misconduct and abuse will be taken seriously and responded to swiftly and appropriately;
- All personal data will be processed in accordance with the requirements of the Data Protection Act 1998 and the 2018 update GDPR.
- The policy aims to aid the provision of a safe, caring, compassionate space for our Participants, free from harm;
- To provide all personnel working within the remit of The Inclusion Project Network with the necessary information to enable them to meet their Safeguarding Children and Vulnerable Adult Protection responsibilities;
- To ensure consistent good practice;
- To demonstrate The Inclusion Project's commitment with regards to Safeguarding Children and Vulnerable Adult Protection, to Participants, Parents / Guardians / Account Holders, and other stakeholders.

4.11 Prevention - Providing Information to Support Participants

- The Inclusion Project will support Participants by providing accessible, easy to understand information on what abuse is and what signs to look out for. This will include Participants' rights and how to get help and support if they need it through the Care Planning process
- All Participants will receive a copy of the Service User's Handbook and have access to the Complaints Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, the Regulator, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by The Inclusion Project

4.12 Prevention - Raising Awareness

- Staff will need to be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act [Chapter 14](#) and The Inclusion Project will ensure that they are able to respond appropriately
- The Inclusion Project will ensure all staff are trained on the Whistleblowing Policy and Procedure
- During induction training, all staff will complete the [Understanding Abuse workbook \(Standard 10\)](#), as part of the Care Certificate

5. Procedure

5.1 Responding to Disclosure, Suspicion or Witnessing of Abuse

Where an adult at risk discloses or discusses potential abuse or harm the staff member should be able to:

- **Recognise:** Identify that the adult at risk may be describing abuse, even when they may not be explicit
- **Respond:** Stay calm, listen and show empathy
- **Reassure** them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next
- **Record:** Write up notes of the conversation clearly and factually as soon as possible
- **Report** in a timely manner to the appropriate people and organisations: Group Leaders will complete the Safeguarding Incident Form and send it to the Area Manager, Dr. Denise Jackson and Simon Jackson-Turner

5.2 Responding to a Disclosure

Remember you are not investigating. Do:

- Stay calm and try not to show shock
- Listen very carefully
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed

Tell the person that:

- They did a good/the right thing in telling you
- You are treating the information seriously
- It was not their fault

Explain that you must tell the Area Manager and, with their consent, the Area Manager will contact the Local Authority Safeguarding Adults Team and/or the Police. Dr Denise Jackson should be informed.

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The Inclusion Project will, in specific circumstances, need to contact the Adult Safeguarding Team without their consent but their wishes will be made clear throughout.

If a referral is made but the adult at risk is reluctant to continue with an investigation, record this and bring this to the attention of the Local Authority Safeguarding Adults Team. This will enable a discussion on how best to support and protect the adult at risk. However, professional case discussions will still need to take place and should be recorded appropriately.

5.3 Responding to Abuse or Neglect – What to do

The Inclusion Project should ensure that staff:

- Address any immediate safety and protection needs
- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible
- Summon urgent medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. Care Workers can call the NHS 111 service for urgent medical help or advice when the situation is not life-threatening
- The adult may feel frightened, so the Care Worker can ascertain whether they want the Care Worker to arrange for someone they feel comfortable with to stay with them
- The Inclusion Project should consider if there are other adults or children with care and support needs who are at risk of harm, and take appropriate steps to protect them
- The Care Worker should consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed
- The Care Worker should contact the Area Manager as soon as possible to inform them of the incident or concern
- Dr Denise Jackson should be informed and contacted on 07730 438327 as soon as possible.

5.4 Decision-making Pre-Referral to the Local Authority Safeguarding Adults Team

The Registered Manager or Safeguarding Lead will usually lead on decision-making. Where such support is unavailable, consultation with other senior staff should take place.

In the event that these are unavailable, seeking the advice of the Local Authority should be considered. Staff should also take action without the immediate authority of an Area Manager:

- If discussion with the Area Manager would involve delay in an apparently high-risk situation
- If the person has raised concerns with the Area Manager and they have not taken appropriate action (whistleblowing)

The Inclusion Project should ensure that staff are aware of local reporting procedures and timescales for raising adult safeguarding concerns. All Area Managers are to provide a copy of their local County Council's safeguarding policy and procedures on Box, for all staff to access

5.5 Referral to the Adult Safeguarding Team

The Local Authority has a process for reporting, and this must be adopted for any region The Inclusion Project operates within. Information on reporting concerns can be found at

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/reporting-your-concerns/>

And:

<https://www.gov.uk/government/publications/safeguarding-children-and-young-people/safeguarding-children-and-young-people>

The Inclusion Project should ensure that the Local Authority Safeguarding Adult referral process is followed and should collate the following information to assist with the referral. The referral process should be clearly visible with contact numbers, including out-of-hours, where staff can access the information. Contact details are:

Hertfordshire: 0300 123 4043/ 0300 123 4042, admin.hscb@hertfordshire.gov.uk

<https://www.hertfordshire.gov.uk/services/Adult-social-services/Report-a-concern-about-an-adult/Report-a-concern-about-an-adult.aspx>

Swindon: 01793 463555 / 01793 436699, adultsafeguarding@swindon.gov.uk

https://www.swindon.gov.uk/info/20011/adult_social_care_and_support/435/find_out_about_safeguarding_adults
<http://www.wiltshire.gov.uk/child-care-safeguarding-information>

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Barnet: 020 8359 5000 / 020 8359 2000, socialcaredirect@barnet.gov.uk
<https://www.barnet.gov.uk/citizen-home/adult-social-care/keeping-safe.html>

Enfield: 020 8379 3196 / 020 8379 5212, themashteam@enfield.gov.uk
https://www.enfield.gov.uk/forms/form/41/safeguarding_adults_alerting_form

Cambridgeshire: 0345 045 5202, referral.centre-adults@cambridgeshire.gov.uk
<https://www.cambridgeshire.gov.uk/residents/adults/report-abuse-of-a-vulnerable-adult/>

Peterborough: 01733 864180 / 01733 864170 / 01733 747474, adultsocialcare@peterborough.gcsx.gov.uk
<http://www.safeguardingpeterborough.org.uk/adults-board/reporting-a-concern/>

Bedfordshire: 0300 300 8122 / 0300 300 8123, adult.protection@centralbedfordshire.gov.uk
<http://www.centralbedfordshire.gov.uk/health-social-care/protection/report-abuse.aspx>

Buckinghamshire: 01296 383962 / 0845 4600 001/ 01296 382070, secure-LADO@buckscs.gcsx.gov.uk
<https://www.buckscs.gov.uk/services/care-for-adults/multi-agency-safeguarding-hub-mash/>
<http://www.bucks-lscb.org.uk/concerned-about-child/professionals-report-a-concern/>

North London: 020 8420 9453 / 020 8901 2680, 020 8424 0999
safeguardingadults@harrow.gov.uk
http://www.harrow.gov.uk/info/200184/adults_at_risk/732/safeguarding_adults_services_introduction/4

Oxford: 0345 050 7666 / 0800 833 408,
<https://www.oxfordshire.gov.uk/cms/content/contact-oxfordshire-county-council>
<https://www.oxfordshire.gov.uk/cms/content/assessment-forms-professionals>

Uxbridge: 01895 556633 / 01895 250111, socialcaredirect@hillingdon.gov.uk
<https://www.hillingdon.gov.uk/abuse>
<https://www.hillingdon.gov.uk/article/6759/Child-protection>

Brent: 020 8937 4300 / safeguardingadults@brent.gov.uk
<https://www.brent.gov.uk/services-for-residents/adult-social-care/contact-us/>

Essex: 0345 603 7630 / 0345 603 7627 / 0345 606 1212 / 0345 603 7634, FOH@essex.gcsx.gov.uk,
Emergency.DutyTeamOutOfHours@essex.gov.uk
<https://www.livingwellessex.org/staying-safe/abuse-and-neglect/what-to-do-if-you-think-someone-is-at-risk-of-abuse/>
<http://www.harlow.gov.uk/safeguarding>
<https://www.livingwellessex.org/staying-safe/>
<http://www.essexsab.org.uk/en-us/asksal.aspx>
<http://www.essexsab.org.uk/Portals/68/SET%20Safeguarding%20Guidelines%20-%20V4.3%20Oct17%20updated.pdf>

Huntingdonshire: 0345 045 1362 (office hours), 01733 234 724 (out of hours)
<https://www.cambridgeshire.gov.uk/residents/children-and-families/children-s-social-care/safeguarding-children-and-child-protection/>
<https://www.cambridgeshire.gov.uk/residents/adults/report-abuse-of-a-vulnerable-adult/>

The referral information will also be required for some of the CQC notification of abuse documentation (for The Inclusion Project at Home service). The Inclusion Project should use any up to date Care Plan information where possible and have the following information available where possible:

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically carers and next of kin
- Basic facts, focussing on whether or not the person has care and support needs including communication and ongoing health needs
- Factual details of what the concern is about; what, when, who, where?
- Immediate risks and action taken to address risk
- Preferred method of communication
- If reported as a crime: details of which police station/officer, crime reference number etc.
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm

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- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations for example, the CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household
- Names of any staff involved

5.6 Documenting a Disclosure

The Inclusion Project must ensure that staff:

- Make a note of what the person actually said, using his or her own words and phrases
- Describe the circumstance in which the disclosure came about
- Note the setting and anyone else who was there at the time
- When there are cuts, bruises or other marks on the skin use a body map to indicate their location, noting the colour of any bruising
- Make sure the information the Care Worker writes is factual
- Use a pen with black ink so that the report can be photocopied
- Try to keep your writing clear
- Sign and date the report, noting the time and location
- Be aware that the report may be needed later as part of a legal action or disciplinary procedure
- If possible use The Inclusion Project Safeguarding Incident form online, as found on Box

5.7 Informing Relevant Inspectorate for The Inclusion Project at Home Service

- By law, The Inclusion Project at Home service, must notify the Care Quality Commission without delay, incidents of abuse and allegations of abuse, as well as any incident which is reported to or investigated by the Police
- The Inclusion Project must notify the CQC about abuse or alleged abuse involving a person(s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both
- The Inclusion Project must also alert the relevant local safeguarding authority when notification is made to the CQC about abuse or alleged abuse
- The forms are available on the CQC website
- If a concern is received via The Inclusion Project's whistleblowing procedure, The Inclusion Project must inform the Local Authority Safeguarding Team and the CQC

5.8 Strategy Meeting / Case Conference

- Following the investigation or at any time during the process, a case conference with all relevant agencies may be called to make decisions about future action to address the needs of the individual
- Any agency involved in the case may ask for a case conference to be held but the final decision to hold a conference is with the Adult Social Care Safeguarding Adults Team Manager
- The Inclusion Project should ensure that they attend this meeting when invited and that all relevant information about the incident is available. A timeline of events is a useful document to prepare in complex cases

5.9 Involve the Participant Concerned Throughout the Process

- The process of the enquiry should be explained to the Participant in a way they will understand and their consent to proceed with the enquiry obtained, if possible
- Arrangements should be made to have a relative, friend or independent advocate present if the person so desires. The relative, friend or independent advocate should not be a person suspected of being in any way involved or implicated in the abuse
- A review of a Participant's Care Plan (PIF and M&G risk assessment forms) should be undertaken to ensure individualised support following the incident
- The individual should be supported by the service to take part in the safeguarding process to the extent to which they wish, or are able to, do having regard to their decisions and opinions, and they should be kept informed of progress

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5.10 Desired Outcomes Identified by the Adult

The desired outcome by the adult at risk should be clarified and confirmed at the end of the conversation(s), to:

- Ensure that the outcome is achievable
- Manage any expectations that the adult at risk may have
- Give focus to the enquiry
- Staff should support adults at risk to think in terms of realistic outcomes, but should not restrict or unduly influence the outcome that the adult would like. Outcomes should make a difference to risk, and at the same time satisfy the person's desire for justice and enhance their well-being
- The adult's views, wishes and desired outcomes may change throughout the course of the enquiry process
- There should be an on-going dialogue and conversation with the adult to ensure their views and wishes are gained as the process continues, and enquiries re-planned should the adult change their views
- The Participant should be informed of the outcome of any investigation, but guidance should be sought from the Local Authority Adult Safeguarding Team before any outcome is shared

5.11 Disclosure and Barring Service (DBS) Referral

There is a statutory requirement for providers of Care to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This requirement covers both existing staff and those who leave, and whose conduct comes to light at a later date. Please see the DBS/Disclosure Policy for further procedures regarding initial contracting and referral.

5.12 Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Participant is not required. However, informing the Participant of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk. When reporting to a local authority allegations or concerns about an adult at risk of harm, the Local Authority must be informed whether the Participant is aware of the report. In reporting all suspected or confirmed cases of harm, a Group Leader Care Worker has a responsibility to act in the best interest of the Participant but still operate within the relevant legislation and the parameters of the codes and standards of their practice

5.13 Confidentiality and Information Sharing

In seeking to share information for the purposes of protecting adults at risk, The Inclusion Project is committed to the following principles:

- Personal information will be shared in a manner that is compliant with our statutory responsibilities
- Adults at risk will be fully informed about information that is recorded about them and as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk
- Staff will receive appropriate training on Participant confidentiality and secure data sharing
- The principles of confidentiality designed to protect the management interests of The Inclusion Project must never be allowed to conflict with those designed to promote the interests of the adult at risk
- Staff will follow The Inclusion Project's policy on Data Protection and Confidentiality and comply with the Caldicott principles

5.14 Pressure Ulcers

Pressure ulcers are costly in terms of both Participant suffering and the use of resources. If the pressure ulcer is believed to have been caused by neglect it should be reported as an adult safeguarding concern whether the pressure ulcer was acquired in a hospital, care setting or the person's own home.

Where Participants are new to the service, any pressure sores must be documented on a body map and reported in line with safeguarding procedures. Treatment should also be sought from the GP.

5.15 Medication Errors

The Inclusion Project should follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. The Inclusion Project should have an open and transparent approach to medication incidents and ensure that staff follow The Inclusion Project's Medication Errors and Near Misses policy and understand their Duty of Candour responsibilities.

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5.16 Abuse of Trust

- A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity
- Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are; staff, a paid carer, a volunteer or an Area Manager, The Inclusion Project should invoke disciplinary procedures for staff as well as taking action in line with this policy
- The Inclusion Project should ensure a referral is made to the Disclosure and Barring Service if a Care Worker is found to have caused harm to an individual
- If the person who is alleged to have caused the harm is a member of a recognised professional group, The Inclusion Project should act under the relevant code of conduct for the profession as well as taking action under this policy
- Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, The Inclusion Project should work with adult social services to support any action under this policy
- Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, in many cases the policy and procedures will be used to ensure that the adult at risk receives the services and support that they may need, and police need to be notified if appropriate
- In all cases, issues of consent, confidentiality and information sharing should be considered

5.17 Allegations Against People Who Are Relatives or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply. In cases where unintentional harm has occurred this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment should take into account a number of factors and a referral to the Local Authority should be made as part of the safeguarding process.

5.18 Whistleblowing

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff are encouraged to share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the code of conduct or could be pushing boundaries beyond normal limits or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk.

The Inclusion Project has clear Whistleblowing policies and processes in place which staff are reminded about, and they must be familiar with and understand how to escalate and report concerns.

5.19 Abuse by Another Adult at Risk

We recognise that we may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend The Inclusion Project. The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. It will be necessary to reassess the adult allegedly causing the harm.

5.20 Exploitation by Radicalisers Who Promote Violence

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Staff will be expected to follow The Inclusion Project's Radicalisation Policy.

5.21 Self-Neglect and Refusal of Care

The Inclusion Project should ensure that staff understand the importance of delivering care as detailed in the Participant's Care Plan Box Folder. Where a Participant refuses care this should always be documented. Where refusal occurs repeatedly it should be escalated by The Inclusion Project as a safeguarding concern and a request for a review of the Participant's care should be instigated.

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5.22 Self-Funding Participants

People who fund their own care arrangements are legally entitled to receive support if subject to abuse or neglect in exactly the same way as those supported or funded by the Local Authority. They are also entitled to the protections of the Deprivation of Liberty Safeguards process.

5.23 Risk Assessment and Management

Achieving a balance between the right of the individual to control their care package and ensuring adequate protections are in place to safeguard well-being is a very challenging task. The assessment of the risk of abuse, neglect and exploitation of Participants should be integral in all assessment and planning processes. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and should be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk. The Inclusion Project Risk Assessments can be updated continuously via the online Risk Assessment Forms. These can be completed by Parents / Guardians / Carers / Account Holders or staff.

5.24 Allegations Management

The Inclusion Project recognises its duty to report concerns or allegations against those who work within the remit of The Inclusion Project (paid or unpaid), or by a professional from another organisation. The Inclusion Project recognises its legal duty to report any concerns about unsafe practices by any person working within the remit of The Inclusion Project to the Local Authority and to the CQC. All allegations will be managed according to our procedures and dealt with accordingly following Local Authority guidelines.

Hertfordshire County Councils reporting procedures as an example, can be found here:

<https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/hertfordshire-safeguarding-adults-board/safeguarding-adults-from-abuse-%E2%80%93-information-for-professionals.aspx>

5.25 Monitoring

The organisation will monitor the following Safeguarding aspects:

- Safe recruitment practices
- DBS certificates
- References for all Group Leaders and Area Managers
- Records made and kept of supervision sessions
- Training – register / record of training on Vulnerable Adult and Child protection
- All staff undertake the Care Certificate and modules on Safeguarding
- Monitoring whether concerns are being reported and actioned
- Checking that policies are up to date and relevant
- Reviewing and evaluating the current reporting procedure in place.
- The Inclusion Project will make Group Leaders and Area Managers aware of the Safeguarding Policy through the following means; constant update and policy check to stay in line with sector standards, we hope to remain ahead with diligent reporting and implementation of the policy. Dr. Denise Jackson (The Inclusion Project's Quality Assurance Manager) is responsible for reviewing the Safeguarding Policy and Procedure.

5.26 Managing Information

Information will be gathered, recorded and stored in accordance with the Data Protection Act 1998 and the General Data Protection Regulation 2018.

All those working on behalf of The Inclusion Project must be aware that they have a professional duty to share information with other agencies in order to Safeguard Vulnerable Adults and Children. The public interest in Safeguarding Vulnerable Adults and Children may override confidentiality interests. However, information will be shared on a need to know basis only, as judged by The Inclusion Project's Managing Director (Simon Jackson-Turner). All Group Leaders and Franchise Area Managers must be aware that they cannot promise Participants or their Families / Parents / Guardians / Account Holders that they will keep secrets.

5.27 Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that The Inclusion Project is doing all it can to safeguard those people receiving its services. The audit of this policy will be completed through a systematic audit of:

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- Recruitment procedures and Disclosure and Barring Checks
- Audits of incident reporting, frequency and severity
- Audit of training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the Senior Management Team and Area Managers as part of root and cause analysis with the following terms of reference:

- Review incident themes
- Reports from the Leads (Area Managers) responsible for Safeguarding within The Inclusion Project
- Look in detail at specific cases to determine learning or organisational learning
- Ensure implementation of the Safeguarding policy and procedure

5.28 The Inclusion Project Safeguarding Policy and Escalation Procedures

- **'CQC Safeguarding people'**
- Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care.
- What safeguarding means for people who use care services...
- Safeguarding adults / children includes:
 - Protecting their rights to live in safety, free from abuse and neglect.
 - People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening.
 - Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.
- We help to safeguard people by:
 - Using information, we receive (particularly when concerns are raised about abuse, harm or neglect) to look at the risks to people who use care services.
 - Referring concerns to local councils and/or the police for further investigation.
 - Carrying out inspections, where we talk to people who use services to help us identify safeguarding concerns.
 - Publishing our findings on safeguarding in our inspection reports.
 - Taking action if we find that care services don't have suitable arrangements to keep people safe.
 - Working with partners such as the police, local councils, health agencies, other regulators and government departments.'
- Please see Drop Box for the CQC's statement on roles and responsibilities for safeguarding people.
- The Inclusion Project makes a positive contribution to a strong and safe community that recognises the right of every individual to stay safe.
- The Inclusion Project comes into contact with Vulnerable Adults and Children through the delivery of our service. The Inclusion Project is person-centred care work with Adults and Children (post 16 years) with Learning Disabilities based in the community.
- This policy seeks to ensure that The Inclusion Project undertakes its responsibilities with regards to Protection of Vulnerable Adults and Children and will respond to concerns appropriately. The policy establishes a framework to support paid and unpaid staff in their practices and clarifies The Inclusion Project's safeguarding expectations.
- According to the Social Care Institute of Excellence: 'The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults / children at risk of abuse or neglect.
- Local authorities have new safeguarding duties. They must:
 - **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
 - **make enquiries, or request others to make them**, when they think an adult / child with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
 - **establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
 - **carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
 - **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.
- Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.'
- This policy is formulated in recognition that safeguarding and protection is everyone's responsibility and aims to promote the protection, welfare and wellbeing of vulnerable adults.
- In line with our Equal Opportunities Policy and the Equality Act 2010 The Inclusion Project is committed to ensuring that all individuals – regardless of their ethnic origin, beliefs, age, sexual orientation, gender or disability – have an equal right to live in safety, free from abuse and neglect.
- ☐ **You must not keep information to yourself** ☐ **You should discuss **any concerns** with an Area Manager as part of the escalation procedure** ☐ **It is not the job of individual staff to assess if harm is**

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actually taking place ☐ **Other agencies have a statutory responsibility to investigate allegations of adult or child abuse** ☐ **Our role may be to provide information to any criminal or safeguarding investigation** ☐ **You will never be wrong or criticised by raising a concern.**

5.29 Implementation

The scope of this Safeguarding Policy is broad ranging and in practice, it will be implemented via a range of policies and procedures within The Inclusion Project.

The Inclusion Project requires all those working (paid or unpaid) within the remit of The Inclusion Project to be enhanced DBS (Disclosure and Barring Service) checked for both Adult and Child Workforce for Regulated Activity. The Inclusion Project uses Hertfordshire County Council's DBS portal to conduct DBS checks.

In addition to checks on recruitment for roles involving contact with Vulnerable Adults, for established staff, we reference check all new Group Leaders.

The Inclusion Project will ensure that all new Group Leaders / Volunteers / paid staff have confirmed that they have read and understood this policy as practiced within The Inclusion Project; requiring all those who work within the auspices of The Inclusion Project, to sign documentation to confirm that they have read and understood the Safeguarding procedures within The Inclusion Project.

All staff within the first 8 weeks of working with The Inclusion Project will complete the **Care Certificate** including the safeguarding modules.

5.30 Communications and Support for Group Leaders

The Inclusion Project commits resources for induction, **training** of Group Leaders and others who work within the remit of The Inclusion Project (paid and unpaid), and effective **communications** and **support** mechanisms in relation to Safeguarding. It is expected that Group Leaders will continue to be engaged in updating and improving their knowledge of Protection Policies.

Induction will include reading and confirming this policy and adhering to these three elements:

- **Training** - All those who work within the umbrella of The Inclusion Project who, through their role, are in contact with Vulnerable Adults and Children will have access to Safeguarding training at an appropriate level.
- **Communications** and discussion of Safeguarding issues - Commitment to communication methods will ensure effective communication of Safeguarding issues and practice to the appropriate designated Safeguarding Officers and Authorities.
- **Support** - We recognise that involvement in situations where there is risk or actual harm can be stressful for those concerned. The Inclusion Project's Managing Director (Simon Jackson-Turner) and The Inclusion Project's Quality Assurance Manager (Dr. Denise Jackson) are available on request, to discuss any problems that may arise.

5.31 Professional Boundaries

Professional boundaries define the limits of a relationship between a Group Leader and Participants. They are a set of standards we agree to uphold that allows this necessary and often close relationship to exist while ensuring the correct detachment is kept in place.

The Inclusion Project expects Group Leaders to protect the professional integrity of themselves and The Inclusion Project.

The following professional boundaries must be adhered to and contain guidance on how to act:

- Not to use abusive or offensive language.
- Not to give or receive gifts to or from Participants over the value of £30 from any one individual; gifts can be shared amongst staff and Participants; and gifts may be given by The Inclusion Project.
- Never to use punishment or chastisement.
- Never pass on service users' (Participants' or Parents' / Guardians' / Account Holders') personal contact details.
- Not to buy or sell items to or from a service user.

Physical intervention of a nature which is both unreasonable and disproportionate to the circumstances and or causes injury or distress to a Vulnerable Adult or Child may be considered under Disciplinary Procedures. It is The Inclusion Project's policy that no personal relationships with Participants can take place outside of the service area. This includes relationships through social networking sites. It is also prohibited to have a personal relationship with a client who has used The Inclusion Project within the last 12 months. If the professional boundaries and / or policies are breached, this could result in disciplinary procedures, including dismissal from The Inclusion Project.

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6. Definitions

6.1 Enquiry

- An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs
- An enquiry can also refer to similar action but not undertaken under Section 42. It should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom

6.2 Care and Support Needs

- According to the Care Act 2014; an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living

6.3 Safeguarding

- Safeguarding means protecting an adult's right to live in safety, without suffering abuse and or neglect. It is multi-agency in approach to prevent and stop both the risks and experience of abuse or neglect, whilst supporting the adult's well-being including their views, wishes, feelings and beliefs on the action to be taken where possible

6.4 Investigation

- Investigation is a process that focuses on gathering 'good evidence' that can be used as a basis for the decision as to whether or not abuse has occurred. It must be a rigorous process and the evidence must be capable of withstanding close scrutiny, as it may later be required for formal proceedings

6.5 Referral

- Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team at the Local Authority. Sometimes this may be referred to as 'reporting'

6.6 Well-being

- The Care Act 2014 defines well-being as: 'in relation to an individual, means that individual's well-being so far as relating to any of the following':
 - Personal dignity (including treatment of the individual with respect)
 - Physical and mental health and emotional well-being
 - Protection from abuse and neglect
 - Control by the individual over their day-to-day life (including over care and support provided to the individual and the way in which it is provided)
 - Participation in work, education, training or recreation
 - Social and economic well-being
 - Domestic, family and personal relationships
 - Suitability of living accommodation
 - The individual's contribution to society

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6.7 Multi-agency

- More than one agency coming together to work for a common purpose. This could include partners of the Local Authority such as: NHS England CCGs, NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health and care providers

6.8 Caldicott Principles

- The Caldicott Principles were developed in 1997 following a review of how patient information is protected and only used when it is appropriate to do so. Since then, when deciding whether they needed to use information that would identify an individual, an organisation should use the Principles as a test. The Principles were extended to adult social care records in 2000. The Principles were revised in 2013

What are the Caldicott Principles?

The Caldicott Principles were developed in 1997 following a review of how patient information was handled across the NHS. The Review Panel was chaired by Dame Fiona Caldicott and it set out six Principles that organisations should follow to ensure that information that can identify a patient is protected and only used when it is appropriate to do so. Since then, when deciding whether they needed to use information that would identify an individual, an organisation should use the Principles as a test. The Principles were extended to adult social care records in 2000. Adult Social Care services provide the same principles to Service users as the NHS do for patients.

The Caldicott Principles revised 2013 are:

Principle 1 - Justify the purpose(s) for using confidential information

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

Principle 2 - Don't use personal confidential data unless it is absolutely necessary

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

Principle 3 - Use the minimum necessary personal confidential data

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

Principle 4 - Access to personal confidential data should be on a strict need-to-know basis

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities

Action should be taken to ensure that those handling personal confidential data are made fully aware of their responsibilities and obligations to respect patient confidentiality.

Principle 6 - Comply with the law

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

In April 2013, Dame Fiona Caldicott reported on her second review of information governance, her report *Information: To Share Or Not To Share?* The Information Governance Review informally known as the Caldicott 2 Review, introduced a new 7th Caldicott Principle.

Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of an organisation, regulators and professional bodies

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6.9 Abuse

- Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse. The types and behaviours of abuse are documented in the Care Act Statutory Guidance Chapter 14

6.10 Adults at Risk

- Adult at risk means adults who need community care services because of mental or other disability, age or illness, and who are, or may be unable to take care of themselves against significant harm or exploitation. The term replaces 'vulnerable adult'

Vulnerable Adults

A Vulnerable Adult is a person aged 18 years or over, who may be unable to take care of themselves or protect themselves from harm, or from being exploited. We know that being a person aged 18 or over, who has a condition of the following type:

- A substantial learning or physical disability;
- A physical or mental illness or mental disorder, chronic or otherwise, including an addiction to alcohol or drugs;
- A significant reduction in physical or mental capacity, makes them vulnerable to abuse. The purpose of this policy is to make sure that the actions of any person in the context of the work carried out by The Inclusion Project are transparent, safeguard and promote the welfare of all Participants and other stakeholders, as well as Group Leaders.

Vulnerable Children

Vulnerable children or young people are under 18 years of age, who are in receipt of a regulated activity. The Inclusion project includes Participants from the age of 16 years and older. 16-18 years olds are defined as Children in the law.

6.11 Concern

- A concern may be any worry about an adult who has, or appears to have care and support needs, who is subjected to, or may be at risk of abuse or neglect, and who may be unable to protect themselves from the abuse or neglect or risk of it. A concern may be raised by anyone, and can be:
 - A direct or passive disclosure by the adult at risk
 - A concern raised by staff, volunteers, others using the service, a carer or a member of the public
 - An observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk, or of one Participant towards another
 - Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits

6.12 Making Safeguarding Personal

- Making Safeguarding Personal is about person-centred and outcome-focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them

6.13 Modern Slavery

- 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

6.14 Significant Harm

- Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development

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6.15 Enquiry Planning / Strategy Meeting

- Enquiry Planning / Strategy Meeting or discussion is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral. It can be face to face, by telephone or by email

6.16 Honour-Based Violence

- The terms 'honour crime', 'honour-based violence', and 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or their community. They are punished for actually, or allegedly, 'undermining' what the family or community believes to be the correct code of behaviour. In transgressing this, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family. 'Honour crime' may be considered by the perpetrator(s) as justified to protect or restore the 'honour' of a family

6.17 Hate Crime

- Hate (Mate) Crime - A disability hate crime is: 'Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived disability'. Incidents can include:
 - Physical attacks such as physical assault, damage to property, offensive graffiti and arson
 - Threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate, and unfounded, malicious complaints
 - Verbal abuse, insults or harassment - taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at college or in the workplace

6.18 Forced Marriage

- The Anti-Social Behaviour, Crime and Policing Act 2014 protects people from being forced to marry without their free and full consent as well as people who have already been forced to do so. We will ensure that staff are reminded of the **one chance rule**: i.e. our staff may only have one chance to speak to a potential victim of forced marriage and, therefore, only one chance to save a life. Forced marriage can involve physical, psychological, emotional, financial and sexual abuse including being held unlawfully captive, assaulted and raped. Law enforcement agencies will also be able to pursue perpetrators in other countries where a UK national is involved under powers defined in legislation



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- **Safeguarding is everybody's business.** Agencies have a duty to report Safeguarding concerns to the Local Safeguarding Adults Team
- Staff of The Inclusion Project will report safeguarding concerns to Area Managers / the Registered Manager and/or Managing Director
- The Area Manager / Registered Manager will refer safeguarding concerns to the Local Authority Safeguarding Adults Team
- If it is suspected a crime has taken place, the reporter of the incident should call the police immediately
- The Inclusion Project will be led by the Local Authority Adult Safeguarding Team as to 'next steps' such as enquiries
- If the alleged victim requires immediate removal from harm or medical attention, this will be done immediately
- The Participant to whom the incident has happened, will be consulted and supported to be involved in the safeguarding process and provided with information they understand throughout
- The Inclusion Project is committed to supporting and protecting the well-being of Participants through prevention of harm and reporting and dealing with incidents of abuse through a proper process

CR03 - Safeguarding Policy and Procedure



Key Facts - People Affected by The Service


People affected by this service should be aware of the following:

- The Inclusion Project has a duty to safeguard people using their service
- The Inclusion Project will provide information and Care Plans to help you understand safeguarding and what to look out for
- If something happens that may be a safeguarding incident which involves you, The Inclusion Project will make sure you understand your choices and the next steps and are included as much as you want and can be
- If you need extra support such as an advocate, the Local Authority can provide one for you
- Other agencies may be involved in getting to the facts of the incident
- If it seems a crime has taken place, the police will be called immediately
- When the facts are brought together, and a way forward has been decided with your input if possible, you will be talked through the findings
- The Inclusion Project will have reviewed your Care Plan and worked with you to support you through the enquiry process and moving on in the future



Further Reading

As well as the information in the 'Underpinning Knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

- Action on Elder abuse - Resources and Forums <https://elderabuse.org.uk/>
- Gaining access to an adult suspected to be at risk of neglect or abuse: a guide for social workers and their managers in England Social Care Institute for Excellence 2014 which clarifies existing powers relating to access to adults suspected to be at risk of abuse or neglect: <http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/>
- Adult Safeguarding and Housing materials produced for housing providers Housing and Safeguarding Adults Alliance 2014: <http://www.housinglin.org.uk/Topics/browse/CareAndSupportatHome/AdultSafeguarding/?parent=9016&child=8914>
- "No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse" Dept. of Health, March 2000.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074540.pdf
- "Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work", ADASS, October 2005 <http://www.adass.org.uk/images/stories/Publications/Guidance/safeguarding.pdf>
- "Safeguarding Adults 2011: Advice Note", ADASS/LGA, April 2011.
<http://www.adass.org.uk/images/stories/Safeguarding%20Adults/SafeguardingAdviceNote0411b.pdf>
- "Statement of Government Policy on Safeguarding Adults" Dept. of Health, May 2011.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126770.pdf
- "Safeguarding Adults: Advice and Guidance to Directors of Adults Social Services", ADASS/LGA, March 2013.
http://www.adass.org.uk/images/stories/Policy%20Networks/Safeguarding_Adults/Key_Documents/LGA%20ADASS_SafeguardingAdviceAndGuidanceToDASS_Mar13.pdf
- "Working Together to Safeguard Children", Gov, March 2015,
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf
- Excellent online Safeguarding resources here:
http://www.harrow.gov.uk/homepage/132/safeguarding_adults-introduction
- Link to a very good Safeguarding Guide here:
[**Guide for "alerters": What to consider before making a safeguarding alert \(PDF 358.8KB\)**](#) 

CR03 - Safeguarding Policy and Procedure



Outstanding Practice

To be 'Outstanding' in this policy area you could provide evidence that:

- Care Planning includes tailored information to support individual Participants make safe choices to promote independence and well-being and people report that they feel safe and well supported
- Records are kept in regard to safeguarding and are extremely clear, transparent and well- ordered with all incidents reviewed and learning disseminated. Training materials are updated to reflect any learning
- The same issues do not reoccur, and robust measures and systems have been put in place to address the original safeguarding concern
- Staff report that the service is fully aware of responsibilities with regard to safeguarding and that they are encouraged to report incidents and are fully supported through the process
- People using services report that if they are involved in a safeguarding incident then they are supported to be involved as much as they would like
- The wide understanding of the policy is enabled by proactive use of the QCS App

CR03 - Safeguarding Policy and Procedure

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Safeguarding Incident Log	When a safeguarding concern or incident arises	QCS
Safeguarding - A Guide for Care Staff	During training and supervision	QCS
Safeguarding Leaflet	On assessment, review or when concerns arise	QCS

CR03 - Safeguarding Policy and Procedure



SAFEGUARDING ESCALATION PROCEDURE

1. Ensure that Participant/s and Staff involved are safe.



2. **WITHIN 24 HOURS**: Group Leader - Complete the Safeguarding Report Form on The Inclusion Project Box, as soon as practicable but within 24 hours. This will be passed to the Area Manager.



3. **IMMEDIATELY**: Area Manager to raise the concern with the respective Local Authority (online form or by telephone/email). Or Area Manager to refer the incident to the Adult Social Work Team at the respective Local Authority (Telephone Social Work Team) and make a record.



4. **WITHIN 24 HOURS**: Area Manager informs Parents/Guardians, as well as Quality Assurance Director, Dr. Denise Jackson and Managing Director, Simon Jackson-Turner, and make a record.



5. Complete the colour coded incident risk assessment and new risk assessment for Participant/Venue including Lessons Learnt – send completed form to Local Authority and Dr. Denise Jackson and Simon Jackson-Turner.



6. **WITHIN 48 HOURS**: All Safeguarding concerns and incidents to be recorded; including action taken and evaluation of procedure and Lessons Learnt. Ensure the Local Authority, Dr Denise Jackson, Managing Director Simon Jackson-Turner and CQC are notified.

CR03 - Safeguarding Policy and Procedure

Safeguarding Incident Log

Safeguarding Incident Log

Participant Name:	
Name of person investigating incident/completing this form:	
Name of person reporting incident (if not Participant):	
Participant location:	
Time and date of incident:	
Precise location of incident:	
Details of incident (include description of incident, as well as the names of any individuals who may have been involved. Remember to take care not to lead the Participant):	

Use additional sheets if necessary

Safeguarding Incident Log

Name of witness(es):
Details of any injuries/was medical attention required?
What decision has been reached as a result of investigating the incident?
Name and designation of witness/advocate/support for Participant during discussion/report taking:

Use additional sheets if necessary

Safeguarding Incident Log

What immediate action was taken?

What lessons have been learned from this incident and investigation?

Were any outside agencies contacted? If so, who?

Use additional sheets if necessary

Safeguarding Incident Log

Registered Manager recommendations, including Care Plan changes:
What actions will be taken to prevent further incidents?
Signature:
Print Name:
Title:
Date:
Reported to Area Management Meeting by: Date:

One copy of this form to be held in the Participant's personal file, one copy in the Safeguarding Incident file.

Use additional sheets if necessary

Safeguarding – A Guide for Care Staff

What is Adult Abuse?

Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering.

Abuse can happen anywhere – at home, in a residential or nursing home, a hospital, in the workplace, at a day centre or educational establishment, in supported housing, in the street, on line.

What Does Safeguarding Mean?

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.

What Should you do if you are Concerned that Someone is Being Abused or is at Risk of Abuse?

- **Act** - don't assume that someone else is doing something about the situation

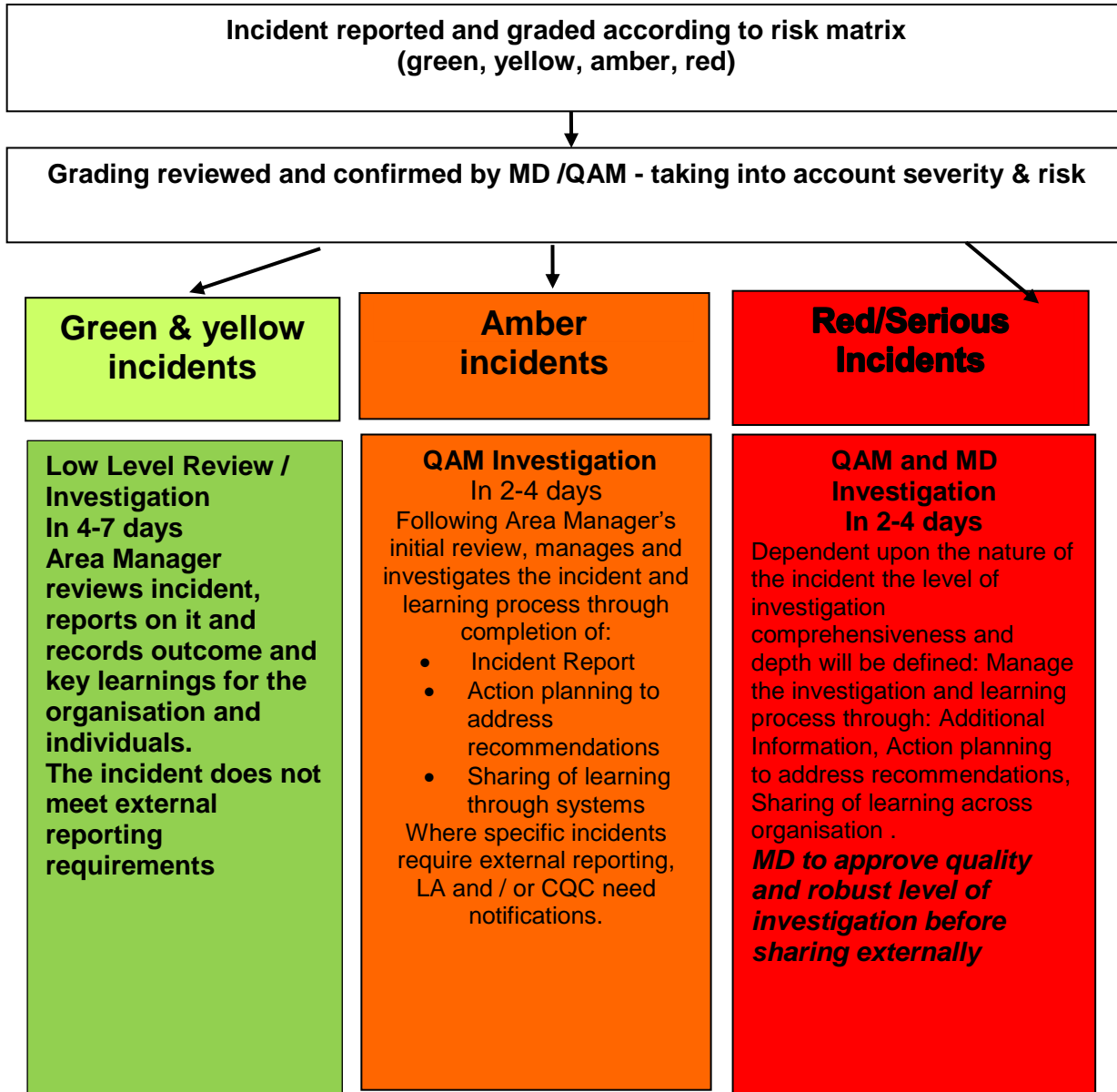
Doing nothing is not an option!

- If anyone is injured get a doctor or ambulance
- If you think a criminal offence has been committed call the **Police** on **999**
- Speak to the Area Manager as soon as possible. If you think no action has been taken, escalate. If you are still concerned follow our **Whistleblowing Policy**. You should always follow your local safeguarding procedures. Ask your Area Manager if you aren't sure what they are
- Make a note of your concerns, what happened and any action you take so that you can tell your Area Manager. Think about **Who?** (Is involved) **What** (Has happened) **Where** (Where did it take Place). Be careful what you write in visit logs as this may be seen by others

Area Manager Investigation and Action Plan for Lessons Learnt from Incidents

To be completed after an incident report form is submitted, and passed on to Area Managers for Investigation.

Flow chart: Incident Management Process



Risk Grading Matrix

The Risk Grading Matrix, means that Area Managers and Group Leaders can assess the degree of a risk in a consistent way by a scoring and colour grading system. This matrix will now be used for indicating the severity of incidents. It is based on an internationally recognised risk grading system.

		Likelihood score				
		1	2	3	4	5
Consequence score		Rare	Unlikely	Possible	Likely	Almost certain
	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

Risk grading or scoring = consequence x likelihood (C x L).

For risks the scores obtained from the risk matrix are assigned grades as follows:

Green	1 - 3	Low risk
Yellow	4 - 6	Moderate risk
Amber	8 - 12	High risk
Red	15 - 25	Extreme risk

The Inclusion Project: Manager Investigation Report

Incident date:

Incident severity grade:

1.	Description of the Incident and Immediate Action Taken
<p><i>Provide a factual description of the incident covering the following:</i></p> <ul style="list-style-type: none">• <i>Who, what was involved?</i>• <i>What happened?</i>• <i>When did it happen?</i>• <i>How did it happen?</i> <p><i>Include:</i></p> <ul style="list-style-type: none">• <i>Immediate care for the person involved</i>• <i>Remedial action to make safe the area prevent recurrence.</i>• <i>Immediate Support given to Participant / Parents / Guardians / Carers / Account Holders / staff</i>	
2.	Investigation methods and process
<ul style="list-style-type: none">• <i>What evidence was considered e.g. records, interviews, etc</i>• <i>Any areas that could not be fully reviewed and why</i>• <i>What Analysis tools were used</i>	
3.	Description of key background or other relevant information
<p><i>Circumstances leading up to the incident including, background information and timeline</i></p>	
4.	Areas Investigated
<ul style="list-style-type: none">• <i>Care planning Documentation and communication</i>• <i>Risk Assessment and Management</i>• <i>Staff training and supervision</i> <p>Consider adherence to related policies and procedures</p>	

5.	Communication, information and support provided to Participants / Parents / Guardians / Carers
<i>Detail communication, information and support that has been offered/provided Explain any contact you have had</i>	
6.	Communication, information and support Provided to Staff
<i>Detail communication, information and support that has been offered/provided Explain any contact you have had</i>	
7.	Findings/Conclusions
<i>Summarise the findings and identify any care and service delivery issues, contributory factors and any root causes</i>	
8.	Recommendations/Actions (complete action plan and share learning with staff)
<i>Ensure recommendations have been identified through the findings – and are SMART</i>	

Name of report author:

Job title:

Date report completed:

Risk Assessment Record (completed by Area Manager after an incident report is submitted)

- Supports risk assessment, evaluation & decision-making and provides a record of these processes
- Can be used in conjunction with, but not to replace, specialist risk assessments e.g. health & safety
- Area Managers must retain these risk assessments in a folder (electronic/paper) as evidence that risk assessments have been undertaken at ward/team level.
- Can be used to risk-assess:
 - existing hazards/situations and/or new/proposed changes to systems
 - to inform decisions regarding inclusion on a risk register

Consider who needs to be consulted & asked to contribute to this process - the outcome will be more robust if the right people have been involved in the process

Area			
Manager			
Assessor		Assessment Date	
1. Description of what is being risk-assessed? What is the hazard being assessed?			
<i>Could be an environmental issue, a process, an activity etc</i>			
2. What could go wrong? Who or what could be harmed or damaged? How? How often? How badly?			

3. Evaluating and assessing the risk – pre-actions							
3.1 What is currently in place to manage, control, reduce or limit the risk? What is already in place or already done? Any relevant policies and procedures in place?							
3.2 Use the matrix below to assess the effectiveness of these current risk controls.							
Take into account what is already in place to limit/manage the risk							
PLUS i) Likelihood ii) Consequence							
		Likelihood (How likely is it to happen - and how often?)					
		Rare	Unlikely	Possible	Likely	Almost certain	
Consequence <i>(if it did happen how bad would the impact/ outcome be?)</i>	Catastrophic	5 yellow	10 amber	15 red	20 red	25 red	
	Major	4 yellow	8 amber	12 amber	16 red	20 red	
	Moderate	3 green	6 yellow	9 amber	12 amber	15 red	
	Minor	2 green	4 yellow	6 yellow	8 amber	10 amber	
	Negligible	1 green	2 green	3 green	4 yellow	5 yellow	

4. Initial risk grading assessment	Score 1 - 25		Colour (G,Y,A,R)	
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5. Are there any other factors that impact on the risks? Any reasons why some risk should be accepted or tolerated? e.g. Participant benefits might support informed risk-taking.

6. Action plan: identify <i>further</i> actions/precautions which will or could be put in place to manage/reduce/remove any risk? (Need to be specific, realistic, sustainable, effective)			
	Action, resources monitoring and reporting required	Lead to action	Timescale
1			
2			
3			
4			

7. Do you need to consider any additional risk assessments? e.g. Health & Safety - specify

8. Final risk grading assessment	Score 1 - 25		Colour (G,Y,A,R)	
<p>Prior to any decision or further actions being taken, risks identified in Areas as amber or red at stage 8 should be:</p> <p>a. discussed with a the QAM or MD.</p> <p>b. reported in line with the risk reporting arrangements</p> <p>c. considered for inclusion onto the relevant risk register</p>				

9. Record any decision, how it was reached and any date of implementation
<p>It may be reasonable or necessary to accept some degree of risk e.g. if the benefits outweigh the risk, or the cost of resolving the risk is greater than the benefit - but you need to show that:</p> <p>i) A thorough check was made to identify and address risk/hazards</p> <p>ii) Any precautions, actions or decisions taken (e.g. to accept a level of risk) are reasonable</p>

10. Review and update the risk assessment - set a date/time for review and updating				
Date for review		Date actually reviewed		Reviewed by: Name & title

Completed risk assessment forms should be passed to the QAM or MD who will place them on Box, either in individual Participants' files or Area folders.

Positive Handling Plan

For assessing and managing foreseeable risks for Participants who are likely to present with behavioural problems

The Inclusion Project

Name of Participant:

Name of Group Leader/s / Area Manager.....

Name of Parents / Guardians / Account Holders.....

Identification of Risk	
Describe the foreseeable risk (i.e. what specific behaviours have occurred)	
Is the risk potential or actual? (i.e. has this happened before)	
List who is affected by the risk	
Assessment of Risk	
In which situations does the risk occur?	
How likely it is that the risk will arise? (i.e. how often has it happened before?)	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	

Assessment completed by:

Signature: **Date:**

Agreed Positive Handling Plan and Risk Management Strategy		
Focus of measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

Agreed by:

Date:

.....
(Parent / Guardian / Account Holder)

.....

.....
(Participant - if appropriate)

.....
(Group Leader /Area Manager)

Communication of Positive Handling Plan and Risk Management Strategy		
Plans and strategies shared with:	Communication Method	Date Actioned

Training Issues		
Identified training needs	Training provided to meet needs	Date training completed

Evaluation of Positive Handling Plan and Risk Management Strategy

Measures set out	Effectiveness in supporting the Participant	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

ACTIONS FOR THE FUTURE

Action Plan

Date: Incident – Recommendations and Action Plan					
Recommendations with Number	Action (To include how evidenced). Actions should be SMART Where appropriate Risk assess the actions	Lead Responsibility and monitoring of Action Plan	Date Completion Due	To learn from the experience of	Date Actually Completed
<p>1.CPD needs to be improved in the light of the learning from the incident</p> <p>2. Hold Learning feedback meetings with Area Managers and Group Leaders</p> <p>3. Feedback findings to Participant and Family</p>	<p>Develop a CPD rolling timetable</p> <p>Apply the Risk Assessment Matrix to incidents themselves to guide actions</p> <p>Rolling ongoing meetings, with incident, Risk Assessing and Care Planning on agenda</p> <p>Contact Participant and Parents to arrange a meeting</p>	<p>QAM / MD</p> <p>FAM / GLs</p>		<p>Reviewing systems and procedures</p> <p>Participant at 3 to 1 when 1 to 1 more appropriate</p> <p>Ensuring Participant and Family are supported and informed</p> <p>Staff not working in line with policy and procedures</p>	On-Going

Action Plan					
Date: Incident – Recommendations and Action Plan					
Recommendations with Number	Action (To include how evidenced). Actions should be SMART Where appropriate Risk assess the actions	Lead Responsibility and monitoring of Action Plan	Date Completion Due	To learn from the experience of	Date Actually Completed
This section for completion by Area Managers /Director(s) only:			I can confirm that the above recommendations have been actioned and implemented. Signed: Date:.....		

Quick Guide to our Safeguarding Escalation Procedure

ALL SAFEGUARDING INCIDENTS AND CONCERNS ARE REPORTED TO THE RESPECTIVE LOCAL AUTHORITY BY THE AREA MANAGER

- 1) Ensure that the Participant / Member of Staff involved is safe;
- 2) Complete the **Safeguarding Report Form on The Inclusion Project web site**, as soon as practicable but within 24 hours. This will be passed to the Area Manager; it is the same as the form on the next page;
- 3) **Area Manager to raise the concern with the respective Local Authority by phone, e-mail or online form, dependent on the Local Authority's system;**
- 4) **Or Area Manager to refer the incident to the Adult Social Work Team at the respective Local Authority (Telephone Social Work Team);**
- 5) Report all Safeguarding concerns and incidents to Simon and Denise for action and recording;
- 6) Denise notifies CQC, if The Inclusion Project at Home.

Safeguarding and Protection Disclosure Report Form

Preferably complete the online form but this form will be used by Group Leaders, Area Managers or Volunteers to record disclosures or suspicions of abuse / harm, if unable to access online version. This report must go to Area Managers within 24 hours or sooner.

Your name	Your position
Place of work	Contact phone number
The Participant's details	
Name	
Address/phone number	
Date of birth	
Other relevant details about the Participant: <i>E.g. family circumstances, physical and mental health, any communication difficulties.</i>	
Parent / Guardian /Carer / Account Holder details:	
Details of the allegations/suspensions	
Are you recording: <ul style="list-style-type: none">• Disclosure made directly to you by the Participant?• Disclosure or suspicions from a third party?• Your suspicions or concerns?	
Date and time of disclosure:	
Date and time of incident:	
Details of the allegation/suspensions. <i>State exactly what you were told / observed and what was said. Use the person's own words as much as possible:</i>	
Action taken so far:	
Signed	Date

What are the Types of Abuse?

The Care Act 2014 defines the different types of abuse. It is not intended to be an exhaustive list but a guide to the sort of behaviour which could trigger a safeguarding concern:

Types of Abuse	Types of Behaviours
Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions
Sexual abuse	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	Theft; fraud or exploitation; pressure regarding wills, property, or inheritance; misuse 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
Domestic Violence and Abuse	Psychological, physical, sexual, financial, emotional abuse, 'honour' based violence
Neglect	Ignoring medical or physical care needs; preventing access to health, social care, or educational services; withholding the necessities of life, such as food, drink, or heating.
Discriminatory abuse	Including forms of harassment, slurs or similar treatment: because of 'race', gender and gender identity, age, disability, sexual orientation or ethnicity or religion
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
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
Psychological abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks

What Can You Do?

- ❑ No one should have to live with abuse
- ❑ By reporting abuse, you can help bring it to an end
- ❑ You may feel completely alone but you are not
- ❑ There are people who can help and it is important to get in touch with them
- ❑ Abuse can be very confusing especially if you look up to the person hurting you or if they are a friend or a member of your family
- ❑ You might not want to talk to someone you do not know and might prefer to speak or email someone at one of the services in this fact sheet
- ❑ These services have people who are trained to help and support you and they will not be shocked or surprised at what you say. They will listen to you and help you decide what to do

Who Can Help?

- ❑ (Insert Name Safeguarding Team)

Phone:

Email:

Website:

- ❑ Police:

In an Emergency: 999

In a non-emergency: 101

- ❑ Care Quality Commission (CQC)

Phone :03000 61 61 61

Web: www.cqc.org.uk

Concerned
about Abuse?

A Guide to
Keeping Safe
For
People Who Use
Our Services

What is Adult abuse?

- Adult abuse is when someone hurts or scares you on purpose
- They might say, "Don't tell anyone"

Adult abuse is wrong

- Adult abuse can happen to anyone
- You need to know what to do if it happens to you or to someone you know

Abuse can happen anywhere

- At Home
- In a Residential or Care Home
- In Hospital
- In a Day Service, Work, School
- On the Internet or Phone
- A public place or Community

Abuse can be caused by anyone

- A partner or relative
- A friend or neighbour
- Sometimes a person pretends to be your friend so they can abuse you. This is called 'Mate Crime'
- A paid or volunteer carer
- Other service users
- Someone in a position of trust
- A stranger

There are Different Types of Abuse

□ Physical abuse

This involves being hit, slapped or kicked, or being hurt in another way

□ Sexual abuse

This is when someone touches your private parts when you don't want them to, or makes you touch them

It is also when someone talks to you about sex when you don't want them to

□ Financial or material abuse

This is when someone takes something that belongs to you without asking, or makes you give them things

□ Modern Slavery

This is when some is forced to work with little or no pay, or threatened with violence if they do not work

□ Domestic Violence and Abuse

When abuse occurs between partners or family members, it is often called Domestic Violence and Abuse

□ Neglect

This is when you do not get the help you need. It might include not getting help with your medication, or your care needs, or not giving you enough food

□ Discriminatory abuse

This is when someone treats you badly because you are different to them. This is sometimes called Hate Crime

This could be because of your:

• Age or gender • Sexuality or disability • Race or religious belief

□ Organisational abuse

If abuse is caused by an organisation, it is often called Organisational Abuse. This is where you are not being cared for properly. It is where your own choices are ignored

□ Self-neglect

This is when someone might come to harm because they do not look after themselves

This might be not eating or taking their medication or looking after their personal hygiene