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Adult Safeguarding Policy

Policy Review - History:

Please be aware that a hard copy of this document may not be the latest available version, please contact us for the latest version which supersedes all previous versions.

Those to whom this policy applies are responsible for familiarising themselves periodically with the latest version and for complying with policy requirements at all times.

Effective from:	**Replaces:**	**Originator:**	**Page X of Y**
March 2023	Draft Version 2019		1 of 16
Management Team Approval:			
Union the Union & Unison Union Agreement:		N/A	
Ratification:		March 2025	

History or Most Recent Policy Changes – MUST BE COMPLETED

Version:	Date:	Change:
1.	February 2019	

2. March 2025

Aim:

Safeguarding is about people and organisations working together to protect an adult's right to live in safety, free from abuse and violence.

Contents

Adult Safeguarding Policy

Purpose

Everybody has the right to live a life free from abuse, violence, and neglect. Adult safeguarding is the process of protecting adults with care and support needs from neglect or abuse. Some adults are more susceptible to abuse because they are more vulnerable than others and they may need help to be protected. Adults who may be at risk live in all forms of housing, not just specialist accommodation. You may be working with someone who needs help, you may know someone at a club you attend. Safeguarding is important and we need to be aware of the people around us.

The UK examples below show that any adult at anytime can be vulnerable.

• Research on adult serious case reviews has shown that 60 people a week die alone at home in the UK. (Guardian)

• According to Women's Aid, two women each week are murdered by their partner or former partner, many in their homes.

• Research for the Mental Health Network found that 43per cent of homeless people suffered from mental health conditions

• Older people with a disability will double from 2.3million in 2002to 4.6million by 2041, and those with dementia will increase to 1 million by 2025

• Adult safeguarding links with other core agendas: tackling anti-social behaviour, hate crime and crime reduction, domestic abuse and health and wellbeing

Adult Safeguarding is built on 6 key principles (balancing safety/prevention of harm with an adult's capacity to choose and control their behaviour):

- Empowerment – supporting people to make decisions and informed consent
- Prevention – taking action before harm occurs
- Proportionality– taking the least intrusive appropriate response
- Protection – support and representation for those in greatest need
- Partnership– local solutions through services working with their communities
- Accountability – accountability and transparency in safeguarding practice

Safeguarding is about people and organisations working together to protect an adult's right to live in safety, free from abuse and neglect.

The aims of Adult Safeguarding are to:

• Stop abuse or neglect wherever possible.

• Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.

• Safeguard adults in a way that supports them in making choices, taking account of their views, wishes, feelings and beliefs in deciding on any action, and allowing control about how they want to live. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances

From our point of view, Safeguarding issues may be identified by members of the public or a relative trying to get help for a person they have regular contact with. As has been indicated by a number of serious case reviews in the UK, staff may be contacted as a safe person when they feel something does not appear to be "quite right".

Effective safeguarding is not an add-on but needs to be embedded in the ways of working for all staff, especially those in contact with customers directly. However it is a complex and sensitive issue to address, so it is important that there are clear mechanisms for staff to raise their concerns, robust recording and follow up processes, and support from managers.

This policy provides guidance as to the practical implementation of the Adult Safeguarding provisions in partnership with DHSC.

For further information contact: - Adult Safeguarding Team Department of Health and Social Care, 3rd Floor, Markwell House, Market Street, Douglas Isle of Man IM1 2RZ. *If you are referring someone in the UK please refer to local policies and procedures.*

Tel: +44 (0) 1624 686179

Out of hours: +44 (0) 1624 650000

References

How to promote good adult safeguarding practice - CIH 2015

No Secrets, Department of Health (revised 2010)

Adult Protection Basic Awareness Training DHSC

https://www.gov.im/categories/caring-and-support/safeguarding/safeguarding-adults-partnership/

Scope of Policy

This policy relates to Vulnerable Adults (see definitions) and provides for;

1) The identification of an adult safeguarding issue;

2) the way in which the matter can be referred on to appropriate services; and

3) the way in which the Compabny will deal with other related and relevant issues.

Legal Framework

Regulation of Care Act 2013

Social Services Act 2011

The provisions of the Care Act 2014 (UK) – used as best practice in the IOM.

Inter-Agency Safeguarding Adults – Adult Protection Policy

https://www.gov.im/media/1350650/adult-protection-policy.pdf

Definitions

In this policy document;

A “Vulnerable Adult” is anyone over the age of 18, who may be unable to protect themselves from significant harm or abuse. They may be unable to protect themselves due to:

• learning or physical disability

• age, frailty or illness

• mental health illness

• drug or alcohol difficulties

“abuse” is the mistreatment of an individual by another person or persons and may result in

significant harm to, or the exploitation of the person subjected to it.

Abuse may;

• consist of a single act or repeated acts;

• be physical, verbal, psychological or emotional;

• be an act of neglect or an omission to act;

• occur when a person is persuaded or coerced to enter into a financial or sexual transaction to which they had not consented, or cannot consent;

• be deliberate or unintentional or result from a lack of knowledge

The main categories of abuse are:-

• psychological e.g. belittling and verbally abusing, implied threats, controlling behaviours

• physical e.g. slapping, pinching, hitting etc.

• sexual e.g. unwanted sexual activity of any nature

• financial or material e.g. stealing or misuse of a person’s funds or property

• neglect and acts of omission e.g. failure to provide adequate care or to meet the person’s basic needs, such as providing or facilitating personal care and providing adequate nutrition and fluids

• discriminatory e.g. not recognising or considering a person's religious beliefs, or treating them differently because of a physical trait or condition

"institutional abuse" is the mistreatment of people brought about by poor or inadequate care or support or systematic poor practice that can affect both individuals and a whole group. It occurs when the individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation e.g. early rising regimes to facilitate the transition of nightshift to day staff in care homes regardless of the sleeping patterns of individual residents.

Multiple forms of abuse may occur in an ongoing relationship or an abusive service, involving one person or more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm.

Any or all these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

"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 (Lord chancellor's Department (1997) Who Decides?

POLICY STATEMENTS

PART 1 – Identifying abuse

Where does abuse take place?

Abuse can take place anywhere, including;

- In a person's own home
- In the homes of families and friends
- In public places/the community
- Places of work or education or any other institution

Abuse may result from a deliberate intention to cause harm but may also occur where a carer or provider of a service lacks the necessary knowledge or skills to respond to an individual's needs appropriately.

Perpetrators of abuse

Anyone can be the perpetrator of abuse. Abuse can occur in any relationship. An individual, a group, or an organisation may perpetrate abuse.

An abusive relationship often includes the misuse of power by one person over another and is most likely to take place in situations where this type of power can be exercised, for example where one person is dependent on another for their physical care, or a professional worker and a service user, or a Sheltered Housing Warden and a tenant.

Indicators of abuse

Aside from physical signs of injury or neglect, abuse may result in changes to "normal" behaviour and presentation, which may be noticed by housing and maintenance staff who visit the property or have contact with the person. These behaviours can include;

• Inappropriate attachments e.g. being overly clingy or wanting to stay in close proximity to people they may feel safe with

• Fearfulness e.g. of being in certain situations or with regard to certain individuals or groups

• Confusion/disorientation

• Anger/mood swings

• Seeking attention e.g. repeatedly raising minor/unfounded complaints or issues to get you to visit and stay with them for a while (to potentially protect them or provide respite from their abuser)

• Self-harm

• Anxiety

• Changes in routine/avoidance tactics e.g. refusing to attend a venue or activity they have previously looked forward to

• Changes in appearance e.g. dirty or dishevelled, less care over their appearance generally, weight loss, clothing which seems inappropriate for the weather conditions or is very different to what is normally worn (potentially being used to disguise physical injury)

Uncommon financial difficulties such as rent or utility arrears may also be an indicator, for example where a person has previously appeared to have or is known to have sufficient funds available to them to cover their living costs and now appears to be in a position where they do not i.e. they are not paying their rent; it is cold and they do not seem to be using their heating; there doesn't appear to be sufficient food in the house etc.

Mental capacity

Capacity and consent are central themes in safeguarding adult work and every adult has the right to make their own decisions. A person is assumed to have capacity to do so unless it is proved that they do not.

A person lacks capacity if they have an impairment or disturbance that affects the way their mind or brain works and The impairment or disturbance means they are unable to make a specific decision at the time it needs to be made

PART 2 – Raising an alert

Is anyone in immediate danger?

If you are concerned that any person is in immediate danger, you should always call 999 to alert the appropriate emergency services regardless of whether or not the person fulfils the definition of Vulnerable Adult.

Do you believe a crime has been committed?

Where the Vulnerable Adult is not in immediate danger but you believe a crime may have been committed, you should assume that the person has the capacity to make their own decision with regard to the action they may or may not wish to take in these circumstances, as the issue may involve their family members or close friends. After asking the person what they wish to do, and with their consent, call 631212 to report the crime.

If the person does not wish to report the crime but you have concerns as to their capacity or the risk of harm they may incur by not doing so (or the harm other vulnerable persons in the household, i.e. other Vulnerable Adults or children, may incur) you can call the Adult Services Access Team for further advice on Tel. 686179.

If the alleged perpetrator is known to have access to or regular contact with other vulnerable people, for example a care worker, then under the Safeguarding principle of Prevention you should alert the Adult Services Access Team or the Police, without necessarily disclosing the identity of the vulnerable person, as these agencies may already be investigating similar activity which centres around the alleged perpetrator.

Do you have a safeguarding concern?

Where there is no immediate danger and you are unsure as to whether a crime has been committed, but you have a general Safeguarding concern about the welfare or safety of a Vulnerable Adult, you should make a referral to the Adult Services Access Team on Tel. 686179. If you are unsure of whether the issue you have identified should be reported as a Safeguarding concern, the Adult Services Access Team can provide some help and guidance in this respect.

A telephone referral must be followed by a written referral on the relevant form

(Appendix A - Adult Protection Alert Form – Stage 1) within 48 hours of the telephone referral.

The form includes the following basic information:-

• Details of the concern, allegation or incident, including date, time, location and the name of any witnesses.

• Whether consent has been obtained for the referral and, if not, the reasons why.

• Whatthe Vulnerable Adult said about the abuse.

• The appearance and behaviour of the victim.

• Any injuries observed.

• Any known details of the person causing the harm, such as name, address and date of birth.

• Information relating to the vulnerability of the person alleged to have been harmed to help establish the level of presenting risk.

When completing the form, it is important to differentiate between fact, opinion and hearsay. If at any time you feel the person needs medical assistance, call for an ambulance or arrange for a doctor to see the person at the earliest opportunity, as appropriate.

The completed form can be emailed via AdultReferrals.DHSC@gov.im or posted to

The Adult Services Access Team, 3rd floor, Markwell House, Douglas.

You should have as much of the information required by the form to hand when the initial telephone referral is made as the Adult Services Access Team will need this information to assess the situation and to help you decide whether an alert should be raised.

Wherever possible you should discuss your concerns with the Vulnerable Adult prior to making a referral and they should be aware that you intend to refer the matter on. It is always better to have the consent of the Vulnerable Adult to do so, but where you believe that there is a real risk to the person if you do not report your concerns you should always do so on the basis that you are acting in the best interest of that Vulnerable Adult, ensuring that your decision making process is robustly recorded. Intervening in these circumstances requires sensitive handling the relationship between the alleged perpetrator and the Vulnerable Adult may be complex and they may be a close relative or long term friend whom the Vulnerable Adult is seeking to protect regardless of the abuse they may be subject to.

Sharing information

As indicated in section 7, where a Safeguarding concern is identified, you should always try to discuss the issue with the vulnerable person first, and explain that you wish to refer the matter on to the Adult Safeguarding Team. If you have the consent of the person to make the referral you are free to disclose the relevant information as agreed with the Vulnerable Adult. If you have the consent of the person to do so you can also record relevant evidence where appropriate, for example a photograph of the black eye or bruising at the time of your visit, or a photo record of a note requesting/ demanding money or other relevant financial or other information you may have been shown. A body map for the recording of visible injuries is included as Appendix B.

Please note: As contact with the person will be within the context of your housing function, if using the body map you will be recording injuries that are obviously visible to you without any unnecessary exposure e.g. the removal of a cardigan or rolling up of a trouser leg is acceptable if the person wishes to show you their injuries but the total removal of tops, trousers etc. is not. However, where necessary you can record on the body map where the person is telling you they have injuries, recording it as “as described” rather than directly witnessed.

There may be occasions where you strongly believe that by telling the Vulnerable Adult what you intend to do you may escalate the situation and increase the risk to the person (or another vulnerable member of their household). It may also be the case in some circumstances that you believe that if the alleged perpetrator is potentially given the “heads up” before the concern is referred on, vital evidence may be destroyed before an investigation can take place.

As such each referral decision must be made on a case by case basis. It is always better that agencies share relevant information where it is believed to be in the best interest of the Vulnerable Person. Regardless of whether you have consent, if you believe that a Vulnerable Adult is at risk of significant harm if the situation is allowed to continue, then provided that your decision making process is well documented and you are clearly acting in what you consider to be the best interest of the person at risk then you are unlikely to fall foul of Data Protection legislation which provides for the sharing of information in such circumstances.

To date there has never been a prosecution of an individual under Adult Protection for sharing information believed to be in the best interest of the Vulnerable Person.

The key message is that if in doubt always make a referral or seek advice from the Adult Services Access Team - Tel. 686179. Data Protection is not barrier to sharing information where there is a need to do so.

Internal procedures

You should have internal policies and procedures in place to raise awareness and to inform your staff as to how Safeguarding concerns should be reported within your organisation. There should be clear mechanisms for staff to raise their concerns, robust recording and follow up processes, and support from managers.

It is recommended that there is a central point of contact within your organisation for referral on to the Adult Services Access Team to allow a more senior officer to discuss and review the circumstances prior to referring on. This will also allow some oversight of the bigger picture as other staff may have also raised similar concerns. However, it is important that this process is well understood by staff and should not cause unnecessary delay to the referral process.

There are a number of reasons why concerns may not be reported by staff;

- Fear they may be wrong e.g. there may be other reasons for the observed behaviour
- Fear they will be dismissed e.g. it may be another member of staff who is involved
- Doubts about the truthfulness of allegations
- Fear they may make things worse e.g. will interfere in family life or spoil relationships
- Lack of Consent or a Vulnerable Adult's attempt to bind them to secrecy
- Data Protection/Confidentiality
- Uncertainty of procedures and consequences

Good written records detailing the contact with the Vulnerable Adult and subsequent actions taken are crucial.

Discussion of and sharing of such concerns in confidence within the relevant team should be encouraged as it is important for staff to be aware of Safeguarding issues and the role that they can play in stopping or preventing abuse and neglect.

What happens when a referral is made?

When you contact the Adult Services Access Team to make a referral, they will decide what happens next, utilising additional information that may already be known about the

Vulnerable Adult or the alleged perpetrator. The Team will use a threshold matrix, with Tiers ranging from 1 to 5, in order to help them determine whether a Safeguarding alert should be raised and at what level of priority. If you are unsure as to whether or not a formal referral should be made, the Adult Services Access Team can provide help and advice - Tel. 686179.

If the referral is deemed to fall within a Tier 1 category – in most cases a single incident which causes little or no distress – the issue will be treated as a one off and dealt with in-house with the referral not proceeding to the Safeguarding Adults Team

If the referral is deemed to fall within a Tier 2 category – in most cases a single or low-level incident within an organisation of a slightly more serious nature – the issue will be managed by the organisation carrying out an internal investigation of the incident with the findings of the investigation passed to the Safeguarding Adults Team.

If the referral is deemed to fall within a Tier 3 or Tier 4 category – in most cases recurrent incidents where harm occurs, the level of harm indicated by the Tier category – a Level 1, 2 or 3 Safeguarding Referral will be made.

A process of preliminary enquiry and investigation will take place in order to collate evidence and determine whether or not the issue has been correctly graded in terms of Safeguarding priority, and to establish whether or not follow up is required.

Where necessary, a planning meeting may follow which will determine follow up actions and expected outcomes. If the housing provider may potentially be able to contribute to, or has a direct interest in the actions and outcomes, for example tenancy assignment or breaches, they will be invited to attend subsequent meetings.

Making Safeguarding personal means the process should be person–led and wherever possible the Vulnerable Adult and/or their representative will also attend and be directly involved in determining how best to respond to their safeguarding situation in order to improve their quality of life, wellbeing, and safety.

If the referral is deemed to fall within a Tier 5 category – where significant harm or death has occurred – a Serious Case Review will follow. If the issue relates to a housing matter, or as referrer your evidence is required, you will be expected to participate in this process, which may involve your attendance at Court. Having robust contemporaneous records will be of particular benefit in these circumstances.

Confidentiality is a primary concern and once a referral has been made information will only be shared with the referrer on a “need to know” basis. However all referrers will be informed when an investigation has been completed and the referral has been closed.

Please note: If a further Safeguarding concern about the Vulnerable Adult should arise whilst the situation is being investigated or at a later date (and you are not already involved in a multi-agency response to the initial referral where you can directly provide your new information to the relevant professionals), the new Safeguarding concern should be reported as a new referral using the standard referral process and form (Appendix A).

However, your covering email can include a reference to your previous submission. As is the case in all circumstances the Adult Services Access Team will be able to provide guidance and advice – Tel. 686179

As a matter of course the Adult Services Access Team will connect all relevant activity and referrals to ensure that the full circumstances surrounding the Vulnerable Adult can be considered in any intervention.

Appendix A - Alert Form – Stage 1

Alert Form – Stage 1

This form contains the required information that the "alerter" should provide when reporting concerns of Adult Abuse. The "alerter" is required to complete this written report within 48 hours of the alert and forward it to;

Adult Services Access Team, Safeguarding Adults, 3rd Floor, Markwell House, Douglas or via

AdultReferrals.DSC@gov.im

(please note the boxes expand as required)

DETAILS OF PERSON HARMED

Name

Address

Date of Birth

Location (√) Community Residential/Nursing Hospital

DETAILS OF ALERTER

Name

Role/position

Address

Tel. No. Date Time of alert

DETAILS OF CONCERN

What is the nature of the allegation/incident?

Physical Neglect/Acts of Omission

Sexual Discriminatory

Psychological/Emotional Institutional

Financial/Material

Please give details (including any capacity issues) – When completing the report, it is important to differentiate between, fact, opinion and hearsay.

Date Time Location

WITNESSES

Name Address

Has this alert been fully discussed with the person harmed? Yes No

Please ensure that their concerns, views and their preferred outcomes are recorded here.

If not why not?

Have the family/carers been informed? Yes No

If no, give reason why

What has the person harmed said about the alleged abuse?

Give a description of the appearance and behaviour of the alleged person harmed.

Are any injuries visible – if so, please give a description

Give details of any information relating to the vulnerability of the alleged person harmed, to help establish the level of presenting risk

ALLEGED PERSON CAUSING HARM, if known

Name d.o.b.

Address

Any concerns regarding the person alleged to have caused harm (including any capacity issues)

Signed

Name Date

Appendix B – Body Map Template