

*Action for Family Carers*  
**Charity No. 1127164**

**ADULT SAFEGUARDING POLICY**

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Approved by Board of Trustees: 15 March 2012  
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## 1.0 Purpose

- 1.1 The purpose of this policy is to outline the practice and procedures for paid and voluntary staff in Action for Family Carers (AfFC) to contribute to the prevention of abuse and neglect of adults with care and support needs through raising awareness and providing a clear framework for action when abuse is suspected.

It is aimed at protecting the adult with care and support needs and the worker, recognising the risks involved in lone working.

According to the Care Act 2014, adult Safeguarding is working with adults with care and support needs to keep them safe from abuse or neglect.

The policy covers all staff and areas of work with specific guidance for those staff who are regularly in contact with adults who have care and support needs.

This policy should be read in conjunction with the current Southend, Essex and Thurrock Guidelines found at <http://www.essexsab.org.uk>

AfFC is committed to implementing these guidelines in order to comply with relevant legislation and policy to prevent abuse from happening, and act swiftly when it occurs.

The Care Act 2014 established six guiding principles that should underpin all adult safeguarding activities and described the individual outcomes that should result; these can be found in section 1.4 Southend Essex and Thurrock Guidelines (SET Guidelines)

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

## 2.0 Definitions

### 2.1 Adult with Care and Support Needs

Someone over 18 who has needs for care and support (whether or not the local authority is meeting any of those needs), is experiencing or is at risk of abuse or neglect, and as a result of those needs is unable to protect himself or herself against abuse, significant harm, neglect or the risk of it.

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Approved by Board of Trustees: 15 March 2012  
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## 2.2 Abuse

Abuse is the harming of another individual and may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (*for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources*). Abuse and neglect can take many forms. It may be an isolated incident, a series of incidents or a long-term pattern of behaviour and could affect one person or more, whether in someone's home, in public or in an institutional setting. It may be deliberate or the result of negligence or ignorance. The degree or lack of intent will inform the response.

## 2.3 Types of Abuse

### i) Physical Abuse:

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

### ii) Domestic Violence

- An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality.
- This includes "honour" based abuse, female genital mutilation (FGM) and forced marriage. Victims are not confined to one gender or ethnic group

### iii) Sexual Abuse:

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the adult with care and support needs has not consented, or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

### iv) Psychological/Emotional Abuse;

- Threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting, swearing

### v) Financial or Material Abuse

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### **Policy Reference Information**

Approved by Board of Trustees: 15 March 2012

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- Including theft and fraud, internet scamming
  - Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- vi) Modern Slavery
- Slavery, human trafficking, forced labour and domestic servitude
- vii) Discriminatory Abuse
- Values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals
- viii) Organisational Abuse
- Organisational abuse occurs where the culture of the organisation places emphasis on the running of the establishment and the needs of the staff above the needs and care of the vulnerable person. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. Possible indicators include lack of care plans, contact with outside world not encouraged, no flexibility or lack of choice e.g. time when to get up in a morning or go to bed or what to eat, routines are engineered for the benefit of staff, lack of personal effects, strong smell of urine, staff not visiting for allocated time due to pressure, resulting in some tasks not being carried out fully, omission of visits, poor moving and handling practices.

Examples may include:

- Lack of flexibility and choice for people using the service
  - Inadequate staffing levels to provide sufficient care or give attention to the adults with care and support needs including regimented 'toileting' times.
  - Poor record keeping and missing documents
  - Absence of individual care plans
- ix) Neglect and Acts of Omission
- Ignoring or withholding physical or medical care needs, which result in a situation or environment detrimental to the individual(s).
  - Ill treatment and wilful neglect of a person who lacks capacity are now criminal offences under the Mental Capacity Act.
  - Examples include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and

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Approved by Board of Trustees: 15 March 2012  
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 Next Review Date: 18/11/2021

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support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- x) **Self-Neglect**
  - This covers a wide range of behaviour such as, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

### **3.0 Roles and Responsibilities**

#### **3.1 Action for Family Carers**

- i) Ensuring staff and volunteers are aware of the adult safeguarding policy, reporting and recording procedure and are adequately trained according to their role
- ii) Having a responsibility to regularly review, add to and amend its policy and procedures, and subsequent staff training, in accordance with legislative changes, best practice guidance, Local Authority procedure changes, and where the current AfFC procedures or training programmes have not been effective or sufficiently robust.
- iii) Notifying the appropriate agencies if abuse is identified or suspected (Essex Safeguarding Adults Board, Essex County Council)
- iv) Ensuring that the welfare of adults at risk of abuse or neglect is paramount at all times
- v) Ensuring safe and effective working practices are in place
- vi) Working in partnership with others in order to safeguard adults at risk of abuse or neglect
- vii) Ensuring the correct sharing of information protocols are adhered to in accordance with the principles of Data Protection Act 1998
- viii) Carrying out DBS checks, at the required level, employees and volunteers and that have access to or work with Adults with care and support needs where appropriate

#### **3.2 Designated Adult Safeguarding Lead**

The designated Adult Safeguarding Lead will have a strategic lead for Adult Safeguarding and will ensure that AfFC is compliant with SET Policy and Guidelines (currently July 2020)

Will oversee the monitoring and review all safeguarding activity at AfFC

The role will include reporting to the Board of Trustees at agreed intervals.

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Approved by Board of Trustees: 15 March 2012  
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### 3.3 Employees and Volunteers

- i) To be able to recognise indicators of abuse and harm, and high risk situations that may result in harm.
- ii) To be familiar with the adult safeguarding policy, procedures and reporting protocols.
- iii) To take appropriate action in line with the policies and procedures of AfFC
- iv) To report concerns in line with Care Act 2014 and SET Safeguarding Adults Guidelines
- v) To work collaboratively with other agencies to safeguard and protect the welfare of people who use services
- vi) To participate in regular DBS update checks in accordance with AfFC's policies and procedures and to declare any subsequent convictions.

### 3.4 Support for those who Report Abuse

All those making a complaint or allegation or expressing concern, whether they be staff, service users, carers or members of the general public should be reassured that;

- i) They will be listened to and their concerns will be taken seriously
- ii) Their comments will be treated confidentially, but their concerns may have to be shared if they or others are at risk
- iii) If service users, they will
  - a. Be consulted throughout the safeguarding process
  - b. Be given immediate protection from the risk of reprisals or intimidation
- iv) If Staff, they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998 and AfFC's Whistleblowing policy.

### 3.5 An Adult with Care and Support Needs has the Right

- i) To be made aware of this policy
- ii) To have alleged incidents recognised and taken seriously
- iii) To receive fair and respectful treatment throughout
- iv) To be involved in any process as appropriate
- v) To receive information about the outcome where available

### 3.6 Possible Conflict of Interests

As a carer support charity, AfFC has a remit to support unpaid family carers who may be the alleged perpetrators in a safeguarding alert. If AfFC are not able to continue to support the Carer because of perceived conflict (e.g. AfFC raising an alert if the cared-for comes to a respite service), we again need to consider who we would signpost the carer to for support.

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## 4.0 Good Practice

### 4.1 Recruitment of Staff and Volunteers

AfFC management will follow the Safer Recruitment Policy including:

- i) Assessment of role to assess need for DBS Disclosures
- ii) Ensure prospective staff and volunteers complete an AfFC application form and Disclosures documentation
- iii) Check references thoroughly and appropriately
- iv) Recruit appropriately under the governing policies and procedures

### 4.2 Training

- i) Inductions will include familiarisation with all AfFC policies and procedures with emphasis on reporting protocols and recording keeping.
- ii) All staff will undertake Adult Safeguarding training at a competency level according to their role and responsibilities in accordance with the SET Safeguarding Adults training strategy.
- iii) Basic Awareness of Safeguarding Adults training, such as that provided by Essex Safeguarding Adults Board, e-learning and classroom-based, will be completed upon commencement of employment with AfFC. This will be refreshed every 2 years.
- iv) Level 2 Safeguarding Adults training (responders) will be completed every 2 years.
- v) Management and Lead Trustee will complete the Provider Management training with the local authority in addition to the basic safeguarding awareness training.
- vi) All staff and volunteers will be made familiar with and have access to Essex Adult Safeguarding Board webpage.

### 4.3 Management, Supervision and Support

- i) Regular staff and volunteer supervisions and team meetings will have Safeguarding on the Agenda to promote awareness and review practice.
- ii) One to one supervisions with individual staff members and volunteers, will be undertaken as appropriate, enabling a formal de-brief after active involvement in raising a safeguarding concern.
- iii) Line managers will clarify with staff and volunteers their roles and responsibilities regarding their relationships with adults who have care and support needs with whom they may be in contact.

### 4.4. Reporting and Record Keeping

- i) Management must ensure that staff and volunteers understand and adhere to, the reporting procedure and follow the 'flow chart' for reporting concerns. (appendix 1)

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- ii) A written record of any concerns must be kept and copied to staff's line manager and the Safeguarding lead, in accordance with Data Protection and information governance.
- iii) Basic information relating to the concern, should be recorded on the database and should include: Referrals made, including date, time, reason and referral agency. Confidentiality must be considered when recording sensitive or intimate information pertaining to the concern.

## 5.0 Identification of Abuse

### 5.1 Physical Abuse Signs

- i) Unexplained bruising in well protected areas, or clustered (from repeated striking)
- ii) Finger marks
- iii) Burns of unusual location or type
- iv) Injuries found at different states of healing
- v) Injury shape similar to an object
- vi) Injuries to head/face/scalp
- vii) Unexplained falls or minor injuries
- viii) History of GP or agency hopping, or reluctance to seek help
- ix) Accounts which vary with time or are inconsistent with physical evidence

### 5.2 Neglect Signs

- i) Weight loss due to malnutrition, or rapid weight gain
- ii) Eating/drinking excessively or hurriedly when given access to food/drink
- iii) Ulcers, bed sores and being left in wet clothing
- iv) Absence of medication
- v) Drowsiness due to too much/insufficient medication
- vi) Clothing in poor condition
- vii) Untreated injuries or medical problems
- viii) Poor personal hygiene

### 5.3 Sexual Abuse Signs

- i) Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- ii) Medical problems, e.g. Genital infections, pregnancy, difficulty walking or
- iii) Sitting or marks or soreness in an area such as the inner thigh
- iv) Disturbed behaviour e.g. depression, sudden withdrawal from activities,
- v) loss of previous skills, sleeplessness or nightmares, self-injury, showing
- vi) fear or aggression to one particular person
- vii) inappropriately sexual behaviour

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#### 5.4 Psychological/Emotional Signs

- i) Isolation
- ii) Unkempt, unwashed, body odour
- iii) Over meticulous with personal care/hygiene
- iv) Inappropriately dressed
- v) Withdrawn, agitated, anxious not wanting to be touched
- vi) Change in appetite
- vii) Insomnia, or need for excessive sleep
- viii) Tearfulness
- ix) Unexplained paranoia, or excessive fears
- x) Low self esteem
- xi) Confusion

#### 5.5 Financial or Material Signs

- i) Unexplained or sudden inability to pay bills
- ii) Unexplained or sudden withdrawal of money from accounts
- iii) Disparity between assets and satisfactory living conditions
- iv) Extraordinary interest by family members and other people in the person with care and support need's assets

#### 5.6 Discriminatory Signs

- i) Lack of respect shown to an individual
- ii) Signs of substandard service offered to an individual
- iii) Exclusion from rights afforded to others e.g. medical appointments, education, criminal justice

#### 5.7 Other Signs of Abuse

- i) Inappropriate use of restraints
- ii) Sensory deprivation e.g. spectacles or hearing aid
- iii) Denial of visitors or phone calls
- iv) Failure to ensure privacy or personal dignity
- v) Lack of flexibility of choice e.g. bedtimes, choice of food
- vi) Restricted access to toilet or bathing facilities
- vii) Lack of personal clothing or possessions
- viii) Controlling relationships between care staff and service users

### 6.0 **People Who Might Abuse**

Abuse can happen anywhere and can be carried out by anyone, e.g.;

- i) Informal carer's, family, friends, neighbours
- ii) Social Care workers and volunteers

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- iii) Health Care professionals
- iv) Hairdressers, Gardeners, Maintenance Contractors
- v) Other service users
- vi) Strangers

## 7.0 Action

- i) All allegations or suspicions are to be treated seriously. No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible.
- ii) All employees and volunteers of AfFC must follow the policies and procedures and follow the reporting flow-chart as set out in Appendix 1.
- iii) We should always remember, however, that an alert is not substantiated until it has been investigated by Essex County Council.

## 8.0 Mental Capacity Amendment Act (2019) and Deprivation of Liberty Safeguards (2007)

- i) The Mental Capacity Act (2005) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Anyone working with or caring for an adult who may lack capacity must comply with the Mental Capacity Act (2005) when making decisions for that person.
- ii) The Deprivation of Liberty Safeguards were inserted into the Mental Capacity Act (2005) via the new Mental Health Act (2007). The safeguards are designed to prevent unlawful deprivations of liberty and to provide safeguards for those whose freedoms are restricted or controlled to prevent them from coming to significant harm, and to ensure all decisions made on their behalf are in their best interests.
- iii) AfFC will comply with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (2007). The guidance in Mental Capacity Act Code of Practice (Ministry of Justice) will be followed.

## 9.0 PREVENT Strategy

- i) PREVENT is part of the Government's counter-terrorism strategy CONTEST, which is led by the Home Office. PREVENT strategy focuses on stopping people becoming radicalised by people or organisations with extremist beliefs, or supporting acts of terrorism.

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- ii) Vulnerable individuals may be specifically targeted and their vulnerability exploited to incite their involvement in terrorist-related activities.
- iii) AfFC staff and volunteers will have adequate training and knowledge to safeguard vulnerable individuals who they feel may be at risk of being radicalised by extremists.
- iv) AfFC will ensure that appropriate systems and procedures are in place to support staff to make effective referrals to the Police and Safeguarding Adults Board with any such concerns.

## **10. Allegations of Abuse by a Staff member or Volunteer**

- i) Staff and Volunteers should be aware that abuse is a serious matter that can lead to a criminal conviction.
- ii) Where a member of staff/volunteer is thought to have committed a criminal offence the police will be informed.
- iii) Where applicable the Disciplinary Policy and Procedure will be implemented.
- iv) It may be appropriate to refer to the Disclosure and Barring Service.
- v) A risk assessment will be completed to ascertain the level of risk the staff member may pose to other people receiving care and support. To include whether it is safe for them to continue in their role or in any other role within the organisation whilst an investigation is undertaken.
- vi) A decision will be agreed by the Safeguarding Lead and the Line Manager, and, where appropriate, after consultation with the Local Authority Safeguarding team.

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## Appendix 1 Key Contacts

Completed forms should be sent to your relevant Local Authority:

<p><b>Southend</b></p> <p><b>By Email:</b>  <b>Secure email only:</b> <a href="mailto:accessteam@southend.gcsx.gov.uk">accessteam@southend.gcsx.gov.uk</a>  Please note you can only send emails to the secure address if you are sending from a secure email  <b>Non Secure email:</b> <a href="mailto:accessteam@southend.gov.uk">accessteam@southend.gov.uk</a></p> <p><b>Making a referral/enquiry by telephone: Access Team: 01702 215008 (option 1)</b></p> <p><b>Out of hours Referrals:</b>  <b>General Public</b> - 0345 606 1212 or 0845 606 1212  <b>Statutory Agencies</b> – 0300 123 0778  <b>Fax</b> - 0300 123 0779</p>
<p><b>Essex</b></p> <p><b>By Post to:</b> Essex Social Care Direct, Essex House, 200 The Crescent, Colchester, Essex, CO4 9YQ</p> <p><b>Secure email only:</b> <a href="mailto:essexsocialcare@essex.GCSX.gov.uk">essexsocialcare@essex.GCSX.gov.uk</a>  Please note you can only send emails to the secure address if you are sending from a secure email address  <b>Non Secure email:</b> <a href="mailto:Socialcaredirect@essex.gov.uk">Socialcaredirect@essex.gov.uk</a></p> <p><b>Making a referral/enquiry by telephone: 0345 603 7630</b></p> <p><b>Out of hours Referrals:</b>  <b>General Public</b> - 0845 606 1212  <b>Statutory Agencies</b> – 0300 123 0778  <b>Fax:</b> 0300 123 0779</p>
<p><b>Thurrock</b></p> <p><b>Email:</b> <a href="https://www.thurrocksab.org.uk/">https://www.thurrocksab.org.uk/</a></p> <p><b>Making a referral/enquiry by telephone:</b></p> <p><b>Thurrock First:</b> 01375 511000  <b>Out of hours:</b> 01375 372468 (Fax 01375 397080)</p>

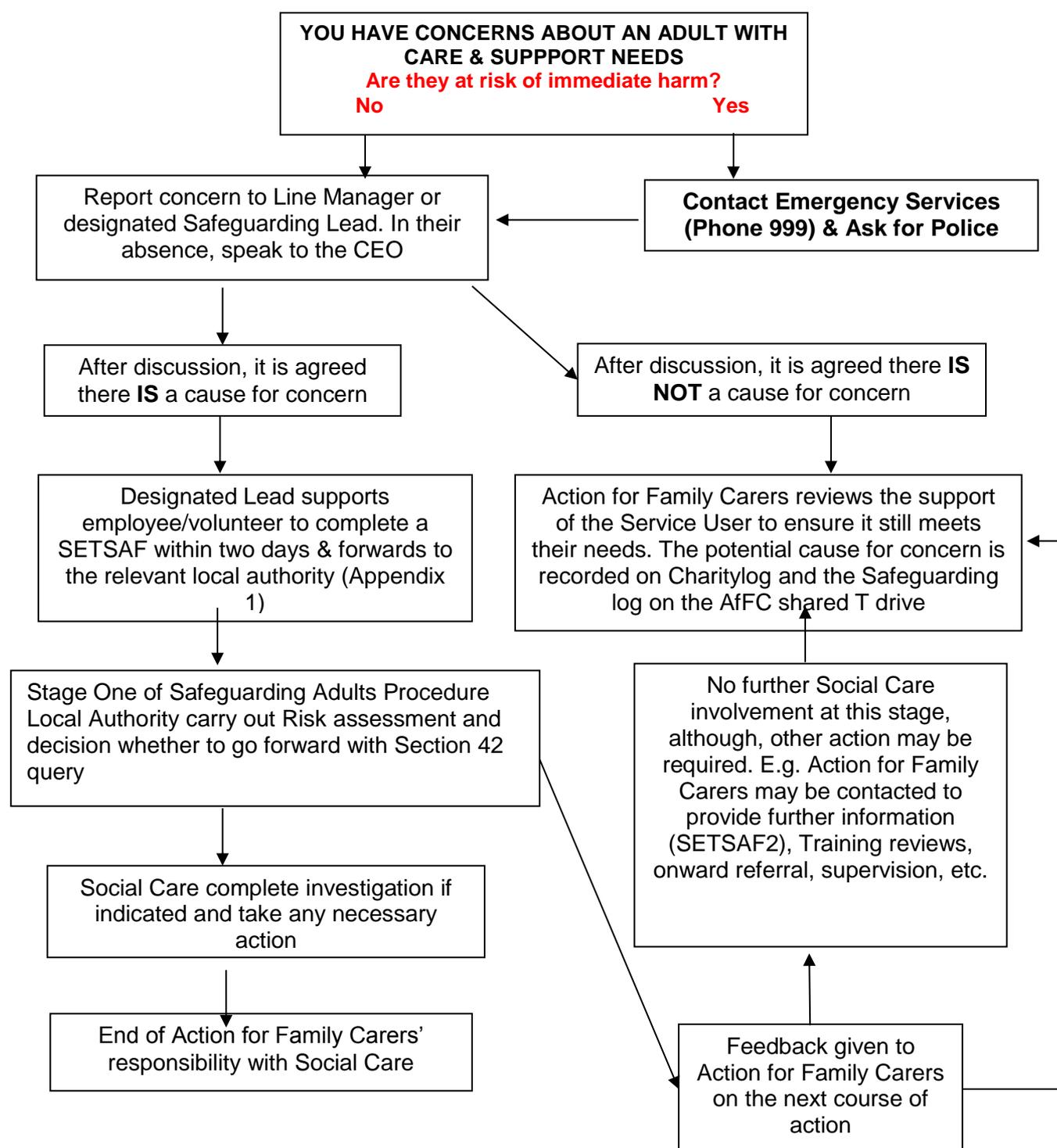
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### Policy Reference Information

Approved by Board of Trustees: 15 March 2012  
Last Review Date: 18/11/2020  
Next Review Date: 18/11/2021

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## Appendix 2: Reporting Concerns about an Adult with Care and Support needs



### Policy Reference Information

Approved by Board of Trustees: 15 March 2012  
 Last Review Date: 18/11/2020  
 Next Review Date: 18/11/2021