



SAFEGUARDING ADULTS POLICY

1. POLICY STATEMENT

1.1 OTR is committed to ensuring that adults are protected from abuse and exploitation and that working practices minimise the risks of such abuse, intentional or otherwise. Although the general principles and Code of Practice relating to Child Safeguarding and Protection are relevant to all OTR service users, it is not intended for those legally classified as adults (18- 25). The Safeguarding Adults Policy is for these service users.

1.2 If abuse is reported, or a member of staff or volunteer feels concerned about a situation of potential abuse, the following policy and procedure should be implemented.

1.3 All OTR staff and volunteers will be aware of and guard against possible discrimination because of assumptions about class, gender, sexual orientation, ethnicity and 'race', disability, religion and age. Importantly, anyone suffering mental ill-health could now be determined as coming under Safeguarding Adult duties if they have care and support needs and are experiencing abuse and/or neglect.

2. RESPONSIBILITIES

2.1 As with all OTR governance, ultimate responsibility for the organisation's policies and their implementation rests with the Trustees.

2.2 Operationally, for the purposes of this policy, OTR's staff and volunteers include not only all paid staff and volunteers but also Trustees and others conducting any work on behalf of the organisation.

2.3 The Chief Executive is the Safeguarding Lead for OTR and is responsible for ensuring best practice, ongoing training, audit, criminal records checks, and a culture of safeguarding are developed across the organisation.

2.4 It is the responsibility of the Chief Executive and Management Team to ensure all staff and volunteers are clear in their responsibilities and legal duties, and have read and understand the policy and how and when to use the procedures in place.

2.5 Staff and volunteers are not responsible for diagnosing abuse, but do have a responsibility to be aware that it might be a current risk for a client, either as a victim or perpetrator, and to respond accordingly. This means that if they learn of abuse that occurred in the past, they must also respond to this information in accordance with these procedures as the abuser may still represent a risk to others.

2.6 All staff and volunteers who have contact with OTR clients have a responsibility to:

- Recognise and accept their responsibilities and follow best practice and all relevant procedures.
- Develop awareness of the issues which can cause children and adults harm;
- Report concerns following the procedure contained in this policy.

2.7 Clinical Team Managers are day-to-day Designated Safeguarding Leads and responsible for ensuring all staff and volunteers are working to the guidance and procedures in this policy. They are also responsible for supervising proactively in relation to safeguarding with practitioners.

3. DEFINITION

3.1 Under the Care Act 2014, Safeguarding duties apply to any adult who:

- Has needs for care and support (whether or not the Local Authority is meeting any of these needs)
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

3.2 Although there is no longer an overarching definition of adult abuse, adult protection does still concern the violation of an individual's human and civil rights by any other person or persons.

3.3 Additionally there is now a category of self-neglect. Abuse may be something that is done to the person or something not done when it should have been. It does not necessarily have to be intentional; if the

person with care and support needs experiences it as abusive it is considered abuse.

3.4 Abuse now includes: physical, domestic violence, sexual, psychological, financial or material, modern slavery, discriminatory, organisational, neglect and acts of omission, and self-neglect. Abuse can take place in any setting, public and private, and can be perpetrated by anybody including the adult with care and support needs themselves.

4. LEGAL CONTEXT

4.1 This guidance reflects the principles contained within the Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998 and most recently the Care Act 2014.

4.2 The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

4.3 The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

4.4 The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

4.5 The Care Act 2014 came into force on 1st April 2015. Under Section 42 of the Act, the local authority has a duty to protect adults with care and support needs from abuse and neglect. The local authority must make or cause to be made 'enquiries' to decide what action should be taken and by whom. Other key duties relating to Safeguarding Adult work are around Independent Advocacy and partnership working.

5. DEFINING ABUSE

5.1 There is no overarching definition of abuse under the Care Act 2014. However we can still think of abuse as being about a violation of an individual's human and civil rights by any other person or persons.

5.2 Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological; it may be an act of neglect or an omission to act, or it may occur when a person with care and support needs is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

5.3 Abuse can occur in any relationship and it may result in significant harm to the persons 'wellbeing', or exploitation of, the person subjected to it.

5.4 The following are the recommended categories of abuse as set out in the Care Act Guidance of 2015:

- **Physical abuse:** including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse:** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **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.
- **Financial or material abuse:** including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with Wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **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.
- **Discriminatory abuse:** including forms of harassment, slurs or similar treatment; because of race, gender and and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care

provided in one's own home. 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.

- **Neglect and acts of omission:** including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect:** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

6. RESPONDING

6.1 In the case of an adult with care and support needs the client will, if appropriate, be offered support in order that he or she might feel able to take action to report the abuse to the appropriate authority. If the client is unwilling to report the abuse, OTR will explore with the client the help he or she is seeking.

6.2 If the client is still unwilling to report the abuse, OTR will undertake to do so on his or her behalf. Staff and volunteers must respond to any suspicions they have, or allegations they hear. OTR will respect the person's wishes, but in certain situations where the risk of harm is imminent and/or significant, the designated safeguarding lead will report concerns without their agreement.

7. SAFEGUARDING LEADS

7.1 OTR has appointed Designated Safeguarding Leads, who are responsible for dealing with any concerns relating to the protection of children and young people. These are currently:

Karen Black (overall responsibility for safeguarding)
 Rosie Backhouse
 Henry Poultney
 Laura Brain
 Laura Hutton
 Jo Moulton
 Shanade Hamilton

7.2 The role of the designated leads is to:

- Provide the first point of safeguarding consultation, referral and leadership to all OTR staff and volunteers.

- Know which outside agency to contact in the event of a concern.
- Provide information and advice on safeguarding adults within OTR.
- Ensure that appropriate information is available at the time of referral and that the referral is confirmed in writing under confidential cover.
- Liaise with local social services and other agencies, as appropriate.
- Keep relevant people within OTR informed about any action taken and any further action required; for example, disciplinary action against a member of staff.
- To ensure that a proper record is kept of any referral and action taken, and that this is kept safely and in confidence.
- In any given disclosure, only one designated person should lead on behalf of OTR. Consultation with other designates is encouraged, but only one must take up the role described above for each disclosure.

7.3 The overall lead for safeguarding within OTR is the Chief Executive, who is responsible for:

- Overseeing OTR's safeguarding adults governance and training needs.
- Ensuring Designated Safeguarding Leads receive robust supervision and support in carrying out their safeguarding duties.
- Ensure a regular safeguarding audit.
- Keeping OTR up-to-date with local and national evidence and procedural updates.

7.4 The Chief Executive's agent in executing these responsibilities operationally given to all service related Team Managers.

8. SAFEGUARDING PROCEDURE

8.1 This must be followed if it becomes apparent during a conversation that the client falls into the definition described in section five:

- At the outset of engagement with a client, the OTR worker must explain the parameters of confidentiality offered. (See OTR Confidentiality Policy). This should be revisited if it seems that a disclosure of abuse may be made, so that the adult with care and support needs is fully aware of the likely outcome of any disclosure.
- Following a disclosure, the worker should inform the adult with care and support needs that the information must be passed on to the appropriate

agencies, with their agreement if possible. The worker should explain the right of the client to refuse to take matters further but must not discourage the client from doing so.

- Subsequent support and advice should be offered and the details agreed with a Designated Safeguarding Lead.
- In the event of disclosure, the OTR worker must pass on the details to one of the Designated Safeguarding Leads within 24 hours. The client must be informed of this.
- If the client disclosing abuse asks you to do nothing, you should inform them that while respecting this you have a duty to share the information. Do not make promises of confidentiality. The client should feel listened to and assured that the worker will inform the designated lead that they want nothing more to happen.
- A full record shall be made as soon as possible of the nature of the allegation and any other relevant information. This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.
- Do not carry out an investigation yourself. This must be left to the relevant agencies. If physical and or sexual abuse/assault is disclosed, the client should be encouraged to report it to the police and supported to do so.
- The designated person will report and discuss the information with the appropriate agency and the incident will be logged and filed securely.
- If a Supervisor has been informed or is concerned about an issue disclosed in supervision, they must report the disclosure to a designated person within 24 hours.

9. RESPONDING APPROPRIATELY

9.1 DO:

- Make sure the individual is safe.
- Assess whether emergency services are required and if needed call them.
- Listen.
- Offer support and reassurance.
- Ascertain and establish the basic facts.

- Make careful notes and obtain agreement on them.
- Ensure notation of dates, times and persons present are correct and agreed.
- Take all necessary precautions to preserve any forensic evidence.
- Follow correct procedure.
- Explain areas of confidentiality; immediately speak to a designated person for support and guidance.
- Explain the procedure to the individual making the allegation.
- Remember the need for ongoing support.

9.2 DON'T:

- Confront the alleged abuser.
- Be judgmental or voice your own opinion.
- Be dismissive of the concern.
- Investigate or interview beyond that which is necessary to establish the basic facts.
- Disturb or destroy possible forensic evidence.
- Consult with persons not directly involved with the situation.
- Ask leading questions.
- Assume Information.
- Make promises.
- Ignore the allegation.
- Elaborate in your notes.
- Panic.

9.3 It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated safeguarding lead.

10. SAFE WORKING

10.1 The following guidelines are intended to be a common sense approach that both reduce opportunities for the abuse of young people and adults with care and support needs and help to protect staff, students and volunteers from any false allegation.

10.2 YOU SHOULD:

- Treat all clients with respect and respect their right to personal privacy.

- Ensure that, whenever possible, there is more than one adult present during activities or that you are within sight or hearing of others.
- Exercise caution when discussing sensitive issues with children or adults with care and support needs.
- Exercise caution in initiating any physical contact with a young person or vulnerable adult.
- Challenge all unacceptable behaviour and report all allegations or suspicions of abuse.

10.3 YOU SHOULD NOT:

- Take clients alone in a car journey, however short.
- Take clients to your home.
- Engage in any physical or sexually provocative games.
- Allow or engage in any inappropriate touching of any form.
- Make over-familiar or sexually suggestive comments or approaches to a client, even as a 'joke'.
- Let allegations, over familiar or sexually suggestive comments or approaches made by a client go unchallenged or unrecorded.
- Do things of a personal nature that a client can do for themselves.
- Take photographs, videos or other images without the express permission of the client or volunteer.

11. CONFIDENTIALITY & RECORD KEEPING

11.1 Safeguarding adult protection raises issues of confidentiality which should be clearly understood by all. Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of adults with care and support needs with other professionals, particularly investigative agencies and adult social services.

- Clear boundaries of confidentiality will be communicated to all.
- All personal information regarding an adult with care and support needs will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines.
- If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

- Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.
- Where possible, consent should be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the adult with care and support needs and others who may be at risk is the priority.
- Where a disclosure has been made, staff should let the adult know the position regarding their role and what action they will have to take as a result.
- Staff should assure the adult that they will keep them informed of any action to be taken and why. The clients involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

11.2 This policy needs to be read in conjunction with other OTR policies and guidance including:

- Conduct, Capability & Disciplinary Policy
- Grievance Policy
- Data Protection & Confidentiality Policy
- Freedom to Speak Up Policy
- Online Safety Policy
- Child Protection & Safeguarding Policy (particularly Section 15 regarding referral to the DBS)
- Engaging With Risk and Creating Safety Policy
- Managing Client Records Guidance

12. STAFF & VOLUNTEERS

12.1 Where a member of staff or volunteer has a concern around the behaviour or actions of another staff member or volunteer, this should be raised in confidence with the Chief Executive or another senior manager as per OTR's Freedom to Speak Up Policy, and the procedure therein should be followed.

13. LOCAL NUMBERS

- Bristol Tel: 0117 922 2700
- South Glos Tel week day: 01454 868007
- Weekends & out of hours: 01454 615165
- If it isn't an emergency but you need help fast: 101
- If emergency help is required: 999