

Safeguarding Policies and Procedures for Adults and Children

Safeguarding Adults Policy

INTRODUCTION

The Care Act 2014 provides a statutory basis for safeguarding adults. Section 42 of the Act states that where the local authority has reasonable cause to suspect that an adult living in its area has needs for care and support, is experiencing or at risk of abuse or neglect **and** as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it an enquiry should be made. The statutory guidance to the Act highlights the six principles of empowerment, prevention, proportionality (of response), protection, partnership and accountability. The emphasis is on Making Safeguarding Personal and ensuring that no decisions are made about the person, without the person being involved.

POLICY PRINCIPLES

To actively work within an inter-agency framework.

To actively promote the empowerment and well-being of adults, through the services Improving Lives provides.

To act in a way which supports the rights of the individual to lead an independent life based on self-determination and personal choice.

To recognise that the right to self-determination can involve risk, and to ensure that such risk is recognised and understood by all concerned and this risk is minimised wherever possible.

FORMS OF ABUSE

Abuse may take a number of different forms:

- **Physical Abuse:** Including hitting, slapping, pushing, kicking, inappropriate use of medication, restraint.
- **Sexual Abuse:** Including rape, and sexual assault or sexual acts to which the person has not consented, or could not consent, or where consent was obtained under duress.
- **Psychological Abuse:** Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, intimidation, coercion, harassment, verbal abuse, isolation or removal from services or support networks.

- Financial / Material Abuse: Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.
- Neglect and Acts of Omission: Including ignoring medical or physical care needs, failure to provide access to appropriate health or social care, educational services, the withholding of the necessities of life; such as adequate nutrition and heating.
- Discriminatory Abuse: Including racist, sexist, that based upon a person's disability, or any form of harassment, slurs, or similar treatment.
- Organisational Abuse: Can feature poor care standards, lack of positive responses to complex needs, inadequate staffing and an insufficient knowledge base within the service. For example staff not receiving appropriate guidance on anti-discriminatory practice.

- Domestic Violence where the person meets the criteria for safeguarding:

Behavior is abusive " if it consists of any of the following

(a) physical or sexual abuse;

(b) violent or threatening behaviour;

(c) controlling or coercive behaviour

d) economic abuse

(e) psychological, emotional or other abuse; and it does not

matter whether the behaviour consists of a single incident or a course of conduct.

The Behaviour of a person A towards another person B is domestic abuse " if:

•(a) A and B are each aged 16 or over and are personally connected to each other, and

•(b) the behaviour is abusive.

(Domestic Abuse Act 2021)

- Modern Slavery: NB The definition of domestic violence and abuse now includes young people aged 16 – 17 and aims to increase awareness that young people in this age group are also at risk: There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:
 - Forced to work - through mental or physical threat;
 - Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
 - Dehumanised, treated as a commodity or bought and sold as 'property';
 - Physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races.

- **Self-neglect:** Self-neglect is any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets.

Self-neglect can happen as a result of an individual's choice of lifestyle, or the person may be depressed, have poor health, have cognitive (memory or decision making) problems, or be physically unable to care for self.

Self-neglect includes:

- Living in grossly unsanitary conditions
- Suffering from an untreated illness, disease or injury
- Suffering from malnutrition to such an extent that, without an intervention, the adult's physical or mental health is likely to be severely impaired.
- Creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets, and suffering from an illness, disease or injury that results in the adult dealing with his or her assets in a manner that is likely to cause substantial damage to or loss of the assets.

Neglect and poor professional practice need to be taken into account. This may take any number of forms, from an isolated incident of omission, or poor or unsatisfactory practice in the first instance, through to pervasive ill treatment and regimens of cruelty or other gross misconduct. Repeated instances of poor care may be an indication of more serious problems, for example, organisational abuse.

It is important to note that the descriptions in this section may arise through deliberate intent, negligence, or ignorance.

DUTIES

These relate to both contracted substantive, temporary and volunteer staff.

Each member of the team is responsible for familiarising themselves with the Policy and Procedure for Safeguarding Adults.

The CEO has a responsibility to ensure that all team members are familiar with their responsibilities, have attended a range of training activities appropriate to their responsibilities and that there are supported mechanisms agreed for people who may have to participate in this process. The CEO and Business Manager should also ensure that safeguarding is a standing item for discussion in supervision and any such discussions should be cross referenced to the record of the person using the service.

All staff and volunteers should attend basic training with respect to awareness that abuse can take place and the duty to report as well as training on recognition of abuse and responsibilities with respect to Multi-Agency procedures.

Staff and volunteers should ensure that records are clear, accessible, comprehensive and contemporaneous. All entries must be dated and entered on the electronic record system:

Lamplight. Any information written must be fact and any opinions expressed should be clearly noted as such and evidenced.

EMERGENCY ACTION

In the event of an emergency course of action needing to be taken, the following steps will be taken:

Immediate steps to safeguard individuals will be taken (*Consider use of 999*).

The CEO or Business Manager will be notified immediately by the staff member or volunteer who suspects abuse. See procedure below.

PROFESSIONAL AND WORKPLACE BOUNDARIES

The term “Boundary” refers to the distinction between a person’s work role (clinical or nonclinical) and their personal identity. It defines the limits of appropriate behaviour in the team member’s relationship with a service user.

A staff or volunteer’s behaviour (what they must do and what they must not do) within their work role is determined by the needs of the service user within the organisation’s work context, professional guidelines (where applicable) and relevant legislation.

Establishing and maintaining appropriate boundaries is essential to safe and effective working with people who use the service and must be a central component of Safeguarding.

CRIMINAL INVESTIGATIONS

All police / criminal investigations take precedence over other internal / external lines of enquiry.

SUPPORTING STAFF AND VOLUNTEERS

Adult Abuse can be a particularly challenging area of clinical practice. Those who are involved in an adult protection investigation can be subjected to very distressing circumstances, potentially outside of their normal remit.

In the event of a staff member or volunteer being involved in an adult protection investigation supervision and support will be provided, in the first instance through the CEO.

SAFEGUARDING ADULTS PROCEDURE

If you suspect abuse tell someone immediately. If this is an emergency situation (for example you witness an assault) phone 999. Do not assume someone else will have done so. If it is not an emergency, in the first instance inform the CEO or Business Manager. If the abuse involves either of these workers speak to the Chair of the Board, Mike Harris.

The CEO or Business Manager will act as the Alerter, or support the member of staff or volunteer to do so. The Alerter will make a telephone call to the Local Authority to discuss the safeguarding concerns. The telephone number is 0300 131 0300.

Information regarding the Alert should be written down in terms of facts that the Alerter is aware of, not what might have happened. The report should be signed by the person raising the concerns.

If someone discloses abuse to you do not ask questions or make promises (for example to keep it a secret or make it stop). Do not contact the person you have been told is the abuser. Do not discuss with other volunteers or workers, except the CEO, Business Manager or Chair of the Board. This is because important information which the police may need to use can be contaminated by these actions.

ESCALATION PROCEDURE

If there is a disagreement between the referring worker and adult social care about the appropriate level of intervention this should be resolved as quickly as possible.

If the referring worker is unhappy with the response from the Adult Social Care Team worker they should ask to speak to the Duty Manager. This should happen within 24 to 48 hours, or much faster depending on the level of risk.

If the matter is not resolved the referring worker should speak to the CEO or Business Manager at Improving Lives who will then contact the Duty Manager of the Adult Social Care Team.

If disputes are not resolved at this level the Manager of Improving Lives will escalate the matter to the Head of Service in Adult Social Care.

SAFEGUARDING CHILDREN POLICY AND PROCEDURE

INTRODUCTION

Improving Lives works with adults with complex needs in the community some of whom are caring for children. This includes parents who are going through the child protection process.

The adverse effects that parental mental ill health, learning disability and problematic substance misuse can have upon children that they have significant contact with is well documented (RCP 2006, Hidden Harm 2007) as well as the impact of domestic abuse. In a national review of child deaths, parental mental ill health and problematic substance misuse are of concern (Analysing Child Deaths and Serious Injury through Abuse: What can we Learn? A Biennial Analysis of Serious Case Reviews 2003 – 2005, DCFS 2008). This is reflected locally as a significant number of children who are subject to a child protection plan have a parent where one or both of these difficulties co-exist.

That said, Working Together to Safeguard Children (2018) states: “All practitioners should follow the principles of the Children Acts 1989 and 2004 - that state that the welfare of children is paramount and that they are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary.”

Improved outcomes can only be achieved and sustained when agencies work together to design and deliver integrated services around the needs of children, young people and their families. It is the aim of Improving Lives to work with families to provide a service that ensures good communication with other agencies to promote positive outcomes for all family members with an awareness that the children’s needs are paramount.

POLICY PRINCIPLES

Government legislation and guidance clearly identifies that Safeguarding Children is **‘everybody’s responsibility’** with emphasis on all agencies to work in a more proactive way.

Working Together to Safeguard Children (DFES 2018) is the statutory guidance that sets out how organisations and individuals should work together to safeguard children, roles and responsibilities and outlines how to manage individual cases.

Staff should consider the needs of any children in the family of their client and to refer to other services for support for the family as necessary and appropriate in line with local child protection procedures. Consultation, supervision and training resources are available to support staff with this.

What to do if You Worried a Child is Being abused (HM Government 2015) states:

You should be guided by the following key principles:

- children have a right to be safe and should be protected from all forms of abuse and neglect;
- safeguarding children is everyone's responsibility;
- it is better to help children as early as possible, before issues escalate and become more damaging; and
- children and families are best supported and protected when there is a coordinated response from all relevant agencies.

You should not let other considerations, like the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect. If you think that referral to children's social care is necessary, you should view it as the beginning of a process of inquiry, not as an accusation.

Section 10 of the Children's Act 2004 is legislation on inter-agency cooperation aimed at improving the wellbeing of children. The duties in section 10 of the Children Act are a key driver for achieving these changes. They require local authorities and their 'relevant partners' to co-operate to improve children's wellbeing. Local authorities must take a lead in making arrangements to promote co-operation between local agencies whose work impacts on children within the authority's area.

The 'relevant partners' include key statutory agencies. However, to achieve their full potential, the co-operation arrangements must encompass a much wider group of partners working with and caring for children and young people, of which Improving Lives is a part.

Nottingham City Safeguarding Children Board: the aim of the board is to provide a forum to agree how services, agencies, organisations and the community work together to safeguard and improve the wellbeing of children. In line with this duty policies and procedures regarding safeguarding children are published on the Nottingham City Council website.

DEFINITIONS

A child is defined as anyone who has not reached their 18th birthday. The fact that a child has reached 16 years of age is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people does not change his or her status or entitlement to services and protection under the Children Act 1989, (Working Together 2018).

Safeguarding and Promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

(Working Together to Safeguard Children 2018)

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Child Protection – is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect children who are suffering or are likely to suffer, significant harm.

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. All agencies and individuals should aim to proactively safeguard and promote the welfare of children, so that the need for action to protect children from harm is reduced.

Child in Need- Children who are defined as being in need under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services plus those children who are disabled.

Significant Harm – Some children are in need because they are suffering or likely to suffer significant harm. This concept was introduced by the Children's Act (1989), this is the threshold that justifies compulsory intervention in family life in the best interests of children and gives the local authority a duty to make enquiries to decide whether they should take action to safeguard and promote the welfare of a child who is suffering or likely to suffer significant harm.

FAMILY SUPPORT PATHWAY

Details of the family support pathway are found here:

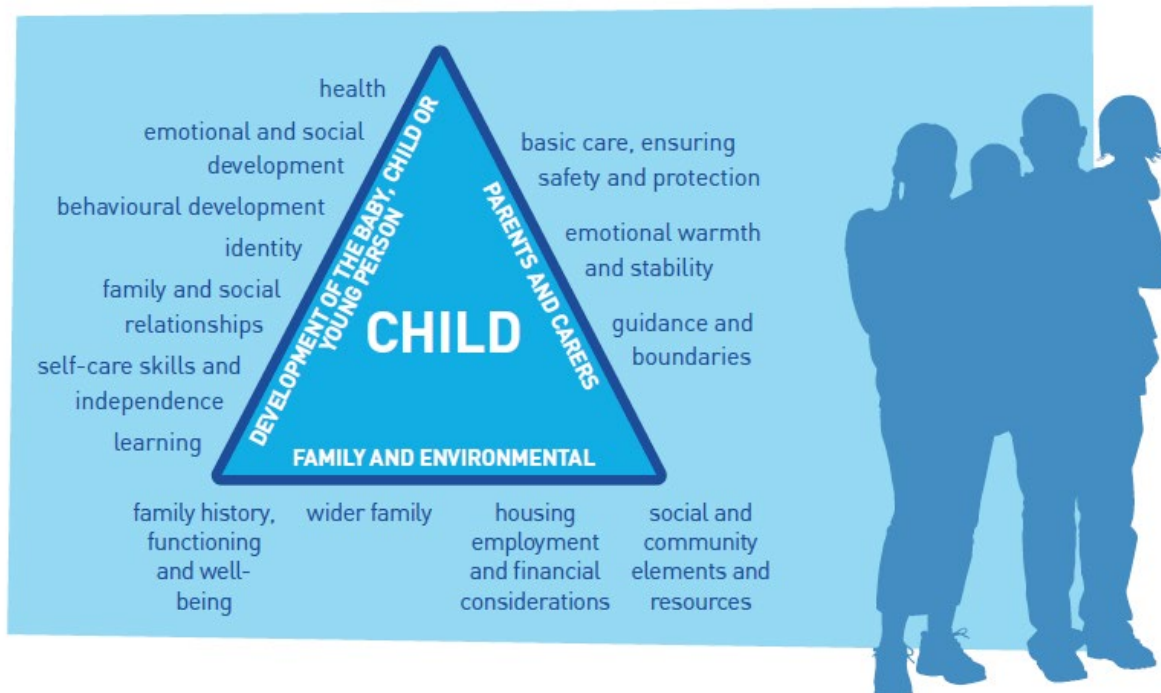
http://www.nottinghamchildrenspartnership.co.uk/media/1536480/57291_family-support-pathways_8319_hr.pdf

The purpose of the Family Support Pathway is to ensure that children and families receive **the right help, at the right time**. It shows the level of support and safety that may be needed by children and families from universal, early help, specialist and protective services.

The Family Support Pathway is a guide for all practitioners and managers in every agency working with children, young people and their families. It will enable practitioners within the Children's Partnership and Adult Services to work in collaboration and have a shared responsibility to support children and families.

It highlights the need for professionals to engage in good quality and effective conversations with children, their families, networks and other professionals, and to undertake good quality assessments to ensure children and families get the right help, at the right time.

The Family Support Pathway contains the following assessment triangle:



There are a variety of ways in which staff may be involved in safeguarding and promoting the wellbeing of children, these are:

- Being alert and identifying children who are suffering or who are at risk of suffering significant harm
- Making referrals to Children's services if a child is in need of support or protection
- Supporting parents subject to Section 47 enquiries (Children Act 1989), child protection conferences, reviews and core groups
- Supporting parents to ensure their children grow up in circumstances that are consistent with safe and effective care
- Identifying when the impact of a service user's mental illness, learning disability or substance misuse may / does impair their child's health and development and taking action to safeguard the child
- Contributing to multi-agency assessments of children and their families
- Liaising with other services for children
- Working with adults who have been the subject of childhood abuse
- Working with adults who have been convicted of abusing children
- Supporting parents who are undertaking parenting assessments
- Continually thinking 'family' and the benefits of a whole family approach.

The following points may impact negatively upon the parent's ability to meet the needs of children who they may care for or have significant contact with;

- Problematic and Chaotic Substance/Alcohol misuse
- Not taking children to appointments and disengagement from services

- Complex Mental Health needs including poor compliance, unstable mental health, symptomology, effects of prescribed medication
- Learning Disability
- Aggression/violence (especially domestic violence)
- Self neglect/poor motivation
- Dangerous persons/Adults who may pose a Risk to Children

Consideration should be given to the involvement of children and young people in care provision and carer support. Working Together (2018) highlighted that children's views on what they want are: vigilance from adults, understanding, action, stability, respect, information, engagement, explanation, support, advocacy and protection.

Estimates suggest that between 50% and 66% of parents with severe and enduring mental illness live with one or more children under 18. That amounts to 17,000 children and young people in the UK. As well as worrying about their parents, children may be reluctant to ask for fear that they will be taken away from their parent. Children may become carers for their parents and lose out socially and educationally. Estimates suggest about 175,000 young carers in the UK are caring for a parent or other family member with some form of mental health problem. <https://www.mentalhealth.org.uk/a-to-z/p/parents-and-mental-health>

Young Carers whose parents have mental health problems are three times more likely than other children to experience mental health problems themselves (Maltser, Gatward, Goodman and Ford 2000).

Improving Lives staff should consider appropriate referrals for young carers wherever necessary ie by referring the adult to Adult Social Care for support, by referring the child to Children's Service if risks are identified and/ or referring the child to the Action for Young Carers at the Carer's Federation.

RISK ASSESSMENT

Improving Lives staff and volunteers should have open and honest discussions with people who use the service regarding any concerns that they may have arising from their illness or problematic substance/alcohol misuse. Specific consideration should be given to level of insight shown by the person who uses the service regarding the actual or potential impact that their illness/ difficulties may have upon the child. Referrals to other agencies should be discussed with parents and carers prior to the referral being made, unless to do so would increase the risk of harm to children or another adult.

When using the assessment triangle, it is essential that staff and volunteers give consideration to the following points:

- Actual/potential risk posed by the client either as part of a delusional state or as a consequence of mental ill health.
- Diagnosis, symptoms and relapse indicators
- Age and developmental stage of the child, children aged under 5 and especially infants are particularly vulnerable.
- Impact of situation on child's emotional well being
- Neglect (unresponsiveness to both physical and emotional needs)

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- Contact with children in the family and wider community, either presently or in the future.
- Strengths and weaknesses of the family including access to formal or
- Informal support networks
- Any risk of injury, aggression or dangerous behaviour (including Domestic Abuse).

If there is cause for concern regarding the immediate safety and welfare of a child, protective action may be required. Staff / volunteers should contact the Police via a 999 telephone call. Discussions with Local Authority Children's Social Care should follow as soon as possible after the incident and the Interim CEO or Business Manager informed.

CHILDREN'S SAFEGUARDING PROCEDURE

Refer to the Family Support Pathway for detailed guidance.

All practitioners have a responsibility to refer a child if they believe or suspect that a child has suffered significant harm, is likely to suffer significant harm, has a disability, developmental and welfare needs which are likely only to be met through provision of family support services or is a child in need whose development would be likely to be impaired without the provision of services.

Indicators Requiring an Immediate Referral to Social Care

- Child is at immediate risk or has suffered significant harm including physical, sexual, emotional harm or neglect
- Unexplained injuries or injuries where there is an inconsistent explanation of the injury
- Under two years old and has unexplained bruising
- Under 1 year old where the parents/carers have significant use issues
- Where there are serious concerns regarding the risk of significant harm to an unborn baby
- Lives or contact with adults who are known to pose a risk to children
- There is evidence of repeated domestic violence witnessed and/or experienced by child; adult mental health issues or substance use issues
- Allegations or disclosures of abuse including sexually abused or evidence of grooming
- Left "home alone" and their age and vulnerability places them at risk, certainly all children "home alone" aged 5 years old and under should be referred.
- Adults who pose a risk
- Child victims at risk of trafficking.

If the referral meets the threshold for children's services the child must be seen as soon as possible following a referral and the child's needs and safety should remain paramount at all times.

MAKING A REFERRAL

Referrals on open cases should be made to the allocated social worker for the case.

For new referrals refer to Children and Families Direct on tel: 0115 876 4800 or in writing email to candf.direct@nottinghamcity.gcsx.gov.uk. The out of hours telephone number is the same, but should only be used for emergency safeguarding enquiries. For children in the county to details are tel: 0300 500 8090 and email mash.safeguarding@secure.nottscg.gov.uk

Children's services will want to know the nature of the concerns, how and why they have arisen, the child's views if known, what the needs appear to be, whether the family are aware of the referral and if they are in agreement, whether the concern involves abuse or

neglect and whether there is any need for urgent action to protect the child in the household or community. You will need to complete a MARF(form), an template and example of which can be found here: <http://intranet.nottinghamcity.gov.uk/childrens-integrated-services/>

ESCALATION PROCEDURE (TO RESOLVE PROFESSIONAL DISAGREEMENTS)

If there is a disagreement between the referring worker and children's social care about the appropriate level of intervention this should be resolved as quickly as possible.

If the referring worker is unhappy with the response from the Screening or Duty Worker, they should ask to speak to the Screening or Duty Manager. This should happen within 24 to 48 hours, or much faster depending on the level of risk.

If the matter is not resolved the referring worker should speak to a Manager at Improving Lives who will then contact the Duty Manager at Children's Services.

If disputes are not resolved at this level the Manager of Improving Lives will escalate the matter to the Head of Service in Neighbourhood Fieldwork and ultimately the matter will be resolved by the Director of Children's Services.

For cases that are already open and the referrer is unhappy with the response from the Social Worker they should raise it with the appropriate Team Manager. As before, attempts should be made to resolve concerns within 24-48 hours or faster if the situation is deemed high risk. If the Social Worker or Team Manager are not available, contact should be made with the relevant Service Manager.

ALLEGATIONS AGAINST STAFF OR VOLUNTEERS

Consideration should be given as to whether the staff member or volunteer should be excluded from duty immediately, pending an investigation in order to safeguard a child.

Discussion with the manager and chair of the board should follow any allegation made against a member of the team.

If there is police involvement, discussions with the police regarding any potential internal investigation and / or any intended action, should occur prior to investigation/action taking place.

TRAINING

Improving Lives staff and volunteers should attend Safeguarding training a minimum of every 3 years.

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Signed

Kerry Devine

CEO

A handwritten signature in black ink, appearing to be 'Kerry Devine', enclosed within a faint, light-colored rectangular border.