



Safeguarding Policy and Procedure

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Look Ahead
CARE, SUPPORT AND HOUSING



Our mission

Working with people to make choices, achieve goals and take control of their lives through high quality care, support and housing.

Our values

Excellence

Aspiration

Partnership

Trust

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Contents

1	Scope	6
2	Introduction and Legal Framework	6
3	What is Safeguarding?	7
4	Adults with Care and Support needs	7
5	Child Protection	7
6	Working in partnership with Local Authorities	8
7	The Look Ahead Approach.....	8
8	Roles and responsibilities within Look Ahead.....	9
9	Reporting a Safeguarding Concern.....	10
	Working with Families	10
	Advocacy.....	11
10	Consent and Mental Capacity.....	11
	Deprivation of Liberty	11
11	What are abuse and neglect?	12
12	Managing Safeguarding Concerns.....	12
	Stage 1: Prevention and preparedness	13
	Stage 2: Identifying safeguarding concerns and responding to allegations.....	13
	Stage 3: Resolving effectively	13
13	Person-centred.....	14
14	Person alleged to have caused harm.....	14
15	Sharing information	14
16	Training and Information.....	15
	Staff.....	15
	Customers	16
17	Monitoring and Reporting	16
	Contract Managers.....	16
	Operations Managers.....	16
	Board.....	16
	Look Ahead’s Quality Management System	16
18	Equality and Diversity	17
PROCEDURE.....		18
1	Preventing Abuse and Being Prepared	18
	A. Local Safeguarding Protocol	18
	B. Recognised Manager	18
	C. Customers who understand safeguarding.....	18
	D. Safeguarding File.....	18

E. Robust risk management procedures	19
F. Good Links with Partners	19
2 Raising a Safeguarding Concern	19
Recognising a safeguarding concern	19
Who to report a concern to?	20
How do you know if it is abuse or neglect?	20
Communicating with customers who have different communication needs	21
Mental Capacity.....	21
3 Consider the person alleged to have caused harm.....	21
If person alleged to have caused harm is a Look Ahead member of staff.....	21
Responsibilities towards the person alleged to have caused the harm	22
4 Responsibilities of the person receiving initial concern (Support Worker/Assistant Support Worker).....	22
Keeping customers safe and preserving evidence	23
Informing your Contract Manager immediately	23
Considering the person alleged to have caused harm	23
Making a record	23
5 Responsibilities of the Contract Manager/Team Leader	24
Deciding whether or not to make a referral	25
6 Does the customer give consent to make the referral?	25
7 Making a Safeguarding Referral	26
Referral to the Local Safeguarding Authority.....	26
Where a referral is not made	26
Recording the incident and decisions	27
Communicating with and supporting staff.....	27
Working with Families and Carers	27
8 External Reporting.....	27
Care Quality Commission (CQC)	27
Reporting a Crime	27
9 Local Authorities and Referrals	28
Decision 1: Lead Agency (Local Authority/Health Trust) Accepts Concern as a Referral.....	28
Decision 2: Lead Agency (Local Authority/Health Trust) does not accept concern as a referral	28
10 Close the Case	29
11 Carrying Out an Internal Investigation	29
Initial discussion.....	29
Enquiry.....	29

Case conference	30
Protection plan.....	30
Appendix 1 Multi Agency Procedures	32
Process Map 2 – Contract Manager decides whether to refer	34
Process map 3 – decision taken to refer.....	35
Process map 4 – Local Authority decides not to accept case	36
Appendix 3: Look Ahead Adult Safeguarding - Local Service Protocol	37
Appendix 4: Adult with care and support needs vulnerability.....	38
Appendix 5: Types of Abuse.....	39
Physical Abuse.....	39
Restraint	39
Domestic violence	39
Forced Marriage.....	39
Honour-Based Violence	39
Female Genital Mutilation (FGM).....	39
Sexual Abuse	40
Sexual Exploitation	41
Psychological abuse.....	41
Financial or material abuse	41
Modern slavery	42
Discriminatory abuse.....	42
Hate Crime	42
Disability Hate Crime.....	42
Mate Crime.....	43
Organisational abuse	43
Neglect and acts of omission.....	43
Self-neglect.....	44
Appendix 6: Local Authority’s Responsibilities: An Enquiry under Section 42 of the Care Act. 45	
Appendix 7: Local authority decides to accept the referral as a ‘case’	47
Related Documents.....	49
Glossary.....	49
Version Control	49

Policy

1 Scope

- 1.1 This policy applies to all staff, contractors, volunteers, board members and anyone working on our behalf.
- 1.2 This policy is closely related to and should be read in conjunction with following policies. Including but not limited to:
 - Relevant HR policies
 - Customer that go Missing
 - Child Protection
 - Raising Concerns at Work and Whistleblowing
 - Complaints and Feedback
 - Confidentiality and Data Protection
 - Domestic Abuse.
- 1.3 This policy applies to anyone who is over 18. Please refer to the Child Protection policy and procedure for any safeguarding concerns relating to someone under 18 or an unborn child.

2 Introduction and Legal Framework

- 2.1 Look Ahead Care and Support (LACS) recognises that all adults have a basic right to live free from abuse and we will support our customers to ensure they are able to achieve this right. We also recognise that our customers have a right to make decisions about their lives and so will always seek to work with them to enable this to happen.
- 2.2 Look Ahead provides care, support and accommodation to people who are vulnerable and at risk of abuse because of a range of factors. Therefore the organisation has a duty to comply with both our statutory responsibilities and with our partner local/health authority Safeguarding Adults procedures.
- 2.3 This policy is in line with the 2014 Care Act which places adult safeguarding on a legal footing and requires statutory authorities to establish a Safeguarding Adults Board whose objective is to help and protect adults at risk of abuse and neglect and who will make enquiries if the adult concerned:
 - Has care and support needs (not just individuals in receipt of statutory services).
 - Is experiencing, or is 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.
- 2.4 This policy and procedure aims to ensure that our staff are able to respond to any concerns in a consistent manner, and is therefore in line with the following:
 - The Care Act 2014.
 - Care and Support Statutory Guidance 2014 (Care Act 2014).
 - London Multi-Agency Safeguarding Policy and Procedures 2015.
 - Social Care Institute for Excellence SCIE Report 2011.

- Making Safeguarding Personal 2014, LGA.

- 2.5 This policy and procedure sets out the definitions of abuse, the principles of our responsibility and our approach, how we inform our staff and customers of the procedure, and how we monitor and report on Safeguarding.
- 2.6 This procedure details how our services will be prepared to respond to allegations of abuse and the step by step process our staff will follow in response to allegations and/or concerns which have been raised.

3 What is Safeguarding?

- 3.1 Safeguarding is defined by the Care Act 2014 as ‘protecting an adult’s right to live in safety, free from abuse and neglect.’
- 3.2 This policy and procedure sets out Look Ahead’s approach to preventing and responding to concerns of abuse, harm or neglect of adults.
- 3.3 A safeguarding concern may arise from a range of sources and the action we take will depend upon the circumstances.
- 3.4 This Safeguarding Adults Policy and Procedure is part of a suite of related policies and procedures, including [Complaints, Child Protection and Domestic Violence](#), and staff will determine the appropriate action to take based upon the circumstances.

4 Adults with Care and Support needs

- 4.1 An adult with care and support needs is a person aged 18 years or over “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to care of him or herself, or unable to protect him or herself against significant harm or exploitation” (Dept Health guidance, 2000).
- 4.2 For the purposes of safeguarding all Look Ahead customers are adults with care and support needs.
- 4.3 In the context of Safeguarding Adults, the vulnerability of the adult is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation. It is important to note that people with mental capacity can also be vulnerable and therefore considered to be an “adult with care and support needs”. Some of the factors that determine the level of vulnerability are set out in [Appendix 6](#).

5 Child Protection

- 5.1 All services will work within the Look Ahead Child Protection Policy and Procedure and staff in services with children (including 16-17 year olds) will observe and monitor their welfare as part of support planning and risk management. The service will work within the Common Assessment Framework and have good links with the local Children and Families service.

6 Working in partnership with Local Authorities

- 6.1 All Look Ahead's support and care services are funded by a statutory authority that has the lead responsibility to safeguard adults through its Safeguarding Adults Board. Each Look Ahead service will therefore work within these statutory procedures and be guided by the Safeguarding lead from the respective authority.
- 6.2 Each statutory authority will have their own Safeguarding framework setting out the protocols they will follow when there is a safeguarding concern. All Look Ahead services will ensure that they understand and work within these local protocols.
- 6.3 The Care Act requires that each local authority must:
- Make enquiries or cause others to do so if they believe an adult is experience or at risk of abuse or neglect.
 - Set up a Safeguarding Adults Board (SAB).
 - Arrange, where appropriate for an independent advocate to represent and support an adult who is part of a safeguarding enquiry or Safeguarding Adult Review (SAR).
 - Co-operate with each of its relevant partners (such as Look Ahead) in order to protect the adult.
- 6.4 We will contribute to effective inter-agency working and effective multi-disciplinary assessments and joint working partnerships in order to provide the most effective means of safeguarding adults.
- 6.5 Where we have information about individuals who may be at risk from abuse, we will share this where appropriate with due regard to the law and local agreement.

7 The Look Ahead Approach

- 7.1 The Care Act sets out six key principles which apply to all sectors. These principles should inform the ways in which professionals and other staff work with adults.

Empowerment	People being supported, provided with information and encouraged to make their own decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
Prevention	It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
Proportionality	A proportionate and least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."
Protection	Support and representation for those in greatest need. "I get help and support to report abuse and

	neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
Accountability	Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

8 Roles and responsibilities within Look Ahead

- 8.1 **All members of staff** have a responsibility to report, in a timely way, any concerns or suspicions that an adult with care and support needs is being or is at risk of being abused.
- 8.2 Our **Board of Management** is ultimately accountable for how safeguarding is managed at Look Ahead. They in turn delegate operational accountability to Senior Management Team (SLT).
- 8.3 **SLT** is responsible for ensuring that effective safeguarding systems are in place which meet our statutory obligations, minimise risk to customers and manage any reported instances appropriately.
- 8.4 Within SLT the **Executive Director of Care**, Alex Seery, is our safeguarding champion. Their role is to ensure that staff and customers can recognise safeguarding concerns and know how to report them. They will also ensure that staff understand their role and responsibilities in relation to this policy and procedure, and that they have access to training that is appropriate to their level of responsibility.
- 8.5 There will always be at least two members of staff in the organisation who are **Safeguarding Leads** and available to give advice to any member of staff on safeguarding. Normally these would be an Operations Director and/or nominated Operations Manager.
- 8.6 **Operations Manager** are responsible for ensuring that safeguarding cases in their patches are managed correctly and that Contract Managers have the right skills and resources to do this. They will provide advice to Contract Managers about when safeguarding criteria are met.
- 8.7 In turn **Contract Managers** and **Team Leaders** are responsible for ensuring local protocols are in place to manage any safeguarding concerns in line with their local authority’s requirements and for managing any individual safeguarding cases in line with these protocols. They are responsible for reporting concerns to the appropriate agencies and for implementing any action plans to address the safeguarding concern. They are also able to carry out an internal Safeguarding

investigation and can plan and agree a strategy to protect a customer from abuse during and following an investigation.

- 8.8 They will understand the impact of abuse on adults at risk and will ensure customers are consulted, kept informed and supported throughout a Safeguarding process.
- 8.9 **Support Workers and Assistant Support Workers** will have a clear understanding of the different forms of abuse and how to recognise signs/indicators. They will also be clear in their role in identifying and reporting concerns regarding adult abuse.

9 Reporting a Safeguarding Concern

- 9.1 Proof is not required to report something as a safeguarding concern; all that is required is that there are reasonable grounds to suspect abuse has taken place.
- 9.2 The Care Act requires statutory authorities to accept a referral and make enquiries if the adult concerned:
- Has care and support needs (not just individuals in receipt of statutory services)
 - Is at risk of abuse or neglect
 - Is unable to safeguard him or herself.
- 9.3 It is the subsequent actions taken which will determine whether the concern can be proven and what suitable actions should be put in place to deal with this situation.
- 9.4 It is important to discuss the different options with the person and ask the person if they would like to report the matter to the police, and explain the different ways the police may be able to help.
- 9.5 If the person wants it, they will support the person to report the incident to the police and recognise an investigation will be carried out if a crime has been or may have been committed. Guidance should be sought during the safeguarding process whether Look Ahead will report the incident to the police even if the person does not want to report it, if there are public interest or vital interest considerations, or if other people could be at risk from the same person.
- 9.6 If we do this or anything else against the wishes of the person it will be fully explained to the person.
- 9.7 In addition we will make a referral to the local authority contact point, notify the Care Quality Commission (CQC), where appropriate, and start an investigation.

Working with Families

- 9.8 Look Ahead supports some customers whose families or carers are closely involved in their lives. Where a customer raises a safeguarding concern, in relation to a member of their family, we will follow our usual procedure. We will work within the lead statutory processes to keep the customer safe and informed of what is happening.

Advocacy

- 9.9 The Care Act places a duty on local authorities to arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.
- 9.10 This is in addition to the existing advocacy duties, Independent Mental Capacity Advocates and Independent Mental Health Advocates both of whom can be used to support adults at risk during a safeguarding enquiry under some circumstances.

10 Consent and Mental Capacity

- 10.1 The Mental Capacity Act 2005 provides the framework to empower and protect people who may lack the capacity to make some decisions for themselves at a given time. Please see the [Mental Capacity Policy and Procedure](#) for more information.
- 10.2 We presume that adults have the mental capacity to make informed decisions about their own safety and how they lead their lives.
- 10.3 However, some of our customers will have been assessed under the Mental Capacity Act (MCA) as lacking capacity in certain areas - which may include lacking capacity to give informed consent to a safeguarding referral.

Deprivation of Liberty

- 10.4 The Mental Capacity Act allows restrictions to be used if these are in the person's best interests providing the adult is assessed as not having capacity to understand their need for treatment care or safety. Extra safeguards are needed if the restrictions and restraint will deprive a person of their liberty. These are the Deprivation of Liberty Safeguards and can **only** be used in a care home or hospital.
- 10.5 If a care home thinks it needs to deprive someone of their liberty they will need to ask permission from the relevant local authority or health body. They can do this up to 28 days before they plan to deprive someone of their liberty.
- 10.6 Since 19th March 2014 following a supreme court ruling many more people are likely to need authorisation under the Deprivation of Liberty Safeguards or by order of the Court of Protection.
- 10.7 This extended the definition to include people living in domestic settings which includes supported accommodation where people lack capacity:
- If a person is "under continuous supervision and control", as they may well be in hospital, that points towards a deprivation of liberty.
 - If a person is "not free to leave" then that strongly points to a deprivation of liberty.
- 10.8 Where the Safeguards cannot be used, applications should be made to the Court of Protection. This includes in supported living or independent living if the adult is in receipt of 24 hour support.

10.9 Please see the [Deprivation of Liberty Policy and Procedure](#) for more information.

11 What are abuse and neglect?

11.1 Safeguarding adults applies whether the abuse is from one person to another or self inflicted.

11.2 Abuse may be:

- A single act or repeated acts
- An act of neglect or a failure to act
- Multiple acts e.g. an adult with care and support needs may be neglected and also being financially abused.

11.3 Look Ahead and local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered.

11.4 Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

11.5 Abuse can take place in settings such as the person's own home, day or residential centres, supported housing, educational establishments, or in nursing homes, clinics or hospitals.

11.6 A number of abusive acts are crimes and informing the police must be a key consideration.

11.7 The Care Act identifies a number of different types of abuse and neglect. Whilst these are the most common they should not be seen as exhaustive and each case needs to be reviewed on its own merits.

11.8 The categories of abuse and neglect identified in the Care Act:

- Physical
- Domestic violence
- Sexual
- Psychological/emotional
- Financial and material
- Modern slavery
- Neglect and acts of omission
- Discriminatory
- Organisational
- Self-neglect (including hoarding)

11.9 These are described in more detail in [Appendix 7](#).

12 Managing Safeguarding Concerns

12.1 A safeguarding concern may arise from a range of sources and the action we take will depend upon the circumstances. Look Ahead has a three stage approach to safeguarding adults.

Stage 1: Prevention and preparedness

12.2 Our aim is to **prevent** safeguarding incidents through good risk management.

12.3 This includes having:

- HR policies and procedures in place which ensure our staff are fit to work with adults at risk.
- Up to date Risk Management Plans in place for all customers.
- Clear information for customers about how to keep themselves safe, understand what abuse is, what behaviour is acceptable and how to report concerns.
- Services with up to date risk assessments in place to reduce risk of safeguarding incidents.
- Both customer risk management plans and service risk assessments reviewed and updated in light of any incidents and mitigation actions put in place.
- Comprehensive organisational Quality Standards which set out clear expectations on managing Safeguarding, with services assessed annually against these standards and action plans put in place to improve.
- Routine monitoring of safeguarding incidents and cases, with internal reporting and learning from our experiences.

12.4 Where safeguarding incidents do occur we will ensure that we are **prepared**, that we are able to identify them and deal with them quickly and appropriately.

12.5 We do this by ensuring:

- Staff and customers recognise abuse and know how to report it by more than one route.
- Staff are appropriately trained, know our policies and procedures and their role and responsibility within them.
- Contract Managers understand local authority protocols, including who to contact, how and when.
- Systems are in place for recording and monitoring safeguarding concerns.
- Improvement actions identified through our internal Quality Management System are addressed.

Stage 2: Identifying safeguarding concerns and responding to allegations

12.6 In the event a safeguarding concern arises we will ensure we follow the principles outlined above, in particular ensuring that the adult with care and support needs is safe and that they know what is happening.

12.7 We will work quickly to gather relevant information, decide on the appropriate course of action and notify relevant bodies as quickly as possible.

12.8 We will talk to the customer at every stage to determine what they want the outcome to be and what action they want taken.

Stage 3: Resolving effectively

12.9 Once a safeguarding concern has been identified we will follow the local protocols and work constructively with our partners to ensure the concern is addressed.

12.10 We will also ensure we take any necessary internal action separate to this, including disciplinary action, where appropriate or an internal safeguarding enquiry.

12.11 Once the safeguarding case has been concluded we will evaluate the learning from the incident and review both local protocols and corporate policies and procedures, as appropriate.

13 Person-centred

13.1 Look Ahead's approach to safeguarding is in line with our Positive Pathways Support Planning and Risk Management framework and we will make the dignity, safety and well-being of the individual a priority.

13.2 We will support individual customers to develop risk management plans which minimise the chances of safeguarding incidents occurring, and we will work with them to ensure they are able to recognise and report cases of abuse if they do occur.

13.3 As far as possible Look Ahead will respect the rights of the person causing harm, and if that person is also an adult with care and support needs we will provide support so that their needs are addressed.

14 Person alleged to have caused harm

14.1 Safeguarding Adults may well involve working directly with the person alleged to have caused harm and possibly providing extra support or services to this person.

14.2 It is important that any safeguarding investigation is both fair and balanced; however there is an overriding principle that no actions during the safeguarding enquiry should put the adult at more risk. Given this the Responsible Manager will need to decide what approach to take with the person alleged to have caused harm. They will need to:

- Consider liaising with the police regarding the management of risks involved.
- Decide whether the person alleged to have caused the harm is told about the allegations or given an opportunity to give their statement if this could put the adult at more risk. However if the person is a member of staff and an immediate decision has to be made to suspend them, the person has a right to know in broad terms what allegations or concerns have been made about them.
- If the person causing harm is another customer, action taken could include removing them from contact with the adult with care and support needs. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met.
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with service users and others who may be at risk – for example, staff who have raised concerns.

15 Sharing information

15.1 Information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation.

15.2 We reserve the right to share information with not only statutory organisations but also voluntary and independent sector organisations, housing authorities, the police and Crown Prosecution Service, as well as organisations which provide advocacy and support.

15.3 We will share information in line with the principles set out below:

- Adults have a right to independence, choice and self-determination. All Look Ahead customers' sign a 'Consent to disclose' form when they take up a service, and this sets out how and when we will share information with other agencies.
- The person's wishes should always be considered. However, protecting adults at risk establishes a general principle that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved.
- Information given to an individual member of staff belongs to Look Ahead and not to the individual employee. An individual employee cannot give a personal assurance of confidentiality to any of our customers.
- Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from abuse or harm.
- Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult.
- Look Ahead has a "Disclosing and Raising Major Concerns at Work" Policy and Procedure and staff reporting concerns at work ('whistleblowing') are entitled to protection under the Public Interest Disclosure Act 1998.

15.4 Decisions about what information is shared and with whom will be taken on a case by case basis. Whether information is shared with or without the adult with care and support needs's consent, the information shared should be:

- Necessary for the purpose for which it is being shared
- Shared only with those who have a need for it
- Accurate and up to date
- Shared in a timely fashion
- Shared accurately
- Shared securely.

15.5 Look Ahead's Confidentiality and Information Sharing Procedure sets out the following guidance for sharing information:

- Sharing information with consent
- Sharing information without consent
- Information sharing when the person does not have capacity to consent.

16 Training and Information

Staff

16.1 All Look Ahead operational staff will be informed about this policy and procedure as part of their induction into the organisation.

16.2 In order that staff are able to recognise abuse and neglect and fully understand their responsibilities within this procedure and the local protocol new staff will attend Safeguarding training as part of their Operational Induction.

16.3 All existing staff will attend refresher training every two years.

Customers

16.4 All Look Ahead customers will be made aware of their rights to live free from abuse or harassment.

16.5 We will provide information to customers that sets out our Safeguarding procedures and how we will respond to concerns and/or disclosures.

16.6 This information will be in a format appropriate for different customer groups, for example in pictorial format for customers with low literacy levels.

17 Monitoring and Reporting

17.1 All safeguarding incidents must be reported on our RIVO Safeguarding IT system in line with our Incident Management policy and procedure.

Contract Managers

17.2 Contract Managers are responsible for monitoring progress on cases in their service and updating the system. They are also responsible for keeping all key stakeholders informed about the progress of cases.

17.3 Contract Managers should review their safeguarding concerns and cases regularly to ensure that cases are being progressed and to identify any common issues.

Operations Managers

17.4 Operations Managers should be aware of any safeguarding cases in their patch and monitor that the appropriate action is being taken.

17.5 Each month a summary of safeguarding incidents and cases is reported to SMT.

Board

17.6 Twice a year the Board will receive a safeguarding report which provides an overview of how safeguarding has been managed, any significant cases and the organisational learning from these.

Look Ahead's Quality Management System

17.7 Our Quality Management System has two specific standards for safeguarding. Each service will have a verified self-assessment in place for these standards, and be addressing any areas of weakness through a quality improvement plan.

17.8 As part of the annual assessment, each service has to demonstrate that:

- The measures set out to prevent and prepare for safeguarding concerns are in place
- All Safeguarding concerns are reported in line with the services protocol and local authority expectations.
- There is appropriate follow up to all concerns and concerns raised.

18 Equality and Diversity

- 18.1 Services provided should be appropriate to the adult with care and support needs and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture or lifestyle.

PROCEDURE

1 Preventing Abuse and Being Prepared

- 1.1 Each service must ensure that it has appropriate measures to minimise the likelihood of safeguarding incidents arising, but that it is also ready to respond appropriately and effectively when they do.

Each Contract Manager must ensure that their service has:

A. Local Safeguarding Protocol

- 1.2 This must clearly set out instructions for staff on what to do if a safeguarding concern is raised in their service.
- 1.3 Contract Managers need to be clear about the external reporting expectations and responsibilities. Each Local Authority will have a safeguarding procedure which we must adhere to this and base the local protocol around this. The local area is also likely to have a local information sharing protocol which should be referenced.
- 1.4 The local protocol will include named contacts, details of the local authority process for safeguarding and copies of the **Local Service Safeguarding Form** used by the Local Authority. A template for this protocol is attached at Appendix 3.

B. Recognised Manager

- 1.5 The **Recognised Manager** is responsible for determining whether to raise safeguarding concerns with the local authority. This will normally be the Contract Manager.
- 1.6 The **Recognised Manager** will have attended management training on Safeguarding and will fully understand their responsibilities.

C. Customers who understand safeguarding

- 1.7 Safeguarding must be discussed with customers as part of their induction to the service and they should be given a copy of the leaflet.
- 1.8 Safeguarding should also be discussed at house meetings and posters put on display.
- 1.9 This will be done in an appropriate way for the customer group and the type of service.

D. Safeguarding File

- 1.10 Each service must have a safeguarding file (which can be electronic) containing the following:
- A log of all safeguarding concerns
 - A list of the live concerns and the action being taken.
 - Copies of forms sent to Local Authorities and relevant accompanying documents (minutes of meetings, copies of emails etc.)

- 1.11 All safeguarding incidents must be recorded on RIVO so the service's RIVO records should form the large part of the file.
- 1.12 This file will contain very sensitive and confidential information and must be kept in a safe place. This could be in the Contract Manager's office, an office safe or in a secure folder on an electronic shared drive.

E. Robust risk management procedures

- 1.13 Every customer will have an up to date Risk Management Plan in place and will understand what abuse is and how to report it.
- 1.14 Some services will also have a Monitoring Procedure in place, where customers are checked more frequently by staff further to increased concerns about their level of risk. Services can put in place an early stage action plan, as part of risk management to address risk concerns, aiming to prevent an abusive situation occurring which could require a Safeguarding referral.
- 1.15 All services will work within the Look Ahead Child Protection Policy and Procedure and staff in services with children (including 16-17 year olds) will observe and monitor their welfare as part of support planning and risk management. The service will work within the Common Assessment Framework and have good links with the local Children and Families service.

F. Good Links with Partners

- 1.16 The service will have good links with appropriate local agencies, including those that work with domestic abuse, with clear arrangements in place with the local MARAC (Multi-Agency Risk Assessment Conference) co-ordinator.

2 Raising a Safeguarding Concern

Recognising a safeguarding concern

- 2.1 All customers who are receiving a support or care service from Look Ahead are, for the purposes of this safeguarding procedure, deemed to be 'adults at risk'.
- 2.2 All staff have a duty to inform the relevant manager or equivalent if they are concerned that an adult with care and support needs:
 - Has been harmed, abused or neglected or;
 - Is being harmed, abused or neglected or;
 - Is at risk of being harmed, abused or neglected.
- 2.3 This concern can arise from number of sources including but not limited to:
 - The customer themselves may inform a staff member
 - A staff member identifies the potential signs of abuse
 - A third party such as a family member, others using the service, a carer or a member of the public
 - A safeguarding concern can also be made directly to the local authority by a third party, or staff member and it will be the local authority that approaches Look Ahead.
- 2.4 The concern may well be reported as something else such as a complaint or anti-social behaviour and the staff member needs to assess whether it is a

safeguarding issue. Staff should speak to a manager or a Look Ahead Safeguarding lead if they are unsure.

Who to report a concern to?

- 2.5 All Look Ahead staff should be aware of at least three different ways of raising a safeguarding concerns, including one which external to Look Ahead.
- 2.6 These include, but are not limited to reporting this to:
- Their manager
 - Any other Look Ahead manager
 - A member of SMT or SLT
 - One of the Look Ahead safeguarding leads
 - The local authority lead
 - The police
 - The CQC.

How do you know if it is abuse or neglect?

- 2.7 The Care Act identifies a number of different types of abuse and neglect. Whilst these are the most common they should not be seen as exhaustive and each case needs to be reviewed on its own merits.
- 2.8 The categories of abuse and neglect identified in the Care Act:
- Physical
 - Domestic violence
 - Sexual
 - Psychological/emotional
 - Financial and material
 - Modern slavery
 - Neglect and acts of omission
 - Discriminatory
 - Organisational
 - Self-neglect (including hoarding)
- 2.9 These are described in more detail in [Appendix 7](#).
- 2.10 Local Authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered.
- 2.11 Where there the abuse or neglect is related to an individual under the age of 18, staff should refer to the [Child Protection Policy and Procedure](#).
- 2.12 Staff should also refer to Look Ahead's Domestic Abuse Policy and Procedure and, if appropriate, a referral should be made to the local MARAC (Multi-Agency Risk Assessment Conference) according to the written agreements made for MARAC referrals in the relevant local authority.

Communicating with customers who have different communication needs

- 2.13 Customers who are unable to communicate verbally or who have limited communication skills will have agreed communication passports in place, and we will follow the protocols within these.
- 2.14 Where customers are completely non-verbal support staff are expected to observe body language, and to look for any changes in behaviour that may signal that the customer is in distress.

Mental Capacity

- 2.15 Some LACS customers will have been assessed under the Mental Capacity Act as lacking capacity in certain areas (e.g. whether they are able to go out on their own or have control of their money).
- 2.16 This does not necessarily mean that they lack capacity in all areas of their life – however if they, or an advocate representing them raises a safeguarding concern – the relevant social worker (or Emergency Duty Team if out of hours) must be **immediately** informed. It is highly likely they will then lead on all further action, directing us as required.

3 Consider the person alleged to have caused harm

- 3.1 It is important that any safeguarding investigation is both fair and balanced; however there is an overriding principle that no actions during the safeguarding enquiry should put the adult at more risk. Given this the Responsible Manager will need to decide what approach to take with the person alleged to have caused harm.
- 3.2 If person alleged to have caused harm is a Look Ahead customer
- 3.3 The safety of the adult remains paramount, although Look Ahead retains responsibilities to the customers alleged to have caused abuse.
- 3.4 This includes their ability to understand the alleged actions, the extent to which the alleged act may reflect their support needs and the potential risk they may pose to other customers.
- 3.5 If the alleged abuse is a criminal offence, Look Ahead staff will need to make an appropriate report to the police but may also need to offer the customer additional support if they are subsequently interviewed.

If person alleged to have caused harm is a Look Ahead member of staff

- 3.6 All allegations made against any staff member will be taken seriously as our staff are in a particular position of trust when working with our customers.
- 3.7 If allegations are raised against staff member(s) (including volunteers and Personal Support Assistants) a decision will need to be taken by the person's line manager about whether they pose a risk to customers or other staff members (e.g. whistleblowers) and what action needs to be taken.

- 3.8 The safety of the adult with care and support needs remains the priority and any emergency action should be taken.
- 3.9 The Contract Manager must discuss this with their Manager and the HR team. The alleged abuser may need to be removed from their normal duties until the allegation has been fully investigated, in line with relevant disciplinary procedures.

Responsibilities towards the person alleged to have caused the harm

- 3.10 It is important that any safeguarding enquiry is both fair and balanced. However there is an overriding principle that no actions during the safeguarding investigation should put the alleged victim more at risk, so decisions may need to be made regarding how, when and where to tell the alleged perpetrator about the allegations.

4 Responsibilities of the person receiving initial concern (Support Worker/Assistant Support Worker)

- 4.1 In most cases concerns will be raised firstly with support workers. The member of staff who receives the information will:
- Make an immediate evaluation of the risk and take steps to ensure that no one is in immediate danger.
 - Where appropriate dial 999 if the emergency services are needed.
 - Contact the police if a crime has been or may have been committed.
 - Not disturb or move articles that could be used in evidence, and secure the scene, for example, by locking the door to a room.
 - Contact the local authorities Child Protection Team (or Emergency Duty Team if out of hours) if a child is also at risk.
 - Contact the customer's Social Worker – this is particularly essential if the customer has Mental Capacity Act assessments in place.
 - If possible, make sure that other customers are not at risk.

Responding to an adult with care and support needs who is making a disclosure

- 4.2 The first concern must be to ensure the safety and well-being of the alleged victim.
- 4.3 Staff need to be as sensitive and accommodating of this as they can, and must take the views and wishes of the alleged victim into account.
- Assure them that you are taking them seriously.
 - Listen carefully to what they are telling you, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage.
 - Do **not** give promises of complete confidentiality.
 - Explain that you have a duty to tell your manager or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them.
 - Reassure them that they will be involved in decisions about what will happen.
 - Explain that you will try to take steps to protect them from further abuse or neglect.
 - If they have specific communication needs, provide support and information in a way that is most appropriate.

- Do not be judgemental or jump to conclusions.

Keeping customers safe and preserving evidence

- 4.4 In a small number of cases a crime may have been committed. In these situations, and where the police have been called it is important that forensic and other evidence is collected and preserved.
- 4.5 The police will attend the scene, and Look Ahead staff can play an important part in ensuring that evidence is not contaminated or lost. Therefore:
- Try not to disturb the scene, clothing or victim if at all possible.
 - Secure the scene, for example, lock the door.
 - Keep the customers file in a secure place, preferably locked in the Contract Managers office or safe. If a crime has been committed, it is important that this file is not tampered with as documents may be required as evidence.
 - Preserve all containers, documents, locations, etc.
 - Consider that evidence may be present even if you cannot actually see anything.
 - If in doubt contact the police and ask for advice.

Informing your Contract Manager immediately

- 4.6 Once the Support Worker has made sure the person is safe and there is no immediate risk, they must inform their line manager that an incident has occurred or that a concern has been reported.
- 4.7 If the line manager is not available they must contact the Operations Manager responsible for their service.
- 4.8 If an allegation has been made against the Contract Manager the Support Worker must inform their Operations Manager immediately.
- 4.9 If the Support Worker is unsure, they should contact one of the Look Ahead Safeguarding Leads.
- 4.10 If this is out of hours or the weekend, they should contact the Manager on call.

Considering the person alleged to have caused harm

- 4.11 The Support Worker should not discuss the concern with the person alleged to have caused harm at this stage, unless the immediate welfare of the vulnerable adult makes this unavoidable.

Making a record

- 4.12 As soon as is possible, the Support Worker needs to make a record of what has happened. Support workers should complete the **Local Service Safeguarding Form** supplied by the local safeguarding authority.
- 4.13 The following information will need to be included:
- Date and time of the incident
 - Exactly what the adult with care and support needs said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported.

- Appearance and behaviour of the adult with care and support needs
- Any injuries observed
- Name and signature of the person making the record
- If you witnessed the incident, write down exactly what you saw.

4.14 The record should be factual. However, if the record does contain your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.

4.15 The Support Worker must then raise an incident on RIVO Safeguard. The Local Service Safeguarding Form should be attached to the incident report.

4.16 The completed form must reflect as accurately as possible what was said and done by the people initially involved in the incident either as a victim, suspect or potential witness. A copy needs to be:

- Filed in the service's Safeguarding File
- Filed in the confidential section of the customers file.
- The service's safeguarding log also needs to be completed.

5 Responsibilities of the Contract Manager/Team Leader

5.1 Once the Contract Manager has been informed of the allegation, they must decide without delay on the most appropriate course of action.

5.2 To do this the Contract Manager should go through the details of the incident with the support worker and speak to the adult with care and support needs.

5.3 The Contract Manager must speak to the alleged victim to ensure the full details have been disclosed. They should consider:

- Speaking to them with another member of staff or with an advocate/ involved professional.
- Speaking to them in a private and safe place and informing them of any concerns
- Getting their views on what has happened and what they want done about it
- Giving them information about the Safeguarding Adults process and how that could help to make them safer
- Supporting them to ask questions about issues of confidentiality
- Explaining how they will be kept informed and supported.
- Identifying communication needs, personal care arrangements and access requests
- Discussing what could be done to ensure their safety
- If appropriate ask for their consent to refer to the local statutory agency

5.4 The Contract Manager should check that the support worker has done the following:

- Made an immediate evaluation of the risk to the adult with care and support needs.
- Taken reasonable and practical steps to safeguard the adult with care and support needs as appropriate.
- Referred to the police if the abuse suspected is a crime.
- Arranged any necessary emergency medical treatment. Note that offences of a sexual nature will require expert advice from the police.

- Made sure that other service users are not at risk.

5.5 In addition they should:

- Discuss risk management and any potential forensic considerations.
- If there is a need for an immediate protection plan, refer to the relevant adult care services or Community Mental Health Team (CMHT), or the relevant adult care services Emergency Duty Team if out of hours.
- If the person causing the harm is also an adult with care and support needs, arrange for a member of staff to attend to their needs.
- In line with the Look Ahead's disciplinary procedures, they may need to suspend a member of staff suspected of abusing an adult or adults at risk. Advice must always be sought from HR//a senior Manager and disciplinary actions should not be initiated until this has been done.

Deciding whether or not to make a referral

5.6 Once they have reviewed all the relevant information the Contract Manager needs to determine whether to make a safeguarding referral to the relevant statutory authority.

5.7 Therefore Look Ahead's Contract Manager must make an assessment if the above criteria are met. If they are, they should seek the customer's consent to the referral, if appropriate.

6 Does the customer give consent to make the referral?

6.1 In the vast majority of safeguarding cases, we will make the referral to the local authority in order to ensure that we are doing all we can to keep the customer safe. However, there will be a few cases where the customer clearly states they do not want us to make the referral and has the mental capacity to make this decision.

6.2 In these situations we will respect the customer's wishes unless:

- We strongly suspect that the decision to withhold consent has been made under undue influence, coercion or intimidation.
- There are overriding public interests to refer. This will be where:
- Other people or children could be at risk from the person causing harm.
- Allegations are against a member of staff or another Look Ahead customer.
- It is necessary to prevent crime, or if a crime has been committed.
- Where there is a risk to the health and safety of the adult with care and support needs.

6.3 If in doubt, the Responsible Managers should obtain advice from their Operations Manager or one of the Look Ahead Safeguarding Leads. They may also choose to obtain advice from the local authorities safeguarding lead.

6.4 The customer must be informed of the decision to refer and the reasons for this, unless telling them would jeopardise their safety or the safety of others.

7 Making a Safeguarding Referral

Referral to the Local Safeguarding Authority

- 7.1 Once the Responsible Manager has decided that the grounds are met for referral and appropriate consent has been obtained. A referral **must** be made to the local authority (or any other locally agreed referral point for example a MASH).
- 7.2 This should be done immediately. The initial contact should be by phone and followed up by sending a copy of the local authority's Safeguarding Concern form.
- 7.3 The Manager will also need to contact other key stakeholders – e.g. local authority or health commissioners for the service along with CQC for registered services.
- 7.4 If the customer has a social worker and/or care co-ordinator, it is likely that they would also like the referral to be copied to them.
- 7.5 The local authority must make enquires, or cause others to do so if they reasonably suspect an adult is or at risk of being abused or neglected.

Where a referral is not made

- 7.6 In the event that the person has care and support needs and are able to make an informed decision about how they will protect themselves; or, they have the capacity to take risks and it is their choice to do so, then a referral to the local authority is not required.
- 7.7 It would however be expected that organisations raising the concern advise other services of any incidents that may affect risk assessments and the delivery of services. People should also be made aware that if they change their minds that a referral can still be made.
- 7.8 People should be signposted to other services or resources as appropriate. The list below is not exhaustive and will be dependent upon the individual needs:
 - Provide the person with information and guidance
 - Request an assessment for care and support
 - Request a carers assessment
 - Make a referral to a third party.
 - Any other action that might be appropriate within the given circumstances.
- 7.9 If the concern is not referred to the local authority the Responsible Manager must ensure the following actions:
 - Update the original Safeguarding form and file a copy in the service's Safeguarding File and one in the customer's file.
 - Update the customer's support plan and risk management plan
 - Raise and complete an action on RIVO to record that the customer has refused consent
 - Raise and complete an action on RIVO to record that the Responsible Manager has decided not to refer

Recording the incident and decisions

- 7.10 Once a decision has been taken about whether to make a referral to the local authority, the Contract Manager should ensure:
- That the incident on RIVO is updated with decision and referral details
 - That the service's safeguarding log is updated if this is separate.
 - That the Local Authority Safeguarding Concern Form contains all the relevant information about the incident and is completed accurately and concisely.
 - The Concern Form is placed in the service's Safeguarding File, a copy is in the customer's file (Confidential Section) and added to RIVO incident
 - That a copy of the incident has also been sent to their Operations Manager.

Communicating with and supporting staff

- 7.11 All allegations need to be managed carefully and some will be highly sensitive. In some cases, Responsible Managers will need to consider who is told - for example if there is a serious allegation against a member of staff it would not be appropriate to tell other staff in the service until the member of staff had been removed whilst an investigation takes place.
- 7.12 Managers are responsible for ensuring that any staff delivering a service to the adult with care and support needs are kept up to date on a need-to-know basis that do not take actions that may prejudice the investigation.
- 7.13 All Managers are expected to attend Look Ahead management training which will give more guidance on how to manage sensitive allegations and how to support staff and customers through the process.

Working with Families and Carers

- 7.14 We support some customers whose families or carers are closely involved in their lives. We will have information sharing agreements in place with these customers and their families (or best interest agreements if a customer has limited mental capacity) which should reference who to inform if a customer raises a safeguarding concern and how to involve them in any investigations.
- 7.15 If a customer raises a concern against a member of their family we will follow our usual procedure in referring to the local safeguarding team. Information sharing agreements may need to be reviewed in light of any allegations.

8 External Reporting

Care Quality Commission (CQC)

- 8.1 In services regulated by CQC, including registered care services and those where regulated activity take place, **all Safeguarding concerns must be reported to CQC immediately.**

Reporting a Crime

- 8.2 There will be some cases where the victim of a crime does not want the crime reported to the police. However, if a crime has been committed against any Look Ahead customer in receipt of a service from us we have a duty to do so.

- 8.3 When customers take up a service, whether it is accommodation based or floating support they sign a consent form which states the agencies Look Ahead can share information with.
- 8.4 If the customer has not given consent to share information with a particular third party, (e.g. the police) information can still be shared where a crime has been committed and there is a duty of care of protect the customer.

9 Local Authorities and Referrals

Decision 1: Lead Agency (Local Authority/Health Trust) Accepts Concern as a Referral

- 9.1 If the Safeguarding Adults Manager (SAM) agrees that the concern we have raised meets grounds for further action under their procedures, then the local/health authority will take overall responsibility for the progress of the case and convene a **strategy discussion** within 5 days.
- 9.2 An **investigation** will follow the strategy meeting. The local authority will continue to gather information about the case, in all likelihood liaising with the LACS Contract Manager. We may be asked for further information, which should be provided if appropriate. Any disputes about sharing information at this stage should be escalated to the Operations Manager.
- 9.3 The Look Ahead Manager should ensure all information is documented in the customers file, in their risk management plan and in the safeguarding file. An action should be created on RIVO that the local statutory authority has accepted the case and for key decision points in the process after that.
- 9.4 The Responsible Manager should ensure that Look Ahead carries out all actions we are responsible for to the agreed deadlines and that the local statutory authority is progressing the case in the way that it should. They should let their Operations Manager know if they have any concerns about how a case is being managed.
- 9.5 Operations Manager should regularly review the progress of each live case to ensure that actions are being completed as planned.
- 9.6 When the local statutory authority has closed the case it should be closed on RIVO.
- 9.7 The local authority process is set out in more detail at [Appendix 3](#) of this procedure.

Decision 2: Lead Agency (Local Authority/Health Trust) does not accept concern as a referral

- 9.8 If the concern is not accepted the Contract Manager needs to discuss what action should be taken with their Operations Manager.
- 9.9 **If we disagree with this decision** as we feel the concern is of sufficient concern and the person is an adult with care and support needs who has suffered abuse or neglect then we should write to the appropriate senior lead in the local/health authority (e.g. the Chair of the Safeguarding Adults Board or the Director of Adult Social Services) setting out the reasons why we believe the case should be accepted and the internal actions we will take to safeguard the customer. The commissioner of the service must be kept updated.

- 9.10 **If we accept the decision** we have a responsibility to ensure the customer who made the allegation is kept informed of the reasons behind this and understands their rights and responsibilities within a safeguarding concern and case.
- 9.11 The Look Ahead Contract Manager should ensure all information is documented in the customers file, in their risk management plan and in the safeguarding file. An action should be created on RIVO that the local statutory authority has decided not to accept the case.
- 9.12 The Look Ahead Contract Manager/Operations Manager will need to decide the best course of action to respond internally to the concern raised. This will be one of the following:
- Close the case
 - Carry out an internal investigation

10 Close the Case

- 10.1 If we accept the lead authority decision and their reasons for it we may decide that no further action is required and that the case is closed.
- 10.2 The Look Ahead Manager should ensure this is documented in the customer's file, in their risk management plan and in the safeguarding file. An action should be created on RIVO that the case is closed.

11 Carrying Out an Internal Investigation

- 11.1 An internal investigation should only be carried out if the Contract Manager and Operations Manager agree this is the most sensible course of action, and if the local Safeguarding team have agreed. It should follow the process set out below.

Initial discussion

- 11.2 The Contract Manager and relevant staff to review what has happened and identify further action – a protection plan may be agreed at this stage or recommendations made for a more detailed investigation.
- 11.3 There will also need to be a discussion with the customer who made the safeguarding allegation to inform them of the decision to carry out an investigation and to try and determine the outcome they would like to see.
- 11.4 The protection plan at this stage could simply be to keep the case open, review and update the customer's risk management plan and monitor this.

Enquiry

- 11.5 Where a more detailed investigation is agreed its aim is to establish facts and contributing factors and to make recommendations. This could be carried out by the Operations Manager, another Contract Manager or the Quality Manager.
- 11.6 All minutes of interviews and meetings need to be recorded. If it is decided that an internal investigation is appropriate, this should be carried out and a response formalised **within 10 working days**.
- 11.7 The outcome of the enquiry will be that the allegation is:

- Substantiated
- Inconclusive
- Not substantiated.

11.8 If the outcome is substantiated (that a Look Ahead customer was abused) we will need to take the following actions:

- Inform the local authority Safeguarding team and relevant social worker.
- Inform the local commissioner.
- Take necessary action against the perpetrator. (If this is a member of staff; decisions will need to be taken in conjunction with the HR department.)

11.9 If the perpetrator is another Look Ahead customer, a decision will need to be taken regarding action to be taken against them. If the customer has a social worker or care co-ordinator, they will need to be informed. It may be that the customer is asked to leave the service or is transferred to another Look Ahead care and Support service.

11.10 If it's proven that a crime has occurred, the police will need to be contacted, if they have not been already.

11.11 The service will need to take all necessary steps to try and protect the victim and create a safe environment for them.

Case conference

11.12 A case conference is organised social services, the local authority safeguarding team in partnership with Look Ahead.

11.13 This is where outcomes and action points are agreed, with the customer kept informed. A **protection plan** should then be put in place for the customer.

11.14 The customer's risk management plan will need to be reviewed and updated in light of the outcome of the investigation and any actions which need to take place in order to protect the customer and keep them safe.

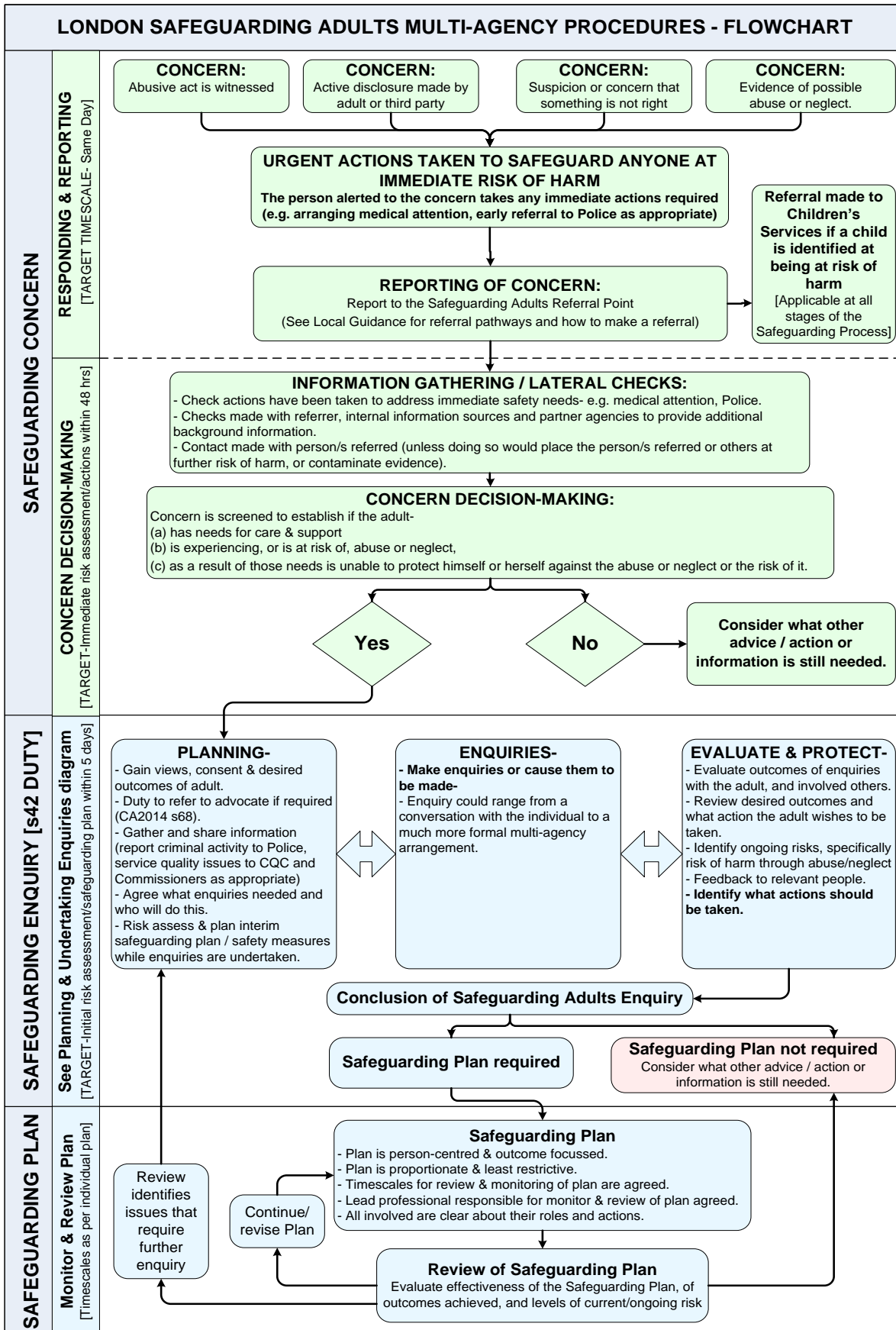
Protection plan

11.15 If an external or internal investigation determines that one of our customers has been abused by another person and a protection plan is being put in place it should include:

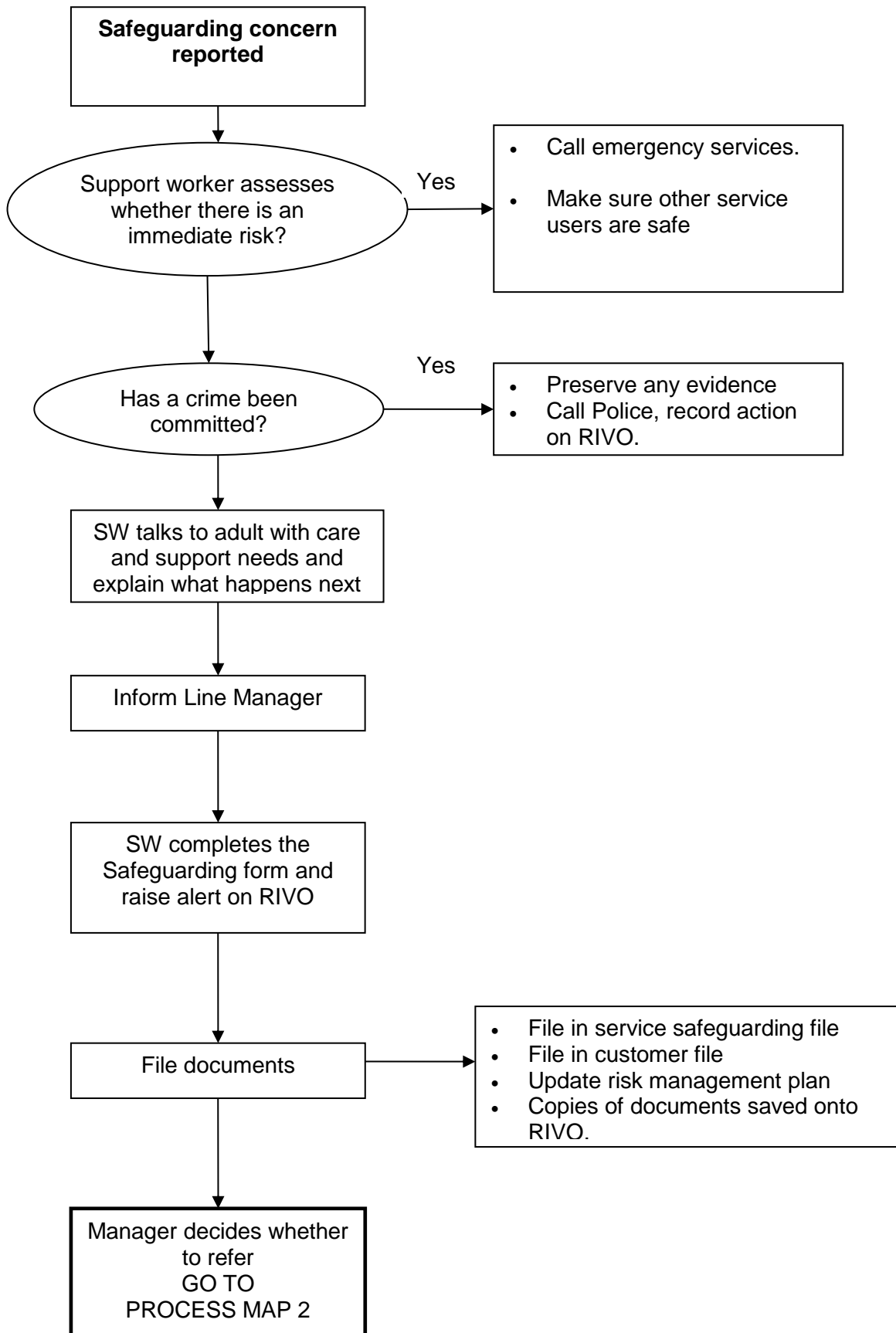
- Steps to ensure the safety of the adult with care and support needs.
- Lead responsibility for carrying out actions within the plan
- A reviewed risk management plan.
- The views of the adult with care and support needs (or their representative) about the plan and what is important to them.
- A decision in consultation with the adult with care and support needs (or their representative) what changes, if any need to be made to the protection plan to decrease the risk or to make the plan fit more closely with their wishes.
- Support in accessing external agencies.
- If appropriate, a treatment and/or therapy plan.
- A date for review.

- 11.16 The Look Ahead Manager should ensure all information (such as minutes, copies of emails, action plans and so on) are documented in the customers file, in their risk management plan and in the safeguarding file.
- 11.17 An action should be created on RIVO that we are undertaking an internal investigation and then actions created at key decision points. Once all actions have been completed, the safeguarding case can be closed on RIVO.

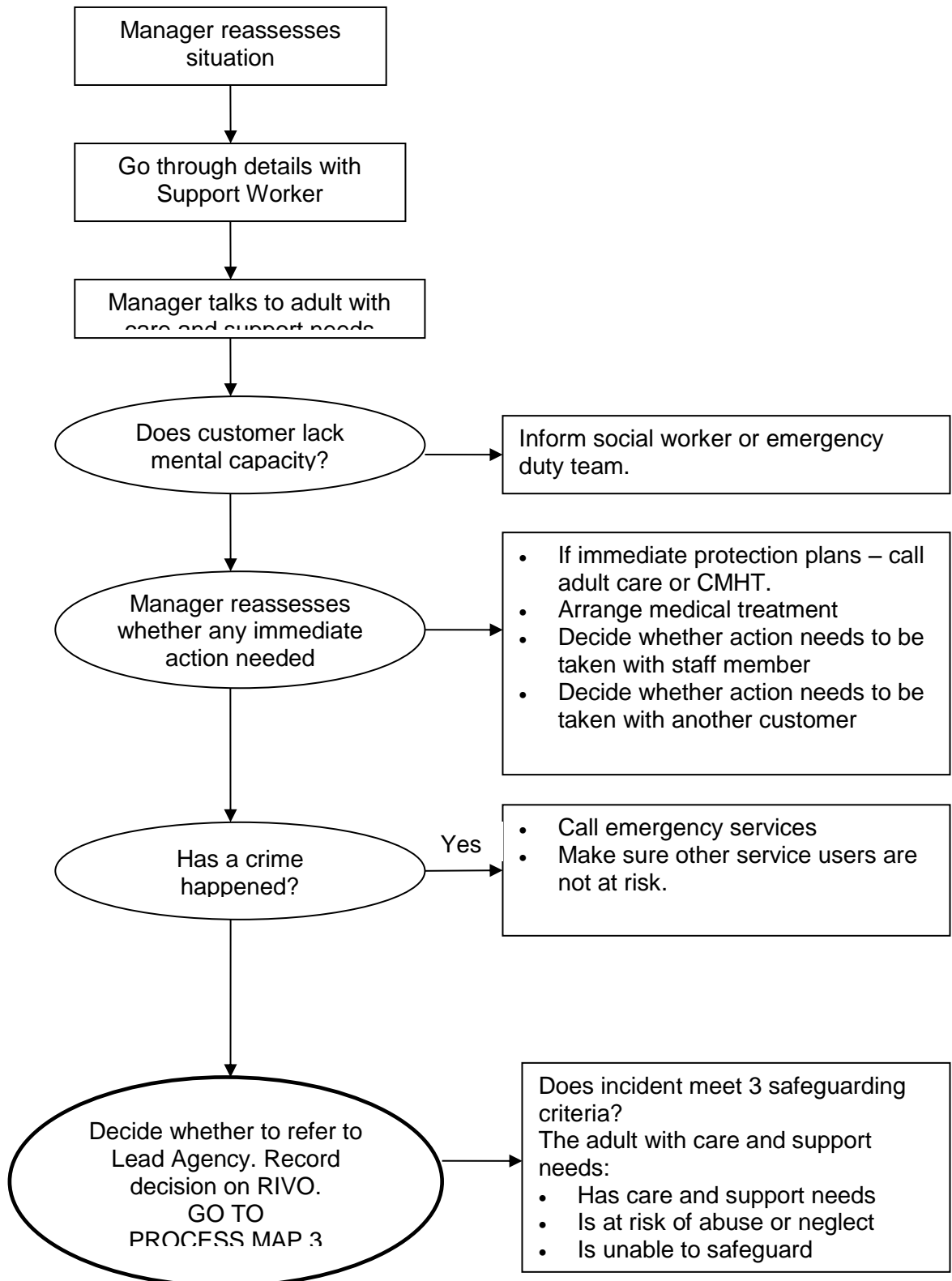
Appendix 1 Multi Agency Procedures



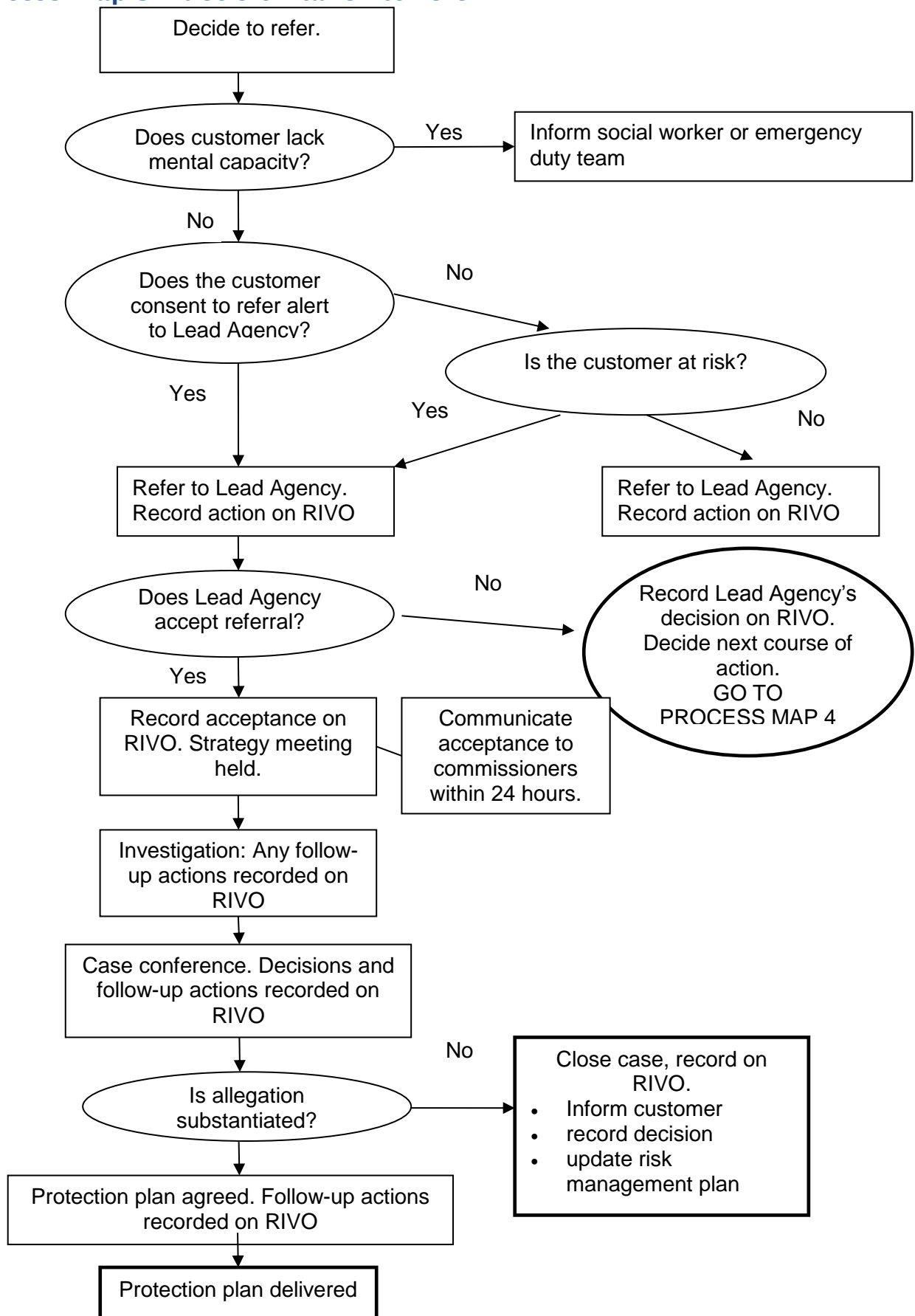
Appendix 2: Process Maps Process Map 1 - Reporting a safeguarding concern



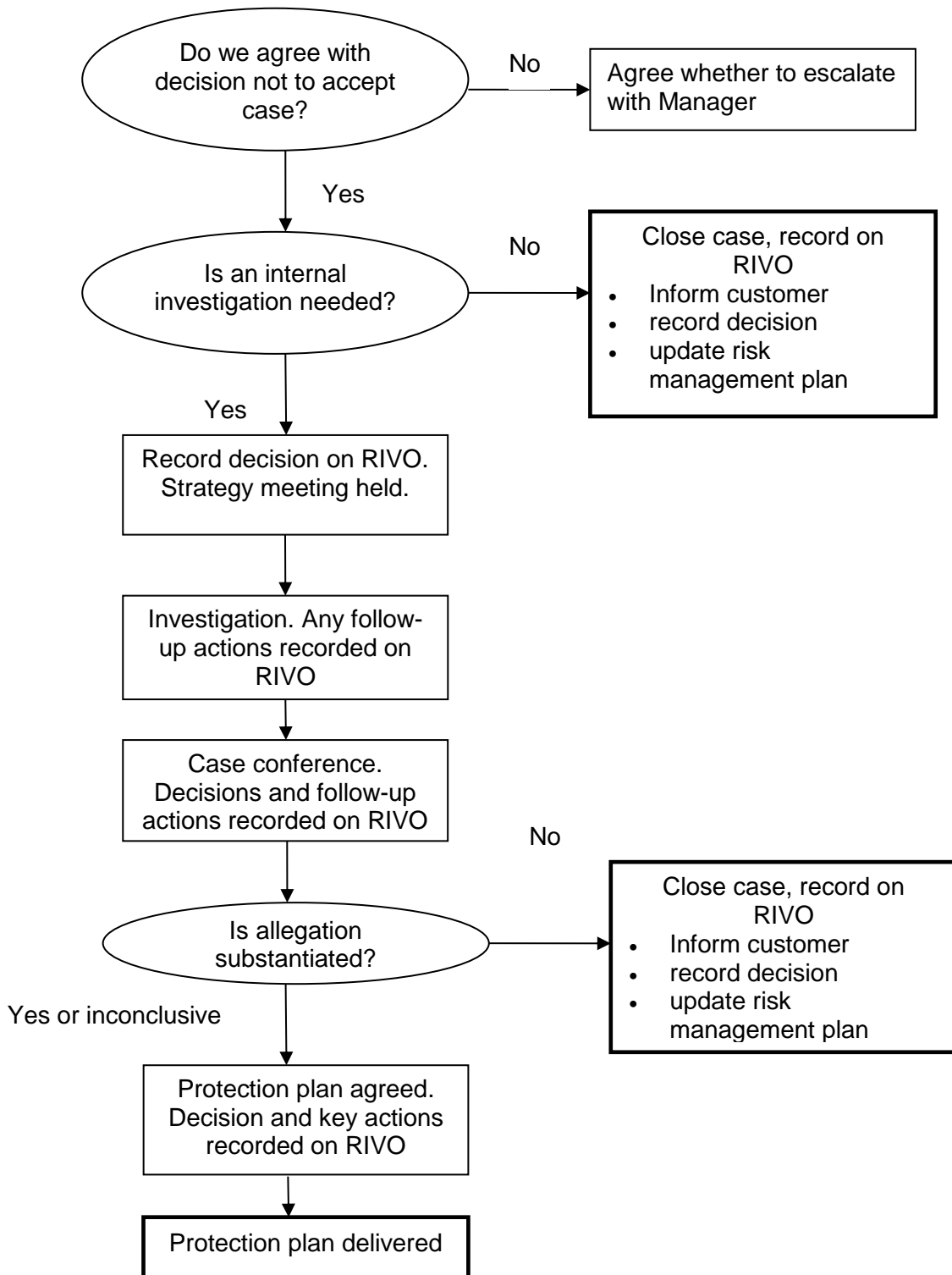
Process Map 2 – Contract Manager decides whether to refer



Process map 3 - decision taken to refer



Process map 4 - Local Authority decides not to accept case



Appendix 3: Look Ahead Adult Safeguarding - Local Service Protocol

Name of Service:

Person to contact if there is a Safeguarding Concern or serious incident: (Team Leader/Contract Manager):

Local Authority:

What to do if an incident occurs or an allegation is made:

- Make the situation safe. Call police if necessary.
- Concern your Manager: (Name and Phone Number)
- If (Name of Manager is not working) contact (Name and Phone Number of Contract Manager/Operations Manager)
- If this is out of hours contact: (On-call number)
- Is this a Safeguarding incident? Complete local Safeguarding form (attached) and raise concern on RIVO. Ensure this information is factual, clear and concise.
- If your Manager decides the incident must be referred to the Local Authority they will check all the details on the Safeguarding form first.
- The referral must be made within 24 hours of the incident occurring.

Details of Local Authority Safeguarding Contact:

Name and contact details:

Contact details of relevant Social Services team (if applicable to this service)

Social Services Out of Hours Contact Details:

Local/Health Authority Commissioner's Details (will need to be informed separately of a Safeguarding referral or a Serious Incident):

Carry out any tasks as directed by the Safeguarding team, and ensure notes of communication and actions taken are noted and filed correctly.

Carry out any follow up work with the customer and alleged abuser, as set out in the Adult Safeguarding policy and procedure. You are responsible for understanding the procedures in place on dealing with incidents and safeguarding. These are located in the local file and on the Hub.

Appendix 4: Adult with care and support needs vulnerability

An adult with care and support needs' vulnerability is determined by a range of interconnected factors including their personal characteristics, factors associated with their situation or environment and social factors. The table below from the Pan London framework describes some of these:

<p>Personal characteristics of the adult at risk that increase vulnerability may include:</p>	<p>Personal characteristics of the adult with care and support needs that decrease vulnerability may include:</p>
<ul style="list-style-type: none"> • Having insufficient mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness • Communication difficulties • Physical dependency – being dependent on others for personal care and activities of daily life • Low self-esteem • Experience of abuse • Childhood experience of abuse 	<ul style="list-style-type: none"> • Having mental capacity to make decisions about their own safety • Good physical and mental health • Having no communication difficulties or if so, having the right equipment/support • No physical dependency or if needing help, able to self-direct care • Positive former life experiences • Self-confidence and high self-esteem
<p>Social/situational factors that increase the risk of abuse may include:</p>	<p>Social/situational factors that decrease the risk of abuse may include:</p>
<ul style="list-style-type: none"> • Being cared for in a care setting, that is, more or less dependent on others • Not getting the right amount or the right kind of care that they need • Isolation and social exclusion • Stigma and discrimination • Lack of access to information and support • Being the focus of anti-social behaviour 	<ul style="list-style-type: none"> • Good family relationships • Active social life and a circle of friends • Able to participate in the wider community • Stigma and discrimination • Good knowledge and access to the range of community facilities • Remaining independent and active • Access to sources of relevant information

Appendix 5: Types of Abuse

Physical Abuse

This includes but is not limited to:

- Hitting, pushing, pinching, slapping and shaking.
- Physical Injuries, especially those inconsistent with or lacking a reasonable explanation.
- Soft tissue injuries (bruises etc) which are unlikely to have been caused accidentally.
- Overuse/misuse of medication that can cause physical harm.
- Excessive and inappropriate restraint. (This is also a breach of Regulation 11 for registered care services.)
- Exposure to heat or cold or not giving enough food or drink.
- An adult showing signs of fear of carers, generalised anxiety or inability to speak up in presence of another, may indicate that they have been abused.

Restraint

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty are forms of **physical abuse**. Restraint covers a wide range of actions including the use of active or passive means. E.g. use of key pads to prevent people going in to part of a building. In some circumstances restraint may constitute a criminal offence.

Domestic violence

This includes psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.

Forced Marriage

This is used to describe a marriage where one or both of the parties are married without their consent or against their will. A forced marriage is different from an arranged marriage. It is a criminal offence to force someone to marry under the Anti-Social Behaviour, Crime and Policing Act 2014.

Honour-Based Violence

This is committed primarily by family members against women (but not exclusively). This is usually committed when families feel that dishonour has been brought on them by the individual. Safeguarding concerns which may point towards honour based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports.

Female Genital Mutilation (FGM)

FGM is an illegal procedure that intentionally alters or injures genital organs for non-medical reasons. The Female Genital Mutilation Act (2004) makes it illegal to practise FGM in the UK or take girls/women who are British nationals or permanent resident in the UK abroad for FGM regardless of whether it is lawful in the other country.

Sexual Abuse

This includes both contact and non-contact sexual relationships and can involve such things as rape, indecent exposure, serious teasing, use of innuendo regarding sexual matters, subjection to pornography or witnessing sexual acts or sexual acts which the adult had not consented to or was pressured in to consenting to.

The key issue is whether there was consent between the adults involved and whether this was freely given by both parties in alleged sexual act. This can be complicated by issues such as mental capacity and one party being subject to duress or coercion by another person. Indicators include both physical signs of injury (also including bleeding, discharge, STDs, pregnancy), and emotional changes to an adult, or possibly to both adults.

Sexual abuse allegations will always require urgent action involving the police and possibly the collection of forensic evidence to secure a conviction, where the police decide to seek a prosecution.

Rape and other sexual assaults are among the most serious offences investigated by the police. The trauma that victims suffer presents unique challenges to any investigation. All staff should be aware of their individual roles and responsibilities to maximise all evidential opportunities to assist any investigation of a sexual nature and the minimum standards required regarding immediate response, recording and reporting.

The following principles should be applied in the case of sexual abuse:

- The most important priority is to ensure that the urgent medical and welfare requirements of the adult with care and support needs are met.
- Preserve any potential forensic opportunities, and record verbatim the disclosure made by the adult with care and support needs.
- Any sexual activity that is not freely consented to is criminal and must be reported immediately to the police via 999, before any internal investigation or interview.
- Sexual relationships or inappropriate sexual behaviour between a member of staff and a service user are always abusive and will lead to disciplinary proceedings. This is additional to any criminal action that has been taken.
- A sexual relationship between the service user and a care worker is a criminal offence under Sections 38–42 of the Sexual Offences Act 2003.
- The Metropolitan Police has specialised units called Sapphire Units (www.met.police.uk/sapphire) that investigate rape and serious sexual assaults. A specially trained officer will be responsible for arranging a forensic examination. This will normally be conducted at a sexual assault referral centre (The Havens, see www.thehavens.co.uk). However, if it is not appropriate for a client to be taken by police to The Havens, the officer will make arrangements for the examination to be facilitated elsewhere.
- There may be Safeguarding Adults referrals that involve sexual innuendo or remarks that will not result in a criminal investigation; however, all Safeguarding Adults referrals that indicate any form of sexual abuse require a risk assessment, intelligence gathering and appropriate information sharing with relevant partners.

Sexual Exploitation

This covers exploitative situations, contexts and relationships where adults a trisk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. People who are sexually exploited do not always perceive themselves as being exploited.

Psychological abuse

This includes 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.

Any behaviour which causes an adult to suffer from emotional harm to a significant extent can be considered to be a psychological abuse. This often accompanies other forms of abuse and may be where abusive relationships are first noticed. It is the wilful infliction of mental suffering by a person who is in a position of trust and power to an adult with care and support needs.

This includes but is not limited to:

- Use of disparaging and negative language
- Refusal to allow an adult an opinion of his or her own
- Strain within a relationship, denial of privacy, or freedom of choice and a lack of dignity in how customers are addressed.
- Threats of harm or abandonment, being deprived of social or any other sort of contact, humiliation, blaming, controlling, intimidation, coercion and bullying.

It undermines the adult's self-esteem and results in them being less able to protect themselves and exercise choice.

Behaviour that can be deliberately linked to causing serious psychological and emotional harm may constitute a criminal offence. Specialist advice from the police should be sought.

Financial or material abuse

This includes 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.

It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes:

- Theft
- Fraud
- Exploitation
- Undue pressure in connection with wills, property, inheritance or financial transactions
- The misuse or misappropriation of property, possessions or benefits
- The misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship.

Signs may include disparity between apparent income and impoverished circumstances of customers. Unexplained or sudden inability to pay bills or withdrawal of money from accounts can also be an indicator of financial abuse.

The issue of customers borrowing money, or valuables, within a service is often a concern raised by staff. This will be a safeguarding matter where there is concern that the impact on the adult with care and support needs is one of a significant amount of distress, or harm.

Modern slavery

This 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

This includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

This is always the least often reported type of abuse, as it often involves one of the other types of abuse targeted on adults due to discriminatory beliefs of the person alleged to have caused the harm.

This can be seen as a safeguarding equivalent to a Hate Crime, which is a crime (such as an assault etc) but the motivation for the criminal act was racial hatred for example. Therefore discriminatory abuse often can involve unequal treatment, verbal abuse or derogatory remarks referring to the adult's identity (sexual orientation, ethnicity, religion, disability etc).

Indicators could include harassment, or deliberate and unwarranted exclusion from services, or a lack of respect shown to an individual who may be withdrawn and isolated, or denial of access to communication e.g. suitable interpreter, signer or lip reader.

Hate Crime

The Metropolitan Police Service defines Hate Crime as "any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability." This definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition it includes incidents that do not constitute a criminal offence.

The police monitor five strands of hate crime:

- Disability
- Race
- Religion
- Sexual orientation
- Transgender

Disability Hate Crime

The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability.

Mate Crime

Mate crime is when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. This may not necessarily be an illegal act but still has a negative effect on the person.

Mate crime can be difficult for the police to investigate, due to its sometimes ambiguous nature. This should always be reported to the police, where there are concerns, which will make a decision whether a crime has been committed. Mate crime often happens in private and there have been a number of cases of people with a learning disability who were murdered or seriously harmed by people claimed to be their friend.

Organisational abuse

This includes neglect and poor care practice within a specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

This is defined as abusive practices and behaviors (of the other kinds listed above) that occur on a widespread basis within an institution and are considered "Acceptable" within the culture of that service. This is different from random instances of abuse committed by an individual within an institution, which would be condemned by other staff members.

Examples include:

- Uniform mistreatment of all service users
- Mass apathy of staff and general failure to meet assessed customer needs.
- Lack of choices given to customers, who are treated not as individuals, but as objects where the bare minimum standards of care are met.
- Possessions and clothes being used by anyone in the service.
- Service users forced to follow routines that benefit the service not the service users e.g. bed times are the same for all customers
- Regular overuse of PRN medication to keep customers quiet and over sedated.

Neglect and acts of omission

This includes 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.

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult with care and support needs to provide the amount and type of care that a reasonable person would be expected to provide.

Behaviour that can lead to neglect includes ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Neglect can be intentional or unintentional. Intentional neglect would result from:

- Wilfully failing to provide care.
- Wilfully preventing the adult with care and support needs from getting the care they needed.

- Being reckless about the consequences of the person not getting the care they need.

11.18 If the individual committing the neglect is aware of the consequences and the potential for harm to result due to the lack of action(s) then the neglect is intentional in nature.

11.19 Unintentional neglect could result from a carer failing to meet the needs of the adult with care and support needs because they do not understand the needs of the adult with care and support needs, may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult with care and support needs.

11.20 Signs of neglect include but are not limited to:

- Customers who are unkempt, unclean in body or clothing.
- Weight loss, dehydration, pressure ulcers.
- Not meeting basic medical, physical or psychological needs.
- An impoverished environment.
- Passive, non-communicative and highly dependent adults are at most risk of neglect.

11.21 A key factor in demonstrating that the duty of care is met towards “service refusers” will be how the customer’s decisions to refuse care and support have been recorded, dealt with and escalated, both within Look Ahead services and to specialist referrals (e.g. psychiatric, O.T.).

The following questions will need to be explored where there is an allegation of neglect:

1. Whether the person who is alleged to be neglectful can reasonably be expected to have done the act (that they are accused of not doing)?
2. Whether the person who is alleged to be neglectful can also reasonably be expected to have known the consequences of not doing the act (that they are accused of not doing)?
3. Did the person not do the act (that they are accused of not doing)?
4. Did this result in the adult suffering, or being put at a real risk of suffering from significant harm?

If the answer to all four questions is yes then neglect can be said to have occurred.

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.

Self-neglect is defined as the inability or unwillingness to provide for oneself or having the goods and services needed to live safely and independently. It can show itself in a range of ways, these include but are not limited to:

- **Hygiene** including: poor personal hygiene, domestic squalor and/or hoarding behaviour
- **Life Threatening Behaviour** including: refusal to eat, drink, take prescribed medications and/or comply with an understood medical regime
- **Financial** including: the mismanagement of financial affairs.

Appendix 6: Local Authority's Responsibilities: An Enquiry under Section 42 of the Care Act

An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.

The Care Act requires local authorities to make proportionate enquiries (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult with care and support needs.

This may or may not be preceded by an informal information-gathering process, if that is necessary to find out whether abuse has occurred or is occurring and therefore whether the Section 42 duty applies.

An enquiry may take the form of a conversation with the individual concerned (or with their representative or advocate). It may need the involvement of another organisation or individual. Or it may require a more formal process, perhaps leading to a formal multi-agency plan to ensure the wellbeing of the adult concerned.

It is important that at all points, the six safeguarding principles are considered in determining the next course of action:

- **Empowerment** – people should be supported and encouraged to make their own decisions and give informed consent
- **Prevention** – it is better to take action before harm occurs rather than waiting until it does occur
- **Proportionality** – the response should be the least intrusive and the most appropriate to the risk presented
- **Protection** – there should be support and representation for those in greatest need
- **Partnership** – services should work with their communities to produce local solutions; communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – safeguarding practice should be accountable and transparent.

A Section 42 enquiry must take place if there is reason to believe that abuse or neglect is taking place or is at risk of taking place, and the local authority believes that an enquiry is needed to help it to decide what action to take to support and protect the person in question. The particular circumstances of each individual case will determine the scope of each enquiry, as well as who leads it and the form it takes.

The local authority may decide that another organisation should carry out the enquiry, but the local authority will retain overall accountability.

The local authority must satisfy itself that the organisation will meet agreed timescales and follow-up actions. Whatever form the enquiry takes, the following must be recorded:

- Details of the safeguarding concern and who raised it
- The views and wishes of the adult affected, at the beginning and over time, and where appropriate the views of their family
- Any immediate action agreed with the adult or their representative

- The reasons for all actions and decisions
- Details of who else is consulted or the concern is discussed with
- Any timescales agreed for actions
- Sign-off from a line manager and/or the local safeguarding lead or designated adult safeguarding manager.

Also, the local authority will need to record data for the Health and Social Care Information Centre's Safeguarding Adults Collection, and practitioners will need to make sure that their recording captures everything necessary for this, as spelled out in local procedures.

Non-statutory enquiries (known as 'other safeguarding enquiries') may also be carried out or instigated by local authorities in response to concerns about carers, or about adults who do not have care and support needs but who may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act 2014.

Appendix 7: Local authority decides to accept the referral as a 'case'

If the local authority accepts the referral, has gathered initial information and, if relevant, put an initial protection plan in place they will then:

Hold a strategy meeting within 5 days where a plan will be put in place to gather evidence and assess risk, along with a plan agreed to support the adult with care and support needs, agree any other investigation process and agree a timescale for completion.

The Look Ahead manager/support worker will be involved in the strategy meeting. All relevant information should be documented and RIVO updated.

Investigation Stage

The Adult with care and support needs will be interviewed, relevant evidence will be gathered, and witnesses interviewed.

If required, a MCA assessment will be completed and any necessary decisions taken resulting from this.

An investigators report will be completed and a case conference arranged.

This stage should be completed within 4 weeks of the plan being agreed at the Strategy stage.

The Look Ahead Manager/support worker will be involved in the investigation stage of the process and should ensure all information is documented in the customers file and uploaded to RIVO.

Case Conference

This is where the evidence gathered during the investigation is reviewed, outcomes agreed and a protection plan recommended.

It should be held within 20 days of the referral being accepted by the local authority – although it is often later than this.

The outcome of the investigation will be that the allegation is:

- Substantiated
- Inconclusive
- Not substantiated.

If the Look Ahead manager disagrees with the Safeguarding Adults Manager decision, this disagreement and reasons for it should be included in the minutes of the meeting, although the Safeguarding Adults Manager decision will generally be final.

Outcome Substantiated

If the outcome is substantiated or inconclusive there will be a Final Protection Plan put in place to manage any identified risks to any adults affected. This should be agreed with both the adult with care and support needs (where they have capacity, or in their Best Interests if they lack capacity).

If the allegation of abuse was against a member of Look Ahead staff, and this allegation has now been substantiated then we will be required to take disciplinary action against that member of staff. The Look Ahead Manager will consult and agree a course of action with their Manager and the Human Resources department.

If the allegation of abuse was against another Look Ahead customer, and this allegation has now been substantiated then we are required to take action to ensure the victim is safe and action is taken against the perpetrator.

The Look Ahead Manager may have a key role in implementing the Final Protection Plan and should update the customer's records (including their support plan and risk management plan accordingly).

All information should be documented, filed and RIVO updated.

There may be additional actions required at the end of the investigation, in addition to agreeing the adult with care and support needs's protection plan.

There may be quality issues in a service requiring action by Look Ahead. For example, recording issues may need to be changed, or the way we work with customers in a particular service may need to be amended in light of information which has come to light during the safeguarding investigation.

If an allegation of abuse is substantiated against a Look Ahead member of staff and that person has been removed from their duties and is no longer member of staff then Look Ahead will be required to make a referral to the Disclosure and Barring service. The Look Ahead Safeguarding Lead should be informed of this decision and a referral form completed by the Look Ahead Manager (in consultation with the HR department).

Reviewing the Protection Plan

The Safeguarding Adults Manager will check if all recommended actions from the Case Conference have been put in place and will review how successful these have been in reducing the risk of further abuse having occurred. Protection Plan arrangements may then need to be updated or amended.

Closing the case

The case can be closed at any stage. The Safeguarding Adults Manager will make the decision, in agreement with the adult with care and support needs who will know the case is going to be closed and who to contact if there are further concerns. Feedback will be sought from the adult with care and support needs about the process and satisfaction with the outcomes.

Related Documents

Document	Link
Connected Policies	<ul style="list-style-type: none"> • Relevant HR policies • Mental Capacity • Deprivation of Liberty • Disclosing and Raising Major Concerns at Work • Child protection • ASB • Feedback and Complaints • Confidentiality and Data Protection • Domestic Abuse
Information Sheet	Yes
Easy Read	Staying Safe
External Websites	Social Care Institute for Excellence www.scie.org.uk
Legislation/Regulation	<ul style="list-style-type: none"> • The Care Act 2014. • Care and Support Statutory Guidance 2014 (Care Act 2014). • London Multi-Agency Safeguarding Policy and Procedures 2015. • Social Care Institute for Excellence SCIE Report 2011. • Making Safeguarding Personal 2014, LGA.

Glossary

Recognised Manager	This person is responsible for determining whether to raise safeguarding concerns with the local authority. This will normally be the Contract Manager.
MASH	Multi Agency Safeguarding Hub
SAM	Safeguarding Adults Manager

Version Control

Version no.	4	Date effective:	December 2015
Brief summary of changes:	Updated in line with the Care Act 2014 including the six principles, updated categories of abuse and local authority safeguarding responsibilities.		
Colleague consultation:	Contract Managers; Operation Managers; L&D Department		
Customers consulted:	N/A		
Results customer consultation:	N/A		
Other consultation:	Pippa Quinn, Director, Syed and Quinn Ltd.		
Signed off by:	Pat Long, Executive Director of Operations; Claire Luxton, Executive Director of Performance and Governance		
Author:	Mike Meehan, Head of Performance and Compliance; Beth Wagstaff, Customer Services, Policy and Governance Manager		
Review date:	December 2018		

Version no.	5	Date effective:	December 2016
Brief summary of changes:	Updated new template		
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Customers consulted:	N/A		
Results customer consultation:	N/A		
Other consultation:	N/A		
Signed off by:	Beth Wagstaff, Policy Manager		
Author:	Mike Meehan, Head of Performance and Compliance; Beth Wagstaff, Customer Services, Policy and Governance Manager		
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Results customer consultation:	N/A		
Other consultation:	N/A		
Signed off by:	Beth Wagstaff, Policy Manager		
Author:	Mike Meehan, Head of Performance and Compliance; Beth Wagstaff, Customer Services, Policy and Governance Manager		
Review date:	December 2018		



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for our loved ones to receive