

Policy Name	Safeguarding Adults
Date of issue	January 2024
Policy author(s)	E. Scouller
Officer responsible / accountable	Chief Executive
Who policy applies to	All staff employed by Supportability, agency and contract workers, students on placement and volunteers
Relevant policies to be read in conjunction with	Disciplinary Policy, Code of Conduct, Staff Handbook, Safeguarding Children, Mental Capacity
Date approved	January 2024
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Availability of alternative formats	This policy is available in large print. Alternative formats are available on request

It is a contractual requirement that employees familiarise themselves with all policies and procedures which are relevant to their employment with Supportability. Please note, this policy and procedure is not contractual.

Safeguarding Adults Policy

1. General Policy Statement

- 1.1 The abuse of adults at risk within society is a significant and complex problem. Supportability is committed to ensuring that the organisation's adult service users are protected from abuse and that Supportability works proactively to prevent abuse from occurring. Supportability recognises that effective safeguarding systems are person-centred and that failings in such systems can be the result of not hearing the views of the adult at risk, particularly where they have cognitive, mental health and/or communication difficulties.
- 1.2 Supportability works with a number of local authorities: each have their own arrangements for the prevention and protection of adults from abuse. These arrangements include Safeguarding Adults Boards and individual policies and procedures. Supportability is committed to working in accordance with those policies and to following the Statutory Guidance that accompanies the Care Act 2014 and the Local Government Association Guidance (January 2015) "Making Safeguarding Personal".
- 1.3 Everyone involved in Safeguarding Adults, whatever their role, should:
- develop an understanding of the issues which constitute abuse and recognise those individuals to whom the procedures apply;
 - try to ensure that service users are empowered and enabled to manage their own situations and take their own decisions;
 - ensure that service users views, worries and wishes are taken seriously;
 - take matters of potential abuse seriously and always discuss concerns with their line manager;
 - actively listen to and record concerns without asking leading questions;
 - be timely, sensitive and maintain confidentiality as appropriate to each situation;
 - work in a co-ordinated way within and between organisations;
 - acknowledge risk as an integral part of choice and decision-making;
 - take action to safeguard any adult at risk in a way which is proportionate to the perceived level of risk and seriousness;
 - ensure that risk assessments are completed and that they are recorded and reviewed in order for risk to be minimised;
 - be sensitive to every individual's identity including culture, beliefs, ethnic background, gender, disability, age and sexuality;
 - consider people's mental capacity and ability to consent at all stages of the Safeguarding Adults process.

1.4 There are a number of key principles in relation to safeguarding adults. These are:

- empowerment - people being supported and encouraged to make their own decisions and informed consent;
- prevention - it is better to take action before harm occurs;
- proportionality – the least intrusive response appropriate to the risk presented;
- protection - support and representation for those in greatest need;
- partnership - working in partnership at all times; and
- accountability - accountability and transparency in delivering safeguarding.

1.5 This policy has the following objectives:

- identify what is meant by abuse and provide information on the different types of abuse;
- set out how Supportability will carry out its responsibilities in preventing abuse; and
- provide guidance to staff on what to do if they have a suspicion that abuse has occurred or a service user discloses an allegation of abuse.

1.6 Supportability has a responsibility under counter terrorism legislation to ensure that staff are informed about service users being radicalised and that staff are aware, when they are working with individuals, about the types of behaviours or comments that could raise concern in relation to radicalisation or extremism and what to do in those circumstances. The government has a strategy in relation to this called the PREVENT programme which is a national programme that places a duty on certain bodies to have “due regard to the need to prevent people from being drawn into terrorism. The PREVENT strategy includes recognising when vulnerable individuals may be being exploited or radicalised for terrorism related activities. Appendix 1 has more information about radicalisation and extremism and the organisational processes in place to support staff (see Appendix 1 for more details).

2. Accountabilities and Responsibilities

2.1 Accountability and responsibility have different meanings. Accountability means that the person identified is answerable for the satisfactory implementation of the policy or aspects/tasks within the policy (though they may not be actually completing some or all of the tasks within the policy). Responsibility can be more collective (ie. involve more than one person) and means that the person or persons identified are responsible for completing the identified task and reporting to the person who is accountable.

2.2 It is a requirement of their employment that staff fulfil their identified accountabilities and responsibilities as set out in relevant Supportability Policies and their Job Description.

2.3 The Executive Committee is responsible for approving this policy. The Chief Executive is accountable for the implementation of the policy supported by all managers.

Individual managers may have specific accountabilities and responsibilities in relation to this policy and where this is the case they are set out below.

- 2.4 Supportability's Safeguarding Panel has a monitoring and developmental focus, addressing current practice and recommending future improvements. It meets quarterly and has responsibility for devising and reviewing a Safeguarding Action Plan for the whole organisation. The terms of reference of the Safeguarding Panel are contained in Appendix 2.
- 2.5 The Learning and Development Manager is responsible for providing or facilitating relevant training, guidance and support to staff about safeguarding, using lessons learnt from safeguarding and other relevant incidents, and on specific issues such as:
- how to gather information from service users;
 - the roles / responsibilities of staff who suspect abuse or have alleged abuse disclosed to them;
 - the roles / responsibilities of supervisors and managers who may have responsibility for reporting allegations to the relevant local authority.

Support workers and volunteers – the role of the alerter

- 2.6 Individual staff and volunteers who have contact with adults at risk and hear disclosures or allegations, or have concerns about potential abuse have a responsibility and duty to pass on these concerns to the relevant person, who in most cases is their line manager. As the person making the report you are called the "alerter".

Team Leaders and Managers – the role of the referrer

- 2.7 As team leaders and managers you have responsibility for:
- modelling good practice in person-centred care;
 - identifying safeguarding issues which need reporting and ensuring that they are reported following the correct process;
 - advising support workers on the reporting and recording process and the completion of forms;
 - taking the appropriate management action (as set out in the forms and the accompanying guidance);
 - taking advice from other colleagues and managers where you are unsure as to the correct action to take.

Designated Leads

- 2.8 In addition, Supportability has appointed a senior staff member as Designated Safeguarding Lead. The Designated Safeguarding Lead has a responsibility to make decisions about how individual disclosures should be dealt with and whether (and how) they should be reported to external authorities such as the police and the relevant local authority.

2.9 For issues relating to adults the Designated Safeguarding Lead at Supportability is the Deputy Chief Executive.

The Deputy Designated Safeguarding Lead is the Residential Manager for Cheddle Lodge.

Contact details for both people are in Appendix 3

3. Who do safeguarding duties apply to?

3.1 Statutory duties to safeguard adults are set out in the Care Act 2014. This states that safeguarding duties apply to an adult (18 or over) who:

- has needs for care and support (whether or not the local authority is meeting any of those needs¹) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

3.2 Such a person is called an “adult at risk”. Please note that a carer can be considered an Adult at Risk if they are subject to abuse by the cared for person.

4. Definitions of abuse and the concept of harm

4.1 **Abuse** is an act or omission, a violation of an individual’s dignity, human or civil rights, by any other person or persons that causes significant harm to the physical, emotional or social well-being of an adult at risk.

4.2 Key concepts in adult safeguarding are “harm” and “significant harm”. They help to determine the seriousness and extent of abuse and assist in determining the level of intervention. However, the distinction between harm and significant harm should not be the sole means in determining whether or not abuse has occurred.

4.3 Harm is defined as:

- ill treatment (including sexual abuse and forms of ill-treatment that are not physical);
- the impairment of development and/ or an avoidable deterioration in, physical or mental health;
- the impairment of physical, emotional, social or behavioural development or the impairment of health;
- unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft).

4.4 There is no definition of “significant harm”. The impact of harm upon a person will be individual and depend upon each person’s circumstances and the severity, degree and impact or effect of this upon that person. The concept of ‘significant harm’ is

¹ The adult does not need to have needs at the national eligibility level (replacement for Fair Access to Care - FACs) to ‘qualify’ for safeguarding

therefore relative to each individual concerned. The difference between 'harm' and 'significant' harm is not always clear at the point of the alert or referral. All reports of suspicions or concern should be approached with an open mind and could give rise to action under Supportability's policy.

4.5 Dignity

Being treated with dignity and respect is a human right. The opening sentence of the United Nations Declaration of Human Rights declares that:

“Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world”

Dignity, equality and safeguarding are inextricably linked in the provision of services to adults at risk. Treating people with respect and, therefore, helping them retain their dignity and self-respect is an important aspect of the quality of services provided by social care providers.

5. Types of abuse

- 5.1 **Physical abuse** is physical ill treatment of an adult, which may or may not cause physical injury. Physical abuse can include hitting, slapping, pushing, kicking, squeezing, shaking, dragging, pulling or pushing, burning, scalding, pinching, misuse of any medication, inappropriate restraint, inappropriate physical contact, force feeding or tampering with food.
- 5.2 **Sexual abuse** is any form of sexual activity that the adult does not want and to which they have not consented, or to which they cannot give informed consent. Sexual abuse includes sexual assault, rape or other sexual acts, the inappropriate touching of a service user's sexual areas, sexual harassment, the use of inappropriate sexual language and the unwanted participation in, and use of, pornography. Sexual abuse can also include a sexual relationship that develops between adults where one of those adults is in a position of trust, power or authority in relation to the other.
- 5.3 **Financial abuse** is the exploitation, inappropriate use or misappropriation of a person's financial resources, property, pension, allowances or insurance. This includes the withholding of money or possessions, intentional mismanagement of a service user's finances or property, theft, fraud, embezzlement, stealing service user's money and pressure (by threat or persuasion) to influence wills, inheritance, property or financial transactions.
- 5.4 **Emotional abuse** is behaviour that has an adverse effect on an individual's mental health and wellbeing. It may be intentional or unintentional and includes threats of harm, abandonment, withdrawal of social contact or family / carer networks, isolation, humiliation, ridicule, shouting, bullying, name calling, verbal abuse, intimidation, harassment, exclusion or marginalisation from groups.

- 5.5 **Discriminatory abuse** involves the prejudicial treatment of an individual on the basis of group identity. It consists of any acts that use hurtful language, cause harassment or similar treatment of any service user because of their race, colour, ethnic origin, sex, age, disability, faith / belief, culture or sexual orientation.
- 5.6 **Institutional or organisational abuse** is the mistreatment of adult service users which is brought about by systematic poor or inadequate care or support that affects the whole, or a significant part, of a care setting. It can include a lack of individualised care and support, lack of choice in everyday activities, inappropriate confinement or restrictions, inappropriate use of restraint, sensory deprivation, inappropriate use of rules, a lack of flexibility in relation to bedtimes or waking times, dirty clothing or bed linen, a lack of personal possessions or clothing, deprived environment or lack of stimulation and the misuse of medical procedures.
- 5.7 **Neglect** is the deliberate withholding or an unintentional failure to provide help or support which is necessary for the service users to carry out activities of daily living. Neglect can also include a failure to intervene in situations that are of danger to the service user. Neglect can include the failure to access appropriate services for recognised needs, failing to provide required and agreed health care, ignoring physical care needs, withholding of adequate nutrition, clothing or warmth, exposing a service user to unacceptable risk and a lack of action to provide or ensure adequate supervision.
- 5.8 **Self - neglect** can include a wide range of behaviour such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.
- 5.9 **Modern slavery** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- 5.10 **Domestic abuse** includes psychological, physical, sexual, financial and emotional abuse and so called "honour" based violence.

6. **The role of the alerter (the person raising the concern) - reporting and recording allegations and disclosure)**

- 6.1 Everyone who has contact with adults at risk and hears disclosures or allegations, or has concerns about actual or potential abuse or neglect has a duty to pass them on appropriately. The person disclosing or passing on the allegation may be a volunteer or worker but could also be the service user, their carer/family member or a member of the public.
- 6.2 Raising a concern about abuse means:
- recognising signs of abuse or ongoing bad practice or responding to a disclosure;
 - reporting a concern, allegation or disclosure;

- recording initial information;
 - maintaining confidentiality after reporting.
- 6.3 You must report any concerns, allegations or disclosures of alleged abuse immediately (whilst ensuring that the person you are supporting is kept safe). A failure to do so may result in formal action being taken against you by Supportability. If you raise a concern about an organisation or individual and you are acting in good faith you will be supported whatever the outcome of the investigation.
- 6.4 If an adult at risk makes an allegation to you and asks that you keep it confidential, you should inform the person that you will respect their right to confidentiality, as far as you are able to, but that you are not able to keep the matter secret and have a duty to report any allegations to a manager. You should reassure the service user that they were right to tell you.
- 6.5 If you suspect abuse or if abuse is disclosed by a service user then the safety of the person who may be subject to abuse is the first priority. Where required the emergency services should be contacted immediately e.g. where there are suspicions that a crime has taken place or where someone is injured.
- 6.6 You should report your concerns or the information you have received immediately to your line manager, or if you are a volunteer, to the person who is running the support session you are involved in. Alternatively if you are working out of hours on your own you can report your concern through Supportability's On Call system. If you suspect that the person you would report to is involved in, or being accused of abuse then you must report to another senior person (such as a Supportability Designated Lead).
- 6.7 It is important that you make a written record of the incident / disclosure. This record should be written as soon as possible (using the form at Appendix 4) and should cover:
- what happened and when;
 - what the adult at risk communicated to you – using the words they used;
 - what you saw in terms of what the scene / environment looked like;
 - what actions you took.
- 6.8 This record should be signed and dated. The allegation or disclosure must be reported and recorded immediately (whilst keeping the service user safe) and the record must be submitted to a manager within 24 hours at the very latest.
- 6.9 If you have made notes of what was said to you during the disclosure / incident you must keep these notes and not destroy them, as they may be needed if any criminal or disciplinary procedures are taken forward.
- 6.10 It is not your role to take a "statement" from the service user or investigate the alleged abuse. Your role is to make sure that the service user is safe and to obtain enough information to be able to report onto your line manager or another senior manager. As a result you should not ask leading questions or "interview" the service user or any witnesses.

6.11 If you are present during or after an alleged incident of physical or sexual assault then it is important to ensure that any evidence is preserved. As a result you should:

- not disturb the 'scene' e.g. seal off areas if possible, discourage washing/bathing, do not remove the adult at risk's clothing/bedding;
- not handle any items which may hold DNA evidence.

6.12 Once you have reported the disclosure / incident and made a written record you must keep that information confidential and must not share information about the disclosure / incident without agreeing this with the person to whom you have reported the incident.

7. The role of the manager - making referrals to the local authority and supporting the service user

7.1 Referrals to the relevant local authority will be made by members of the management team in each service area.

Service user consent to a referral

7.2 Where the service user has capacity, managers must gain the consent of the service user before making a referral to the relevant safeguarding authority.

7.3 The manager should also, where possible, obtain the view of the service user in relation to the action the service user would like taken and the service user's desired outcomes.

Service user with capacity who does not consent to the referral

7.4 Where the service user has capacity but will not consent to the referral and there are no safeguarding implications for other adults at risk, no public interest issues or criminal activity considerations, then this decision must be respected and clearly documented. In order to ensure that the service user fully understands the consequence of a referral not being made they must be given the relevant information in the right format and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

7.5 In any situation of refusal of consent then the manager dealing with the allegation must refer this matter to the Supportability Designated Safeguarding Lead or, in her absence, the Deputy Safeguarding Lead as soon as possible for consideration. In dealing with the issue of consent it is essential to consider whether the adult at risk is capable of giving informed consent.

7.6 There are times when it will be appropriate to override a service user who has refused consent to a referral. For example:

- where they have refused consent because they have consented to the alleged abusive activity and there is a reason to believe that the consent to the alleged abuse was given under duress
- where their allegations involve or implicate other people (adults or children);
- if the person is exposed to life threatening risk and they are unreasonably withholding their consent;
- if there is an overriding public interest;
- if the person no longer has capacity in relation to consenting to the referral.

Doubts about the capacity of the service user in relation to consent

- 7.7 Where there is doubt about the capacity of the service user in relation to giving consent to a safeguarding referral being made then a mental capacity assessment must be carried out and where required, a best interest decision made.

Action to be taken when making a referral

- 7.8 Referrals to the relevant local authority should be made as quickly as possible following the appropriate recording procedure and, in Stockport, in accordance with the Harm Levels Guidance. Guidance. Forms for completion are contained in the appendices of this policy as follows:
- Appendix 4: Safeguarding Reporting Form and guidance for support workers and managers on completion;
 - Appendix 5: Local Authority contact details for logging incidents;
 - Appendix 6: Guidance on Stockport MBC Harm levels.
- 7.9 An internal record of the Safeguarding incident must be maintained on the Safeguarding Logging Form. In addition managers must complete the management sections of the Safeguarding Reporting Form (see Appendix 4 for form and guidance).
- 7.10 Managers who are responsible for making alerts to the relevant local authority Safeguarding Adults Service should also do the following:
- take immediate action not already completed e.g. checking that immediate safety has been considered such as medical attention, emergency police contact;
 - should a member(s) of staff be cited as the alleged perpetrator, consider the need to immediately suspend the member of staff concerned to enable a full and open investigation to be able to take place under the relevant local authority safeguarding procedures – any decision to suspend the member of staff should be taken in conjunction with Supportability's HR department and a member of Supportability's senior management team;
 - consider, in conjunction with the relevant Social Worker or local authority contact centre whether, and how, to inform the service user's family or care unit;
 - seek further advice and support from the local authority to whom they have reported about how to proceed, especially where further actions could alert an alleged perpetrator;

- where required, inform the appropriate inspection body e.g. Care Quality Commission (this will be done by a senior manager as set out in the Safeguarding Reporting Form guidance).

7.11 Where contact is made with the police, the person making the referral should make clear that a potential crime that involves an adult at risk is being reported. You should clearly detail the nature of the allegation and in all cases obtain an incident number for future reference. Within Stockport, there is a requirement that consultation with the police must be sought if:

- non-accidental injuries are apparent or suspected;
- sexual offences are believed to have taken place;
- theft or misappropriation of funds is suspected;
- the adult at risk wishes the matter to be referred to the police.

7.12 The local authority Safeguarding Board may request that a representative from Supportability attend meetings with the local authority and / or obtain further information. This may include staff rotas and incident reports, information about past incidents, or concerns from internal records, interviews with witnesses, for example.

7.13 It is vital that, when making a referral, as much information as possible is provided to assist the decision making process regarding further action needed. As with all recording around Safeguarding Adults work, take care when recording details as they could be used as evidence in criminal investigations or proceedings.

8. Whistleblowing and support for staff

8.1 Supportability has a commitment to ensuring that staff who provide information on actual or suspected abuse are treated fairly. In most circumstances, staff should feel able to report safeguarding concerns to their manager. However, in certain circumstances, staff may feel unable to do this, for example, if the situation involves their manager. The employee can, in this situation, contact one of the Designated Persons. Alternatively, Supportability has a Whistleblowing Policy which provides staff with an independent and alternative mechanism for raising concerns.

8.2 Supportability undertakes to provide support, and if necessary, protection for all those who honestly and reasonably raise allegations of abuse or bad practice. As far as possible Supportability will endeavour to maintain the confidentiality of staff (see further information in Appendix 7 about support for staff).

9. Other issues

9.1 Staff and those providing support also need to consider potential safeguarding issues that can arise from unwanted or unnecessary physical contact with service users. Appendix 8 provides guidance to staff on the issues they should consider in relation to physical contact with service users.

Appendix 1

Radicalisation and Extremism

- 1.1 Radicalisation is when someone starts to believe or support extreme views, and in some cases, then participates in terrorist groups or acts. It can be motivated by a range of factors, including ideologies, religious beliefs, political beliefs and prejudices against particular groups of people. People may be radicalised in many different ways, and over different time frames from as little as a few days or hours, or it may take several years.
- 1.2 Supportability recognises that service users may be vulnerable to the risk of radicalisation or extremism, and therefore the organisation has a duty, as part of its safeguarding responsibilities to, protect service users from this risk, including reporting concerns.
- 1.3 Radicalisation is not a one-off event that happens to individuals. It is a series of contacts and episodes that can result in potential terrorist acts. Therefore it is important that staff working with individuals who display behaviours or comment upon potential incidents of concern, understand their responsibilities in relation to the government's Prevent strategy and how that works within a safeguarding context.

1.1 Safeguarding against extremism or radicalisation is no different to safeguarding against any other vulnerability in today's society.

1.2 Factors triggering radicalisation

Evidence suggests that there is no obvious profile for a person who may be likely to become involved in terrorist related activity, nor a single indicator for when a person might move to support extremism. However an increasing body of information indicates that factors thought to relate to personal experiences of vulnerable individuals affect the way in which they relate to their personal environment and may make them susceptible to exploitation or supporting terrorist activities. Factors that may trigger radicalisation can include:

- Peer pressure;
- Influence from other people or the internet;
- Bullying;
- Crime and anti-social behaviour;
- Family tensions;
- Race/hate crime;
- Lack of self-esteem or identity;
- Personal or political grievances.

1.6 Indicators of concern

Indicators that staff may observe or identify regarding individuals' behaviour or actions may include the following:

- Spending increasing time in the company of other suspected extremists;

- Changing their style of dress or personal appearance to accord with the group;
- Day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause;
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- Possession of materials or symbols associated with an extremist cause;
- Attempts to recruit others to the group/cause;
- Communication with others that suggest identification with a group, cause or ideology;
- Using insulting or derogatory names for another group;
- Increase in prejudice related incidents committed by that person which may include:
 - Physical or verbal assault;
 - Provocative behaviour;
 - Damage to property;
 - Derogatory name calling;
 - Possession of prejudice related materials;
 - Inappropriate forms of address;
 - Refusal to cooperate;
 - Attempts to recruit to prejudice related organisations;
 - Condoning or supporting violence towards others.

1.7 Consent

People who are vulnerable to violent extremism or radicalisation are more likely to be reached by supportive services if issues of consent are handled with sensitivity and there is an informed understanding of the issues.

Before making a referral, staff must respond to all concerns, by clarifying the information. For children, this will usually involve talking to the child/young person and their family (unless the family is implicated in potential extremism), and to other professionals working with the child/young person.

Any referral will be made with the young person's/family's knowledge and consent, unless to do so would place the child/young person at risk of harm.

Where there are grounds to doubt the capacity of the person of those aged 16 or over but under the age of 18, steps need to be taken to provide support to enable them to give informed consent to be referred.

1.8 Raising a concern

Where any member of staff has any concerns in relation to extremism or radicalisation of a service user they must report those concerns following the safeguarding procedure set out in Section 6 of this policy. The manager receiving the concern should consult with their manager and/or the Designated Safeguarding Lead (or their deputy) to seek advice about the appropriate course of action to take and whether a referral to the Channel Panel is required

1.9 Making a referral

Where a concern about an individual has been identified, partner agencies can discuss a concern or make a referral to the Channel Panel by completing the referral form at this link [Prevent referral documents - Stockport Council](#)

Once the form is completed it must be emailed to all 3 email addresses below:

- Stockport's Multi-Agency Safeguarding Hub for Children: cyp@stockport.gov.uk
- GMP channel: channel.project@gmp.police.uk
- Greater Manchester Channel Team: gmchannel@manchester.gov.uk

If the issue is urgent, call **999** and alert the police.

Appendix 2

Safeguarding Panel

Terms of Reference

The internal Safeguarding Panel exists as part of our ongoing commitment to ensure that the people we support, their family members, carers and our staff are safe in all that they do.

- The panel has as its primary members the Deputy Chief Executive, Head of Operations (currently vacant) plus the operational Heads of Service (Head of Community Services, the Head of Day Services and the Head of Residential Services, and the Learning and Development Manager: the PA to the Senior Leadership Team will be present to take minutes;
- The panel will be chaired by the Deputy Chief Executive;
- The panel may call upon other Supportability colleagues as the agenda dictates e.g. Human Resources Advisor
- The panel will meet quarterly to coincide with and in advance of the SMBC Harm Levels Survey returns for Day, Residential and Domiciliary service areas. The Stockport Harm Levels will be applied to safeguarding cases from other LAs
- The panel will biannually consider the Safeguarding Action Plan as the main focus
- The panel will consider a set agenda as follows:
 - Safeguarding Action Plan – feeding into trustees and risk register
 - SMBC Quarterly Harm Level survey
 - Safeguarding Activity
 - Harm Level 1/2/3/4/5 reporting
 - Emerging Themes
 - incident reporting
 - Update on MCA/DOLS/Liberty Protection Standards
 - Training
 - Update on Safeguarding Children and Adults attendance
 - Link between training and safeguarding activity
 - Risk
 - Communication
- The panel will have both a monitoring and developmental focus, addressing current practice and recommending service improvement(s) and ensuring information is cascaded to staff and managers via team meetings and training
- The panel will invite the Safeguarding Adults Board – Development Manager in addition to the LD Team Leader to meet with us annually.

Appendix 3

Supportability Leads on Safeguarding issues: Trustees and Designated Safeguarding Lead and Deputy Lead

The Designated Leads for Supportability is the Deputy Chief Executive, Mary Stanley.

The Deputy Designated Safeguarding Lead is the Residential Manager at Cheddle Lodge, Candice Scambler

The Designated Safeguarding Lead can be contacted on 0161 432 1248 (between 9 – 5) or via the Supportability on-call number 07976 704535 out of hours. The Deputy Designated Lead can be contacted at Cheddle Lodge (0161 428 5189).

Supportability also has a Trustee who takes the Lead, at a strategic level, for Safeguarding issues. The Trustee Safeguarding Lead is Helen Roberts. The Trustee Safeguarding Lead will have overall responsibility at Trustee level for leading on safeguarding issues and will have input into Supportability's Annual Safeguarding Report.

Role of Designated Safeguarding Lead

This role descriptor sets out the responsibilities of Supportability's Designated Safeguarding Lead (DSL), taking into account legislation, guidance and best practice at the local and national level, to ensure Supportability's processes are at all times safe, legal and compliant. This role descriptor should be read in conjunction with Supportability's Safeguarding Panel 'Terms of Reference' in order to effectively and appropriately acknowledge and engage supportability staff in safeguarding practice.

Responsibilities

- To take lead responsibility for all child and adult protection and safeguarding concerns that arise.
- To take the lead or oversee managers in undertaking any internal investigative process.
- To take responsibility for swift action in the context of safeguarding concerns, informing, and advising, colleagues, parents and relevant outside agencies of concerns and recording details of each incident in line with Supportability and local authority policy and procedures.
- To ensure that relevant external bodies have been informed as appropriate eg. CQC or HSE in relation to RIDDOR reports.
- To ensure that a referral has been made (and where required followed up) where an independent advocate is needed to support the adult at risk
- To advise the internal Safeguarding Panel regarding any local or national developments in relation to Safeguarding, Child/Adult Protection and / or improvements in strategies, structures and practice to increase the effectiveness of information, advice, guidance and support to those that both deliver our services and those that access the charities range of offers.
- To develop and promote effective multi-agency working relationships with other agencies and sectors engaged in the protection, safeguarding and wellbeing of adults, children and young people.

- To be proactive in contributing to Supportability's Safeguarding Panel and action plan by review of policies and procedures in order to maintain a safe, legal and compliant position in reference to the effectiveness of Supportability's approach to safeguarding.
- To liaise and direct Supportability's Learning and Development Manager to ensure training on safeguarding processes, policy and national updates as relevant to colleagues and their roles and volunteers to ensure procedures are implemented, embedded and understood by all.
- To listen to and act upon staff safeguarding concerns.
- To ensure that safeguarding and child/adult protection record keeping is comprehensive, understandable, appropriately completed by managers and up to date at all times.
- Undertake reports for the local council with regard to regular information sharing on safeguarding concerns, lessons learnt and actions taken.
- To liaise with HR to ensure compliance with safer recruitment of staff is in place and effective.
- In conjunction with Learning and Development Manager to audit and quality assure safeguarding procedures to ensure compliance, quality and a values based working culture so that statutory and Supportability requirements are met at all times.
- Ensure lessons learnt through safeguarding panel exercises and general updates on safeguarding are cascaded to all Supportability staff in order to improve practice and inform.
- Act as a point of contact to support and advise Supportability managers on safeguarding reporting and adhering to process.
- To provide advice on the need for capacity assessments where required.
- To represent Supportability at any relevant strategy, case conference and review meetings and to provide formal reports where required.
- To ensure that, where required, any referrals of employees to the Disclosure and Barring Service are made in conjunction with HR.

Deputy Designated Safeguarding Lead

- The role of the Deputy DSL is to deputise in the absence of the DSL. The DSL remains the accountable authority at all times and all decisions relating to child/adult protection concerns will be taken by the DSL.
- The Deputy DSL will also undertake the necessary training to reflect the requirements of the role.



SAFEGUARDING REPORTING FORM

Section 1: Basic details

Name of service user:
Location / Where safeguarding incident or disclosure occurred
Date and time when safeguarding issue arose or was disclosed

Was there/ were there any witnesses? (please circle appropriate box)	Yes	No
If yes, who?		

Section 2: Please describe what happened/what you observed

Section 3: Was the service user injured? (tick relevant box)

Yes	
No	

If yes, provide details including parts of the body injured – please also complete a body map

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Section 4: What action did you take, who did you report it to and when?

--

Name of person completing the form	
Signature	
Date:	

THIS SECTION IS TO BE COMPLETED BY MANAGERS ONLY

5. Is this a safeguarding issue?

(tick relevant box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If no, ask the support worker to complete an Incident and Accident Reporting Form.

6. Has the service user given consent (if 16 or over) for the issue to be reported externally?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If no, is a capacity assessment required or are there circumstances in which the service user's refusal be overridden?	<input type="checkbox"/>
Not applicable (child under 16)	<input type="checkbox"/>

7. Manager Reporting

What date/time did you report it?	<input type="checkbox"/>										
Who did you report it to? (Tick the relevant box or boxes)	<table border="0"> <tr> <td>Local authority/social worker</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Police</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Care Quality Commission</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Family</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Head of Service/Head of Ops</td> <td><input type="checkbox"/></td> </tr> </table>	Local authority/social worker	<input type="checkbox"/>	Police	<input type="checkbox"/>	Care Quality Commission	<input type="checkbox"/>	Family	<input type="checkbox"/>	Head of Service/Head of Ops	<input type="checkbox"/>
Local authority/social worker	<input type="checkbox"/>										
Police	<input type="checkbox"/>										
Care Quality Commission	<input type="checkbox"/>										
Family	<input type="checkbox"/>										
Head of Service/Head of Ops	<input type="checkbox"/>										
What action was taken?	<input type="checkbox"/>										
Have you completed the Supportability Safeguarding Logging Form	Yes <input type="checkbox"/> No <input type="checkbox"/>										
If yes, when	<input type="checkbox"/>										

8. Other manager action taken

Did you have a debrief with the staff involved? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, why not

--	--

Further action required in relation to service user (tick relevant boxes and identify date for this to be done)

Update assessment	
Update/draft support plan	
Update/draft risk assessment	
Update/draft Positive BSP	
Update/draft other documentation (please specify)	

Further action required in relation to staff (tick relevant boxes and dates for this to be done)

Inform other managers	
Raise in supervision	
Provide training/guidance/support	
Need for formal action (eg. disciplinary)	
Review of working practices required	
Inform other staff working with the service user about any changes made	

Name of manager	Date
Signature of manager	

9. Senior manager review

No further action required (tick box)	Yes		No	
If yes what further action is required? (tick relevant box)				
Serious incident review	Yes		No	
Report to HOO and/or Safeguarding Panel	Yes		No	
Does this need reporting externally? externally? (eg. to CQC or to the Charity Commission)	Yes		No	
If yes, who to and when? (Please look at the guidance to see examples of when the issue may need reporting externally)				
Name of senior manager	Date			
Signature of senior manager				

Guidance on reporting and recording health and safety and safeguarding issues: Which form do I complete?

We now have two reporting forms for the formal reporting of health and safety and safeguarding concerns. They are a Safeguarding Form for all safeguarding issues and an Incident and Accident Reporting Form for all health and safety issues. The key issue is to understand which form to complete and Page 1 of this guidance aims to clarify this for support workers and managers. Page 2 onwards provides guidance on completion of the two forms.

1. Is it a safeguarding issue? eg. something that causes harm or potential harm to a service user such as a serious medication error, allegation or disclosure of potential abuse by staff, parent/carer, other service user, member of the public)

Yes – complete Safeguarding Form

No – go to section 2

2. Was it an incident, accident, discovery, error or near miss but not a safeguarding issue. For example was it:
 - An example of behaviour that was challenging by the service user but did not cause any injury to anyone;
 - An example of behaviour that was challenging by the service user that did result in injury to staff or member of the public;
 - An accident eg. a slip, trip or fall;
 - A discovery such as spotting a mark or a scratch on a service user's body but it did not occur at the time you were supporting them?. But think this through as it could be a safeguarding issue;
 - A near miss (eg. an accident was narrowly avoided);
 - An error – a mistake was made: again think this through as it could be a safeguarding issue;
 - An incident eg. something happened that caused damage or harm to property.

Yes – complete accident and incident form

No/not sure – go to section 3

3. If you answered no or not sure to Section 2 then you need to get some advice about what to do and which form you need to complete. Speak to a manager or Team Leader to discuss the issue and identify what action needs to be taken.

Guidance for support workers and managers on completion of Safeguarding Reporting Form

Sections 1 – 4 are to be filled in by the person reporting the incident

1. Basic details

Put the name of the service user in the relevant box. Complete the date and time and where the issue was disclosed/ or where you witnessed the alleged abuse.

2. Description of what happened

This is a factual description of what was disclosed to you. The information you should provide is a description of what happened using the words of the service user / person who disclosed the information.

Other information that is important includes:

- date(s) of alleged abuse;
- identity of alleged abuser(s);
- location of abuse;
- whether the person was injured.

Use the words of the person who discloses the alleged abuse rather than your own. Remember you are reporting on what was said to you so just write down the facts of what was said to you. You can include your observation of how the person who disclosed behaved (eg. seemed nervous, frightened, worried etc), but be careful not to make assumptions. If the form does not give you enough room then please use another sheet of paper but remember to sign and date that as well.

3. Injuries

If you observed any injuries use this part of the form to describe those injuries and complete a body map as well. Injuries may be bruises, marks, cuts or scratches.

4. Action Taken

Use this section to state what you did after the disclosure or after you had observed alleged abuse. For example, did you reassure the service user, how and who did you report the issue to. Don't' forget to print your name, sign and date the form.

Sections 5 – 8 are to be completed by first line managers/team leaders

10. Is this a safeguarding issue?

This is just a check to make sure that the correct form has been completed. If you are not sure please check with another manager/team leader or a more senior manager

11. Has the service user given consent (if 16 or over) for the issue to be reported externally?

Supportability's Safeguarding Adults Policy requires that we ask service users who are 16 or over for permission to report the safeguarding issue. See Section 7 of the Safeguarding Adults Policy for more information. This can be quite a complicated issue and you may need to seek advice about any issues that are raised in relation to mental capacity.

7.& 8. Manager Reporting/manager action taken

These sections are there for first line managers/team leaders to identify what they did, for example:

- provide basic information on the date/time you reported the concern to the relevant local authority and/or other body;
- who you reported it to (a tick list – you can tick more than one box);
- the action taken as a consequence of the report;
- whether you have completed the Safeguarding Logging Form;
- other action you have or will take in relation to keeping the service users safe such as updating documentation like risk assessments, care plans etc

REMEMBER SAFEGUARDING ISSUES MUST BE REPORTED TO THE RELEVANT BODY WITHIN 24 HOURS OF THE INCIDENT

9. Senior manager reporting

This section is for a senior manager (usually a Head of Service) to identify whether the form has been completed properly, the appropriate actions taken and whether any other action (eg. a more detailed or widespread investigation because of its severity or where wider lessons can be learned). A senior manager should review the information on the form and only sign it off when they are satisfied that it is accurate and sufficiently detailed, and that any identified actions are either in place or are being undertaken properly.

The senior manager should check whether the safeguarding issue needs to be reported to the CQC or to the Charity Commission. In the case of the Charity Commission, the guidance is that serious incidents should be reported to the Charity Commission and in relation to safeguarding, the Charity Commission give guidance on the type of issues that should be reported. These are:

- A beneficiary or other individual connected with the charity's activities has/alleges to have suffered serious harm
- An allegation that a staff member has physically or sexually assaulted or neglected a beneficiary whilst under the charity's care
- A beneficiary or individual connected with the charity's activities has died or been seriously harmed; a significant contributory factor is the charity's failure to implement a relevant policy

- The charity failed to carry out DBS checks which would have identified that a member of staff or trustee was disqualified in law (under safeguarding legislation) from holding that position

10. Timescales for completion

Parts 1 – 4 of the form must be completed as soon as possible, and at the very latest must be completed and forwarded to the staff member's line manager/team leader within 24 hours.

The line manager must report the issue to the relevant Safeguarding Team within 24 hours and then complete sections 5 – 8, and forward to the Head of Service within 5 working days. If this is a serious case the line manager must notify the Head of Service, or if unavailable the Head of Operations immediately and complete the form within 24 hours.

Section 9 must be completed within and then passed to the Administration for logging within 5 working days.

Appendix 5 - Contact details for making alerts to local authorities

Stockport (please note the Harm Levels reporting procedure detailed in Appendix 3)

Adult Social Care

Mon to Thurs (8.30 – 5)	0161 217 6029
Friday: 8.30 – 4.30	0161 217 6029
All other days/times	0161 718 2118

Trafford

Please complete online form at

[Are you worried about an adult? \(traffordsafeguardingpartnership.org.uk\)](http://traffordsafeguardingpartnership.org.uk)

Having completed the form send it to the Community Screening Team iat@trafford.gov.uk. If out of hours it can be emailed to the Emergency Duty Team on emergencydutyteam@trafford.gov.uk

To discuss any concerns ring the Community Screening Team on:

Office hours	0161 912 2820
Out of office hours	0161 912 2020

Derby - city

Mon – Fri: 9 am – 5 pm	01332 642855
All other days/times	01332 956606

Derbyshire

9 am to 5 pm (Mon-Fri)	01629 533190
All other days/times	01629 532600

Manchester

Contact Centre (24 hour)	0161 234 5001
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Email: mscopy@manchester.gov.uk

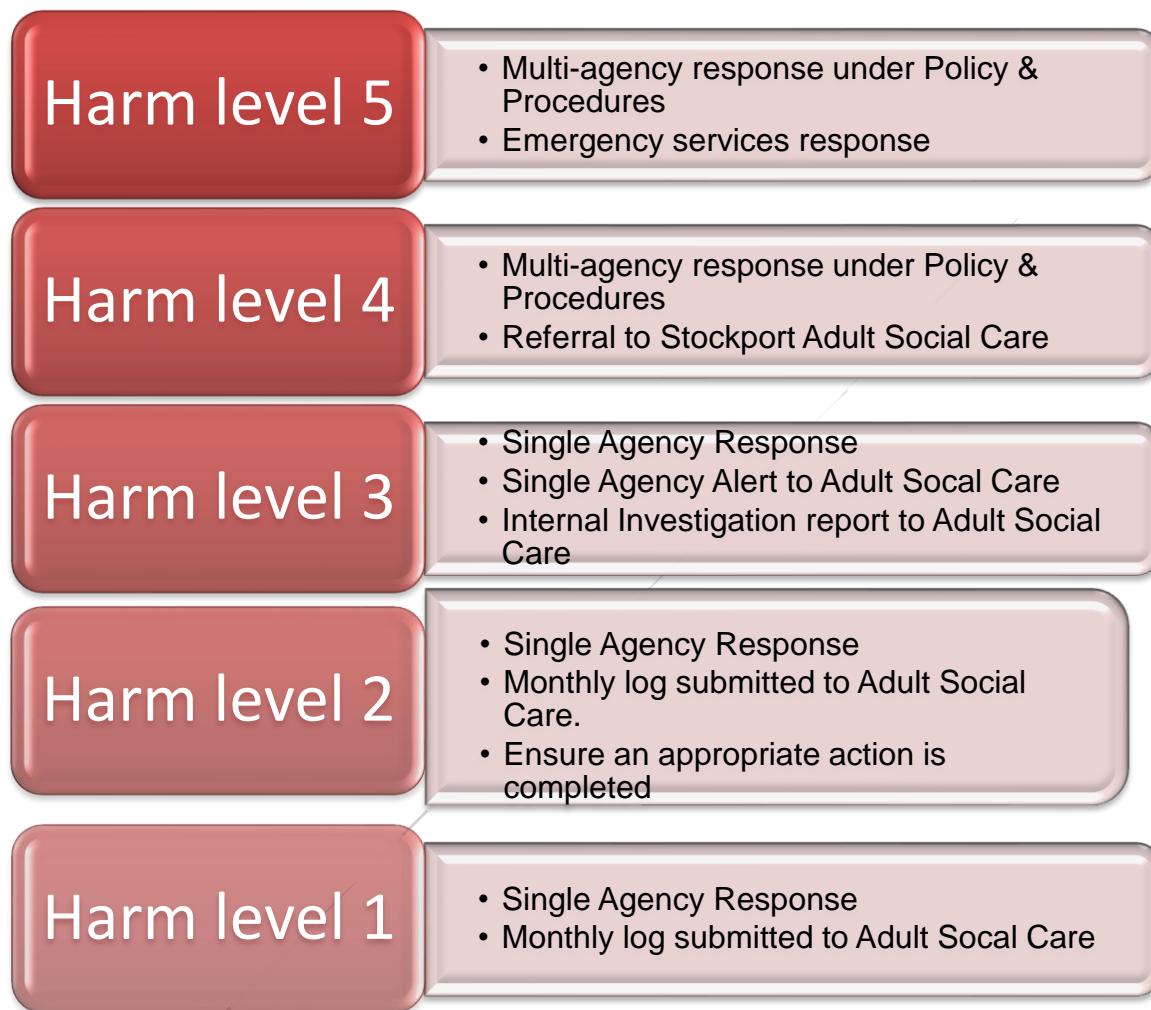
Tameside

Mon – Wed (8.30 – 5)	0161 922 4888
Thursday (8.30 – 4.30)	0161 922 4888
Friday (8.30 – 4)	0161 922 4888
All other days/times	0161 342 2222

Appendix 6 – Guidance for Harms Level in Stockport and the reporting process

Within Stockport there are five levels of harm and an appropriate response has been identified at each level. The guidance provided by the local authority states that the five levels of harm should be viewed as a continuum rather than five separate categories.

The procedure requires the provider service which reports the alert to make a decision at the appropriate level of harm response. The appropriate response at each level is set out below.



Descriptions of harm levels

These are examples to illustrate the levels of harm, but this list is not exhaustive and is for guidance only.

Harm level 5

- An adult at risk has been abused and a crime is suspected to have taken place (e.g. sexual abuse, threats to injure/kill, hate crime, theft/fraud);
- An adult at risk has sustained a potentially life threatening injury through abuse or neglect;
- An adult at risk is being exploited, ill-treated or wilfully neglected by a person in trust in a professional capacity;

- An adult at risk dies & abuse or neglect is suspected to be a factor in their death;
- Consider immediate referral to emergency services as appropriate.

Harm level 4

- Significant impact on an adult at risk resulting in fear, humiliation, injury, loss or neglect;
- One –off incident that causes significant harm to an adult at risk;
- On-going treatment that undermines dignity;
- Re-occurring errors in a service setting that impact on one or more adults at risk at a level that moves from poor practice into abuse;
- Institutional abuse where more than one adult at risk is affected e.g. issues relating to moving and handling, medication, care plans, cultural issues in hospitals, care homes, day care settings etc.)

Harm level 3

- Non adherence to Mental Capacity Act particularly the application of the 5 principals in the delivery of care or treatment;
- Service user on service user incident that is either recurring or results in actual injury;
- Any error that causes a high risk of harm;
- Recurring treatment that undermines dignity;
- On-going denial or failing to recognise an adult's choice or opinion;
- Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs.

Harm level 2

- Poor quality of care rather than issues of abuse e.g. low staffing levels, issues relating to the environment, adherence to the care plan in the delivery of care etc.
- Disputes between service users quickly resolved that cause little or no harm and risk assessment and plan put in place;
- Adult does not receive prescribed medication (missed/wrong dose) on one occasion - no harm occurs.

Harm level 1

- One off incidents of poor practice that cause little or no harm;
- One off incidents or service user on service user abuse that cause no harm and measures put in place to reduce risk of repeat incident;
- staff error causing no/little harm, e.g. skin friction mark due to ill-fitting socks on one occasion;
- One off incident of money not recorded appropriately by a professional e.g. receipt not retained;
- Isolated missed home care visit - no harm occurs – measures put in place to reduce risk of further incident;
- Adult is not assisted with a meal/drink on one occasion and no harm occurs;
- Temporary environment restrictions but action to resolve is in place e.g. temperature, lighting, access to outside or communal areas.

Requirements for reporting at each level of harm

This section outlines the response to safeguarding under the HARM LEVELS. The Safeguarding Policy should be referred to at all levels of safeguarding.

Level 1:

- Record incident/accident on monthly log;
- Send in log to Adult Social Care Quality Team monthly;
- Identify any patterns;
- Follow internal procedures in recording and responding to incidents.

Level 2:

- Record incident/accident on monthly log;
- Send in log to Adult Social Care Quality Team monthly;
- Identify any patterns;
- Follow internal procedures in recording and responding to incidents;
- THIS LEVEL REQUIRES AN ACTION eg. update care plan/risk assessment.

Level 3:

- Contact Adult Social Care to raise safeguarding alert;
- Complete Internal Investigation and action as required;
- Complete Internal Investigation Report;
- Safeguarding to be OUTCOMED at a provider level;
- Send completed report to Adult Social Care for review panel.

Level 4 and 5:

- Contact Adult Social Care to raise safeguarding alert;
- Contact relevant partner agencies (police, Clinical Commissioning Group);
- Ensure appropriate safeguards are in place to protect Adults at Risk;
- Safeguarding will be led by Adult Social Care and guidance should be sought from the safeguarding adults policy and procedures.

Appendix 7 - Support for staff

Supportability will provide support for staff who:

- witness abuse or support a service user who is the alleged victim of abuse;
- are alleged perpetrators;
- are colleagues of staff who are alleged perpetrators of abuse;
- support service users who make persistent allegations which prove unfounded;
- are involved in investigating concerns or allegations;

Support may include, as appropriate:

- additional training;
- provision to manage the workload of staff involved in dealing with a concern / allegation;
- debriefing sessions following incidents;
- reinforcing that staff members who raise concerns have done the right thing and that they are not responsible for any subsequent consequences faced by the perpetrator;
- offering a counselling service and/or contact with advice and support groups, including trade unions (the latter particularly for the alleged perpetrator);
- increased frequency of supervision sessions, and through supervision looking at any pressures arising from reporting the alleged abuse and identifying practical steps to reduce those pressures;
- in addition, if an alleged perpetrator is suspended, regular contact with the staff member should be maintained - this should focus on ensuring that the staff member understands the procedures and is kept up to date with any other pertinent organisational information, rather than the details of the allegations. Support will be provided by a member of staff not directly involved in the investigation.

Appendix 8 - Physical contact with service users

When physical contact is made with an adult service user this should be in response to their needs, be of limited duration and appropriate to their age, stage of development, gender, ethnicity and background (eg. any previous history of being abused). Adults should use their professional judgement at all times and should maintain self-awareness of the dynamics of the relationship between themselves and the service users with whom they are working.

It is important to avoid making assumptions about whether a service user wants any form of physical contact or not. Where feasible, adults should seek the service user's permission or explain to the service user what they are going to do before initiating contact. Adults should listen, observe and take note of the service user's reaction or feelings and, so far as is possible, use a level of contact and/or form of communication acceptable to the service user for the minimum time necessary.

Physical contact which occurs regularly with an individual service user should be part of a formally agreed support plan, within the parameters of protocols on physical contact, for example regarding medical procedures. Any such arrangements should be understood and agreed by all concerned, justified in terms of the service user's needs; consistently applied; and open to scrutiny.

Where a service user seeks out or initiates physical contact with a worker or volunteer, the situation should be handled sensitively, but care always taken to ensure that such contact is not exploited in any way. Appropriate advice and support needs to be given to the member of staff, and consideration given to the needs of the service user. It should be noted that all service users should be sensitively deterred from inappropriate physical contact.

It is recognised that many service users having experienced abuse may seek out inappropriate physical contact. In such circumstances staff should deter the service user sensitively by helping them to understand the importance of personal boundaries.

Accordingly staff and volunteers must:

- be aware that even well intentioned physical contact may be misconstrued by the service user, an observer, or by anyone to whom this action is described,
- be aware of the need for consistent behaviour and the impact that inappropriate behaviour (such as hugging, play fighting) can have on other staff and on service users;
- take care in relation to physical contact and in particular be careful about which parts of the body are touched;
- always be prepared to report and explain actions and accept that all physical contact is open to scrutiny;
- never indulge in horseplay, unless this is deemed acceptable as set out in care or behaviour support plans;
- always encourage service users, where possible, to undertake self-care tasks independently;
- work within health and safety regulations;
- be aware of cultural or religious views about touching;
- be sensitive to issues of gender.