



**Shantona Women's
& Family Centre**

Safeguarding Adults Policy and Procedure

1. Safeguarding Policy

The aim of this policy is to outline the practice and procedures for paid and voluntary staff in Shantona to contribute to the prevention of abuse of vulnerable adults through raising awareness and providing a clear framework for action when abuse is suspected. It is aimed at protecting the vulnerable adult and the worker, recognising the risks involved in lone working.

The policy covers all staff and areas of work with specific guidance for projects regularly in contact with vulnerable adults.

Review:

The effectiveness of this policy will be formally reviewed at least annually.

Policy Statement:

Shantona supports many vulnerable people across Leeds. We are committed to safeguarding all our clients, their children and people that they may pose a risk to. All staff are trained to recognise the different forms of abuse that adults at risk may face and to ensuring that appropriate action is taken to protect our clients and others from suffering harm from abuse. We are committed to supporting the individuals that we work with to ensure that they receive safe and effective care and will not tolerate the abuse of adults in any of its forms.

Shantona Women's and Family Services will not tolerate the abuse of adults at risk in any of its forms.

The organisation is committed to:

- Supporting adults at risk who are at risk, experiencing or have experienced abuse.
- Working with adults at risk and other agencies to end any abuse that is taking place.
- Managing its services in a way which minimises the risk of abuse occurring.
- the needs and interests of adults at risk are always respected and upheld.
- The human rights of adults at risk are respected and upheld.
- A proportionate, timely, professional, and ethical response is made to any adult at risk who may be experiencing abuse.
- All decisions and actions are taken in line with the Mental Capacity Act 2005

In achieving these aims the organisation will:

- Ensure that all managers, employees and volunteers have access to and are familiar with this safeguarding adult policy and procedure and their responsibilities within it
- Ensure concerns or allegations of abuse are always taken seriously.
- Ensure the Mental Capacity Act is used to make decisions on behalf of those adults at risk who are unable to make decisions for themselves.
- Ensure all staff receive training in relation safeguarding adults at a level commensurate with their role.
- Ensure regular Caseload supervisions are carried out with staff.

- Ensure that service users, their relatives or informal carers have access to information about how to report concerns or allegations of abuse.
- Ensure there is a named lead person to promote safeguarding awareness and practice within the organisation.

This policy and procedure have been developed to be consistent with the Safeguarding Adults Multi-Agency Policy and Procedures for West Yorkshire, North Yorkshire and York which can be referred to for additional guidance www.leedssafeguardingadults.org.uk

1.2 Policy Definitions

4 What is adult safeguarding?

Safeguarding is a term that refers to our duty to protect an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. An Adult at Risk is a term that refers to any adult aged 18 years or over who:

- has needs for care and support (whether the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect, and
- because of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. An adult at risk may therefore be a person who, for example:
 - is an older person who is frail due to ill health, physical disability or cognitive impairment?
 - has a learning disability.
 - has a physical disability and/or a sensory impairment.
 - has mental health needs including dementia or a personality disorder.
 - has a long-term illness/condition.
- misuses substances or alcohol
- is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse?
- lacks mental capacity to make decisions and needs care and support

All staff need to recognise that safeguarding is everyone's responsibility, irrespective of the role they undertake. There are two key parts to this process: Preventing abuse from happening. This includes safe recruitment, to ensure that unsuitable people are not employed, and an organisational culture in which all staff and volunteers are empowered to play a part in preventing and ending abuse. Protecting people who may be experiencing, or at risk of, abuse. This includes empowering people to know their rights and to access the right support to enable.

1.2.2 What is abuse?

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as a safeguarding concern.

Physical abuse - includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.

Domestic abuse – is “an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality” (Home Office, 2013). Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation.

Sexual abuse - includes rape and sexual assault or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting.

Psychological abuse - 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 from services or supportive networks.

Financial and material abuse – includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

Modern slavery - includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhuman treatment.

Neglect and acts of omission - includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating.

Discriminatory abuse - includes abuse based on a person’s race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.

Organisational abuse – includes neglect and poor practice within an institution or 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.

Self-neglect - covers a wide range of behaviours, such as neglecting to care for one’s personal hygiene, health or surroundings and includes behaviours such as hoarding.

A safeguarding response in relation to self-neglect may be appropriate where:

- a person is declining assistance in relation to their care and support needs, and
- the impact of their decision, has or is likely to have a substantial impact on their overall individual wellbeing.

1.3 Key Roles

Every member of staff and volunteer has a responsibility to act on concerns of possible abuse and must inform the organisation's Safeguarding Concerns Manager.

Safeguarding Concerns Manager: The Safeguarding Concerns Manager has the responsibility to decide whether it is appropriate to Raise a Safeguarding Concern required or respond to the concerns in an alternative manner.

If any member of staff has reason to believe that abuse is or may be taking place you have a responsibility to act on this information.

It does not matter what your role is, doing nothing is not an option.

Information should be shared with concerned employees' line manager, who must approve any actions to be taken and any documentation or correspondence being sent out.

Employees with concerns about a client, should discuss them with their line manager and the designated Safeguarding lead on the same day. If the line manager or designated Safeguarding lead is not available, then any concerns should be discussed with the CEO.

A record must be kept of any conversations and actions completed.

Volunteers with concerns should discuss these discreetly with their supervisor or Line Manager as soon as possible after the abuse or suspicions of abuse are observed. If unavailable, then any concerns should be discussed with the Designated Safeguarding officer and CEO of Shantona.

Concerns about Colleagues. These should be addressed initially with the Safeguarding concerns manager, but if this is not possible or the concern is regarding the Safeguarding concern manager or other senior member of staff, then any concerns should be discussed with the Shantona Management committee.

- If at any point staff are unclear and need help or support in relation to an incident, then they can ring the Adult Social Care Contact Centre: **0113 222 4401**
- Emergency Duty Team: **07712 106 378** (if urgent and outside of the Contact Centre times)

Organisational lead for safeguarding adults:

Designated Safeguarding officer- Nahid Rasool and Ashia Akhtar

Contact: 01132497120 out of hours 07950447603

1.4 Safe Employment

Shantona is committed to safe employment, thereby reducing the risk of exposing adults at risk to people unsuitable to work with them. The Partnership recognises that there are a number of associated risks with the delivery model for our services which can involve lone workers visiting clients in their own homes. We take our responsibilities to protect our service users from any risks our workers may potentially pose them, very seriously. We take a number of steps to ensure that our clients are adequately safeguarded.

- Shantona is committed to working within best practice as established by the Disclosure and Barring Scheme (DBS) and all staff have DBS record checks at least once every 3 years
- Shantona has a clear Complaints Policy
- All staff receive regular supervision where each Safeguarding case or Safeguarding concerns are discussed
- Shantona is committed to achieving best practice in respect to the safe recruitment of employees and volunteers; please see Shantona policy and procedures on Recruitment and Selection of staff for further information.

Refer to the Employee handbook for further information.

1.5 Training and Supervision

- Awareness of this safeguarding policy/procedure is covered within the induction programme of all new employees or volunteers and their understanding checked within supervision meetings.
- All staff will receive training on safeguarding adults at a level commensurate with their roles.
- All staff will receive training on the requirements and provisions of the Mental Capacity Act (*and Deprivation of Liberty Safeguards (DoLS) in care homes and hospitals*)
- Caseload Supervisions- These supervisions are undertaken by the line manager so staff can discuss any concerns they may have in relation to the caseloads they are working on and a chance to offload how they are feeling. So appropriate support can be identified to help support staff.

1.6 Prevention

Staff and volunteers of Shantona may also need to refer to their organisations own related policies and procedures that minimise the risk of abuse occurring, to determine whether abuse has occurred and how to respond. These include the following:

1. *Complaints Policy*
2. *Grievance policy*
3. *Confidentiality Policy*

4. *Domestic Abuse Policy*

5. *Whistle Blowing Policy*

2. Safeguarding Adult Procedures

Responding to an allegation/concern:

If any member of staff or volunteer has reason to believe that abuse is or may be taking place you have a responsibility to act on this information. It does not matter what your role is, doing nothing is not an option.

If a person discloses abuse to you directly, use the following principles to respond to them:

- Assure them that you are taking the concerns seriously.
- Do not be judgemental or jump to conclusions.
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can. Use open ended questions.
- Do not start to investigate or ask detailed or probing questions.
- Explain that you have a duty to tell your manager or the designated officer.
- Reassure the person that they will be involved in decisions about them

2.1.1 Responsibilities of all employees and volunteers

1. To take action to keep the person safe if possible.
 - Is an urgent police presence required to keep someone safe – call 999
 - Does the person need urgent medical assistance, do they need an ambulance – call 999
2. If a crime has occurred, be aware of the need to preserve evidence.
3. Always inform your organisations Safeguarding Concerns Manager. You cannot keep this information secret, even if the person asks you to.
4. Clearly record what you have witnessed or been told, record your responses and any actions taken.

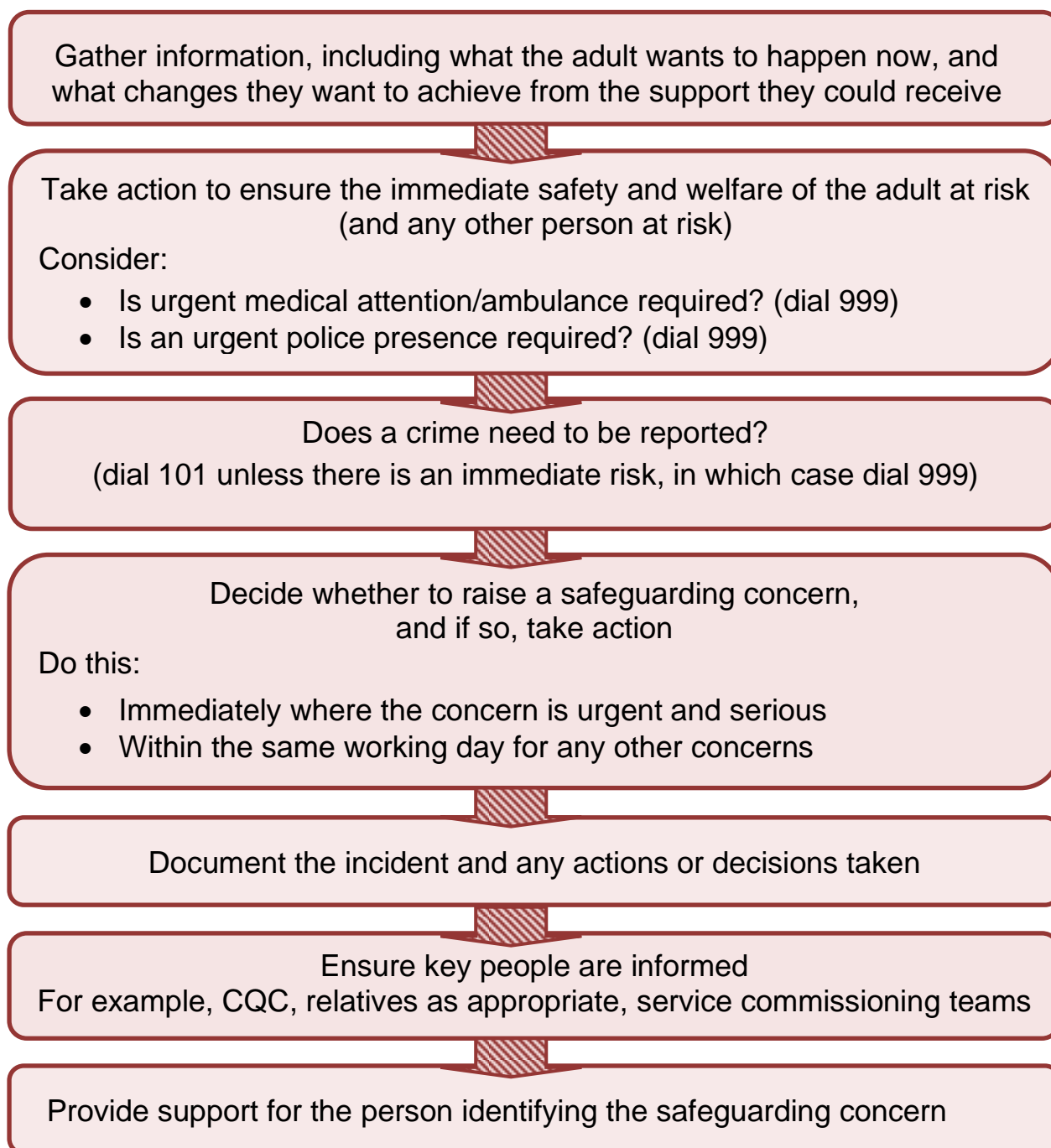
If consulting with your Safeguarding Concerns Manager will lead to an undue delay and thereby leave a person in a position of risk, you should Raise a Safeguarding Concern yourself.

2.1.2 Raising a Safeguarding Concern

Raising a safeguarding concern, mean reporting abuse to the local authority under the safeguarding adult's procedure. Anyone can raise a safeguarding concern; often however this is undertaken by a manager in the organisation. This person is referred to as the Safeguarding Concerns Manager.

You are informed or become aware of possible abuse or neglect.





Additional Guidance:

A. Considering whether to Raise a Safeguarding Concern

When deciding whether a safeguarding concern should be raised, consider the following key questions:

1. Is the person an 'adult at risk' as defined within this policy/procedure?
2. Is the person experiencing, or at risk of, abuse and neglect?
3. What is the nature and seriousness of the risks?

Consider:

- The person's individual circumstances
- The nature and extent of the concerns
- The length of time it has been occurring
- The impact of any incident
- The risk of repeated incidents for the person
- The risk of repeated incidents for others

4. What does the adult at risk want to happen now?

Wherever possible, consider what the adult at risk wants to happen next, what do they want to change about their situation, and what support do they want to achieve that.

On some occasions, it may be necessary to raise a safeguarding concern even if this is contrary to the wishes of the adult at risk. Any such decision should be proportional to the risk, for example:

- It is in the public interest e.g. there is also a risk to others, a member of staff or volunteer is involved, or the abuse has occurred on property owned or managed by an organisation with a responsibility to provide care
- The person lacks mental capacity to consent and it is in the person's best interests
- The person is subject to coercion or undue influence, to extent that they are unable to give consent
- It is in the person's vital interests (to prevent serious harm or distress or life threatening situations)

If you remain unsure whether to raise a safeguarding concern, you can:

- Refer to the Decision Support Tool for Raising Safeguarding Concerns in Appendix B
- Contact your organisations safeguarding adults lead for advice
Ashia Akhtar 01132497120 or Nahid Rasool 07950447603
- Seek advice from Adult Social Care, 0113 222 4401
- Refer to the Multi-Agency Safeguarding Adult Policy and Procedures at www.safeguardingadults.org.uk for further information and guidance

B. Considering whether to report a concern to the police

If a crime has been or may have been committed, seek the person's consent to report the matter immediately to the police. This will be in addition to raising a safeguarding concern with the local authority.

If the person has mental capacity in relation to the decision and does not want a report made, this should be respected unless there are justifiable reasons to act contrary to their wishes, such as:

- the person is subject to coercion or undue influence, to the extent that they are unable to give consent, or
- there is an overriding public interest, such as where there is a risk to other

- people
- it is in the person's vital interests (to prevent serious harm or distress or in life-threatening situations)

There should be clear reasons for overriding the wishes of a person with the mental capacity to decide for themselves. A judgement will be needed that takes into account the particular circumstances.

If the person does not have mental capacity in relation to this decision, a 'best interests' decision will need to be made in line with the Mental Capacity Act.

Preserving evidence

If a crime has occurred, try to preserve evidence in case there is a criminal investigation.

- try not to disturb the scene, clothing or victim if at all possible
- secure the scene, for example, lock the door, if possible,
- preserve all containers, documents, locations, etc.
- evidence may be present even if you cannot actually see anything
- if in doubt, contact the police and ask for advice

The police should be contacted for advice wherever required.

C. Who else to inform.

If you are a service provider and a safeguarding concern has been raised, notify your regulatory body and the authority that commissions your service for the adult at risk.

You may also need to inform:

- relatives of the adult at risk according to their wishes, or in their 'best interests' where they lack the mental capacity to make this decision for themselves.
- child protection services if children are also at risk from harm.
- the Charities Commission if your service is a registered charity.
- your line manager (and safeguarding adults lead if different) of your decisions and actions in line with this procedure.
- your Human Resources Manager if allegations/concerns relate to a member of employee or volunteer.
- staff delivering a service on a need-to-know basis so that they do not take actions that may prejudice an enquiry.

D. Document the concern and any actions or decisions taken.

Ensure all actions and decisions are fully recorded. It is possible that your records may be required as part of an enquiry, be as clear and accurate as you can. Record the reasons for your decisions and any advice given to you in making these decisions.

Ensure that appropriate records are maintained, including details of:

- the nature of the safeguarding concern/allegation
- the wishes and desired outcomes of the adult at risk
- the support and information provided to enable the adult at risk to make an informed decision.
- assessments of Mental Capacity where indicated.
- the decision of the organisation to raise a concern or not.

E. How to make a Raise a Safeguarding Concern:

To raise a safeguarding concern under the safeguarding adults' procedures:

Contact:

- Adult Social Care Contact Centre: **0113 222 4401**
- Emergency Duty Team: **07712 106 378** (if urgent and outside of the Contact Centre times)

The person you speak to will ask you for details about the allegation/concern. If you have reported the incident to the police, tell the person this as well.

Then complete the Safeguarding Adults: Supporting Information form; sometimes called the SA1 Form. This can be found on www.leedssafeguardingadults.org.uk

The safeguarding concern will be allocated to an appropriate team, who will then contact you to discuss the concerns further and advise you to whom the Supporting Information form (SA1) should be sent.

Appendix A: Useful Contacts

Use this section to record useful telephone numbers that are relevant to safeguarding adults in the context of your organisation.

To raise a safeguarding concern or seek advice	
Leeds Adult Social Care: Contact Centre	Tel: 0113 222 4401
Emergency Duty Team (Outside of the contact centre times above)	Tel: 07712 106 378
Nahid Rasool (CEO)	Tel: 07950447603
Ashia Akhtar (Designated Safeguarding Officer)	Tel: 01132497120
Contacting the police	
If the person is in imminent danger	Tel: 999 (Emergency Service)
If you need to report a crime, but the person is not in imminent danger	Tel: 101 (Non-Emergency Service)
To notifying regulators	
Care Quality Commission Charities Commission	Tel: 03000 616161 Tel: 0300 065 2199
Notifying contracting/commissioning authority	
Employment related advice lines	
Disclosure and Barring Service (DBS)	Tel: 01325 953795
Whistleblowing advice services	
Mencap www.mencap.org.uk/organisations/whistleblowing-helpline	Helpline: 08000 724 725
Care Quality Commission: www.cqc.org.uk/contact-us	Tel: 03000 616161
Public Concern at Work www.pcaw.org.uk	Tel: 020 7404 6609.
Advocacy services	
Advonet	Tel: 0113 244 0606

Add additional contacts relevant to your organisation and the needs of your service users.

Appendix B: Decision support tool for making safeguarding alerts

The decision support tool is provided as a support and not a replacement for professional decision making. It should be used alongside other guidance provided and with consideration of the specific unique circumstances of the allegation or concern.

Types of Abuse/ Types of Response	Examples: Where raising a safeguarding concern may not be required	Examples: Where raising a safeguarding concern is likely to be required
Physical	Consider Alternatives - disciplinary, complaints, incident/serious incident processes, training etc.	
	One service user 'taps' or 'slaps' another but not with sufficient force to cause a mark or bruise and the victim is not intimidated. Isolated incident, care plans amended to address risk of reoccurrence Or One service user shouts at another in a threatening manner, but the victim is not intimidated. Care plans amended to address risk of reoccurrence.	Predictable and preventable (by staff) incident between two adults at risk resulting in harm Harm may include: bruising, abrasions and/or emotional distress caused
	Adult at risk has been formally assessed under the Mental Capacity Act. Actions taken in best interests are not the 'least restrictive'. Harm has not occurred and actions are being taken to review care plans. Application for Deprivation of Liberty Safeguards may be required.	An unauthorised deprivation of liberty results in a form of harm to the person or authorisation has not been sought for DoLS despite this being drawn to the attention of hospital/care home Harm may include: loss of liberty, rights and freedom of movement. Other types of abuse may be indicated – psychological/emotional distress
Psychological / Emotional	The adult at risk is spoken to once in a rude, insulting and belittling or other inappropriate way by a member of staff or family carer. Respect for them and their dignity is not maintained but they are not distressed. Actions being taken to prevent reoccurrence.	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk. Harm may include: distress, demoralisation, loss of confidence or dignity. Insults contain discriminatory elements e.g. racist or homophobic abuse
Neglect and acts of omission	Isolated incident of a person not receiving necessary help to have a drink/meal and a reasonable explanation is given. Actions being taken to prevent reoccurrence.	Recurring event resulting in harm, or is happening to more than one adult at risk. Harm may include: hunger, thirst, weight loss, constipation, dehydration, malnutrition, tissue viability issues, loss of dignity
	Isolated incident where a person does not receive necessary help to get to the toilet to maintain continence, or have appropriate assistance with changing incontinence pads and a reasonable explanation is given. Action being taken to prevent reoccurrence	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk. Harm may include: pain, constipation, loss of dignity and self-confidence, skin problems
	Patient has not received their medication as prescribed. Appropriate actions being addressed to prevent reoccurrence.	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk. Inappropriate use of medication that is not consistent with the person's needs Harm may include: pain not controlled, physical or mental health condition deteriorates/kept

		sleepy/unaware; side effects
	Appropriate moving and handling procedures are not followed or the staff are not trained or competent to use the required equipment but the patient does not experience harm. Action plans are in place to address the risk of harm.	The person is injured or action is not being taken to address a risk of harm. Harm may include: injuries such as falls and fractures, skin damage, lack of dignity
Neglect and acts of omission	The person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk. Harm may include: missed medication and meals, care needs significantly not attended to.
	Person is discharged from hospital without adequate discharge planning, procedures not followed, but no harm occurs. Lessons being learned to improve practice.	The adult at risk is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence. Harm may include: care not provided resulting in deterioration of health or confidence, avoidable readmission to hospital.
	Adult at risk is known to be susceptible to pressure ulcers has not been formally assessed with respect to pressure area management, but no discernable harm has occurred. Actions being taken to prevent a future incident reoccurring.	Person has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed, in either case harm is incurred Harm may include: avoidable tissue viability problems
	Person does not have within their care plan/service plan/treatment plan a section that addresses a significant assessed need such as: <ul style="list-style-type: none"> • Management of behaviour to protect self or others • Liquid diet because of swallowing • Cot sides to prevent falls and injuries However, no harm occurs and actions being taken to address.	Failure to specify in a person's plan how a significant need must be met and action or inaction related to lack of care planning results in harm, such as injury, choking etc. A risk of harm has been identified but is not acted upon in a robust and proportionate way or there is a failure to take reasonable actions to identify risk. As a consequence one or more persons are placed at an avoidable repeated risk of harm.
	The adult at risk's needs are specified in a treatment or care plan. Plan not followed, needs not met as specified but no harm occurs.	Failure to address a need specified in a person's care plan or failure to act on an identified risk, results in harm.
Sexual	Isolated incident of teasing or low level unwanted sexualised attention (verbal or non-intimate touching) directed at one service user to another, whether or not they have mental capacity. Care plans being amended to address. Person is not distressed or intimidated.	Intimate touch between service users without valid consent or recurring verbal sexualised teasing resulting in harm Harm may include: emotional distress, intimidation, loss of dignity
Discriminatory	Adult at risk in pain or otherwise in need of medical care such as dental, optical, audiology assessment, foot care or therapy does not on one occasion receive required/requested medical attention in a timely fashion.	Adult at risk is provided with an evidently inferior medical service or no service as a result of discriminatory attitudes/actions. Harm may include: pain, distress and deterioration of health
Financial and material	Staff member has borrowed items from service users with their consent, professional boundaries breached, but items are returned to them. Actions being taken to prevent reoccurrence	Isolated or repeated incidents of exploitation relating to benefits, income, property, will. Theft by a person in a position of trust, such as a formal/informal carer
Organisational	Care planning documentation is not person centred or there are few opportunities to engage in social and leisure activities, but harm is not occurring. Actions being taken to address	Rigid inflexible routines, or lack of stimulation resulting in harm Harm may include: impairment/deterioration of physical, intellectual, emotional or social development or health; loss of person dignity

		There are systemic reasons for any form of abuse i.e. the way a service is provided significantly contributes to any harm/abuse experienced (or creates a risk of harm/abuse occurring).
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Please Note: Abuse can take many forms. The types of abuse listed here are just examples. Domestic abuse, modern slavery and self-neglect would also be considered forms of abuse.

Approved By Nahid Rasool (CEO)

Date : 31/03/2024

Nahid Rasool