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| **Title of Policy:** | **Safeguarding** |
| **Section:** | **Health and Safety** |

**Purpose**

The purpose of this policy is to provide all employees with an understanding of the considerable importance it places on the safety of everyone connected with The Company and its operations, providing information, instruction and guidance on the expected behaviours at all times.

**Statement**

The Company understands and fully accepts its responsibility towards protecting the safety and well-being of everyone associated with its operations, including Clients (irrespective of age), staff and suppliers on a non-discriminatory basis.

**The Company’s policy of zero tolerance towards abuse, maltreatment or neglect of any kind requires everyone who is employed or engaged by The Company to accept a personal responsibility to ensure that any action, by anyone, which may be considered to be abusive is reported without delay in order that it may be properly investigated, and appropriate action taken.**

Any abusive action by an employee of The Company will result in most cases, in their dismissal and reporting to the appropriate regulatory authorities and possibly the police. This policy will compliment but not override the local multi-Company policies and procedures for tackling abuse which apply to The Company’s Clients.

This policy document will be made available to anyone who requests it. Staff will be made aware of this policy, and its contents upon joining The Company, during regular training sessions and at any time that the policy is revised. The policy applies to all Clients, irrespective of age, and demands that all matters relating to safeguarding are dealt with in an open, transparent and objective way.

**Procedure and Guidance**

**What is safeguarding?**

Safeguarding is the defined as the action that is taken to promote the welfare of vulnerable people, including both adults and children, and protect them from harm.

This means protecting them from abuse and maltreatment; preventing harm to their physical and mental health or development; ensuring that the care provided is safe and effective; and taking action to enable all vulnerable people to achieve the best outcomes.

**What constitutes abuse?**

Abuse and neglect take many forms. Abuse can lead to a violation of someone’s human and civil rights by another person or persons. Abuse can be physical, financial, verbal or psychological. It can be the result of an act or a failure to act. It can happen when an *adult at risk*\* is persuaded into a financial or sexual exchange they have not consented to or can’t consent to. Abuse can occur in any relationship and may result in significant harm or exploitation.

Some types of abuse are illegal, and in these cases adults who lack capacity are protected by law the same as everyone else. If The Company suspects that a crime against a Client has been committed, it will refer the matter to the police. Sometimes, an urgent referral is made for the safety of the adult at risk and/or to preserve evidence.

Abuse is a misuse of power and control that one person has over another. Where someone is dependent on another, there is the possibility of abuse or neglect unless enough safeguards are put in place.

**Adult at risk**

An “Adult at Risk” is defined as any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.

**Abuse can fall into the following categories**

**Physical**

This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times.

**Domestic**

This includes psychological, physical, sexual, financial or emotional abuse. It also covers so-called ‘honour’ based violence.

**Sexual**

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn’t consent to or was pressured into consenting.

**Emotional/Psychological**

This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

**Financial or material**

This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits. The Office of the Public Guardian reports that this is the most common form of abuse they deal with.

**Modern slavery**

This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.

**Discriminatory**

This includes types of harassment or insults because of someone’s race, gender or gender identity, age, disability, sexual orientation or religion.

**Organisational**

This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone’s home. The abuse can be a one-off incident or repeated, on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.

**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, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.

**Self-neglect**

This covers a wide range of behaviour which shows that someone isn’t caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding. Abuse can take many forms. It might not fit comfortably into any of these categories, or it might fit into more than one. Abuse can be carried out by one adult at risk towards another. This is still abuse and should be dealt with. The adult at risk who abuses may also be neglecting him/herself which could also be reason for a safeguarding referral.

**Other forms of abuse**

Although it is not the case that all of following forms of abuse are exclusively associated with **children**, they often are:

**Online Abuse**

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation or emotional abuse

**Child sexual exploitation**

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them

**Female genital mutilation**

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

**Bullying**

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, at home or online. It’s usually repeated over a long period of time and can hurt a child both physically and emotionally. Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there’s no escape because it can happen wherever they are, at any time of day or night.

**Child trafficking and modern slavery**

Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold.

Children are trafficked for:

* child sexual exploitation
* benefit fraud
* forced marriage
* domestic servitude such as cleaning, childcare, cooking, etc.
* forced labour in factories or agriculture
* criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.

**Grooming**

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people don't understand that they have been groomed or that what has happened is abuse

**Gang related activity including ‘County Lines’ exploitation**

County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by young people or vulnerable adults who are coerced into doing so by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. This may also be linked with ‘cuckooing’, where gang members may effectively take control of a flat or other living space to further their control of a Client or vulnerable adult.

Signs that staff should be aware of signs and indicators which may suggest a risk of gang related activity such as County Lines exploitation or cuckooing:

* An increase in the number of visitors and cars coming to the premises
* New and regularly changing visitors
* Any evidence of substance misuse and/or drug paraphernalia
* Sudden or marked changes in the way young people or vulnerable adults dress or behave
* Unexplained, sometimes unaffordable new things (e.g clothes, jewellery, cars etc) which may be perceived as ‘gifts’ but are in fact payment for gang related activity
* Young people or vulnerable adults going missing, maybe for long periods of time, or being unable to explain where they have been
* Young people or vulnerable adults being picked up by, or otherwise seen in, different cars/taxis driven by unknown adults

**Possession of knives of other weapons**

If a knife or other weapon is found in possession of a Client or vulnerable adult, staff must treat this with the utmost seriousness. While it may be the case that there is no intention of a crime being committed (i.e. where there are no other indicators of exploitation or gang activity, or when it is explained as ‘just being for protection’) it is a serious safeguarding concern.

Possession of a weapon must be reported to management, the Client’s social worker and considered for referral to the local safeguarding board and/or police.

Any knife of other weapon found should also be regarded as potentially being criminal evidence. Staff must confiscate any knives or weapons immediately, taking care to use gloves and seal the item in a food storage bag or other clean container. It should then be securely retained pending advice from safeguarding and the police about how to dispose of it.

**Harmful sexual behaviour**

Harmful sexual behaviour includes:

* using sexually explicit words and phrases
* inappropriate touching
* using sexual violence or threats
* full penetrative sex with other children or adults

**Who might be an abuser?**

Children and adults at risk can be abused by a wide range of people – anyone, in fact, who has contact with them. This includes family members, professional staff, paid care workers, other adults at risk, volunteers, other Clients, neighbours, friends and associates, people who deliberately take advantage of vulnerable people, strangers and people who see an opportunity to abuse. Abuse is always wrong, but it’s especially worrying when carried out by someone in a position of power or authority over someone, who uses that power to harm an adult at risk.

**Spotting signs of financial abuse**

Given the age of many of The Company’s Clients, and the possible onset of some form of dementia, Clients may become more susceptible to financial abuse. Financial abuse can occur by itself, but research has shown that where other forms of abuse take place, there is likely to be financial abuse too.

There are some signs that might show financial abuse is taking place, such as:

* A change in living conditions.
* Selling possessions.
* Being unable to pay bills, or an unexplained lack of money.
* Money being taken out of an account without a reason.
* Financial documents being lost without a reason.
* Someone being cut off from family, friends or their social network.
* The carer having more money to spend on things like clothes, travel or accommodation.
* Sudden changes to a bank account or how someone uses it.
* New, recent authorised signers on a Client or donor’s account card.
* Money being taken without permission from the adult at risk’s ATM card.
* Changes in how the ATM card is being used (such as more frequently or from different locations
* Sudden or unexpected changes to someone’s will or other financial documents.

If something on this list happens, it doesn’t automatically mean someone is being abused.

Factors which have been shown to increase the chance of abuse include:

* an individual being over 75 and female
* organic brain injury (lower mental function due to illness)
* cognitive impairment (someone having trouble with memory, thinking skills or making decisions)
* physical, mental or emotional dysfunction, especially depression, recently losing a partner, not having friends or a social network, living alone, or not having contact with their children.

**Prevention**

Prevention is better than cure. The Company encourages a culture of promoting appropriate preventative measures to minimise the risk of future safeguarding issues or incidents.

The measures taken as part of our prevention culture include:

* Ensuring the recruitment process is based upon thorough background checks, including checking previous employment references, character references where necessary, complete employment history with any breaks in employment explained by applicants, and a minimum five year residential address history
* Ensuring DBS checks including Barred List checks are completed before new staff are permitted to work
* Ensuring DBS checks are repeated periodically, where possible using the DBS Update Service
* Carrying out a clear induction process in which safeguarding responsibilities and procedures are clearly explained to all staff
* Ensuring that safeguarding training is updated annually as part of mandatory training, and is evaluated as part of the training process
* Ensuring that adequate staffing levels are in place at all times, with procedures in place to deal rapidly and appropriately with any shortages
* Ensuring any staff who leave the organisation have a thorough exit interview, giving them the opportunity to highlight any observations around training, supervision, staffing levels, conduct and other factors which may impact upon safeguarding
* Looking after staff welfare as well as that of Clients, as the emotional resilience and physical wellbeing of staff impacts upon their ability to work in the safest possible way
* To ensure detailed notes of any low-level or early concerns are kept and brought to the attention of management should staff become aware of concerning situations or behavioural changes which may be early indications of a potential safeguarding concern affecting a Client
* Reviewing policies and procedures on a regular basis to ensure they are not just compliant, but effective and appropriate to the service being provided; where proactive safeguarding measures can be implemented, they should become part of Company policy to reinforce the importance of good practice
* To seek external support, including advice and evaluation of safeguarding measures where possible

**Steps to be taken if abuse is happening or is alleged**

**All employees have a duty to report abuse of any kind** and will be fully supported when doing so. Any concerns of abuse should be immediately reported to management, who will assess the risk using all available information and implement a course of action accordingly.

However, staff should not:

* directly challenge the person accused of abuse
* promise to keep abuse a secret
* pass comment or opinion when a person discloses an allegation of abuse
* undertake their own investigation, which could harm evidence or alert the abuser

1. **Listen and reassure**

At the outset it is important to listen carefully and attentively to what is being said and to reassure the person that the allegation is being taken seriously. It is important to explain that it is likely that information will need to be shared – **do not promise to keep secrets**. When, and as soon as possible, take a note of what has been said as well as the time and date using the Incident Report book or other reporting and recording mechanisms available.

1. **When Urgent reporting is required**

The police should be contacted immediately if a crime has been committed or if it is suspected a crime has been committed or the Client is considered to be in immediate danger of harm.

Ideally, such action should only be taken after consultation with the Manager, although is extreme cases, and to deal with an emergency situation, this may not be possible. If the police are informed, the Manager will inform the Care Quality Commission without delay.

1. **Use the multi-Company policy and procedure**

If the Client is not in immediate danger staff must refer the matter to the Manager who is responsible for consulting local adult protection procedures applying to The Company.

1. **Contact the adult protection team**

The Manager will contact the local adult protection team to take advice. This will help inform how the investigation should proceed and who will take responsibility for different aspects of the investigation.

1. **Contact the Care Quality Commission**

The Manager will contact the Care Quality Commission to say consideration is being made in making an adult protection report.

1. **Suspension and investigation**

The Company will consider suspension of the worker as part of the investigatory process and will follow the procedures laid down internally in dealing with disciplinary matters.

1. **Inform the insurer**

The Company’s insurer will be informed about the investigation at an early stage.

1. **Follow police advice**

In cases where the police are involved, they may wish to conduct a criminal investigation and require a provider not to pursue internal investigations which may hamper the evidence. The Company will always follow the police advice.

**9. Consider referral to a barring list operated by the Disclosure and Barring Service (DBS).**

Referrals to these lists should follow the DBS’s own guidance, which states that generally they should be made once the disciplinary process has concluded and there is evidence that a referral should be made.

**10. Take legal advice during any disciplinary process**

In cases where the dismissal of an employee is the possible outcome of a disciplinary investigation and procedure, The Company will ensure that it accurately follows its own disciplinary process. This should help in establishing fairness in respect of any sanction or dismissal, although legal advice will be taken in more difficult cases. Dismissal must always be fair and proportionate to the allegation investigated. There may be other sanctions, including a written warning, for example where this is considered most appropriate to the circumstances.

**11. Record keeping**

The Company will ensure that all allegations and incidents are recorded both in-house and on the personal file of the Client.

**12. Keep the Client informed**

The Company will keep the Client informed of what is happening and will endeavour to ensure that their safety, security and care does not lapse in the course of what may be an unsettling time for them. The Company will inform the Client of the outcome of investigations and the complaints procedure should they be unhappy with the outcome.

**Conflicting allegations**

In the event that two Clients make conflicting safeguarding allegations against one another, the Company will immediately conduct a risk assessment to appraise whether either of the Clients is exposed to risk of danger directly or indirectly from the other Client. In the event that a danger to either party is assessed as likely, the Company will consider measures to separate the two Clients and mitigate the risk. Depending on the severity of the allegations, consideration should be given to removing one or both of the Clients from the service.

If potential conflict between the two Clients could also adversely affect the safeguarding of other Clients in the service this should also be risk assessed and acted upon accordingly.

If none of the Clients in question is at risk, the two conflicting allegations should be investigated equally. It is at the Company’s discretion whether one officer of the Company should investigate both allegations simultaneously, weighing up all relevant information and applying it to investigation of both claims, or whether two separate officers of the Company conduct investigations of the two allegations independently of one another. In either case the same investigative procedures should be followed to ensure a fair conclusion is drawn.

**The Mental Capacity Act 2005**

The Mental Capacity Act 2005 is a legal framework which protects people who may lack capacity to make decisions for themselves. It also sets out how decisions should be made on their behalf. The act covers all sorts of decisions, from life-changing events to everyday matters. All safeguarding decisions must be in accordance with the act. The act says that:

“… a person lacks capacity in relation to a matter if at the material time he is unable

to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain.”

The presumption is that adults have mental capacity to make informed choices about their safety and how they live their lives. Mental capacity and a person’s ability to give informed consent are at the heart of safeguarding decisions.

Every time The Company becomes involved on a safeguarding issue it needs to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes how able they are:

* to understand what is likely to result from or affect their situation
* to take action themselves to prevent abuse
* to take part as fully as they can in making decisions about getting other parties involved

If a Client has been assessed as not having mental capacity, then decisions will be made in their best interests. The Company will work with those interested parties involved in the care of the Client, including Local Safeguarding Boards.

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| **KLOE Reference for this Policy** | **Regulations directly linked to this Policy** | **Regulations relevant to this Policy** |
| **Safe** | **Regulation 12: Safe care and treatment**  **Regulation 13: Safeguarding Clients from abuse and improper treatment**  **Regulation 19: Fit and proper persons employed** | **Regulation 10: Dignity and respect**  **Regulation 14: Meeting nutritional and hydration needs**  **Regulation 17: Good governance** |

**Policy Reviewed on Date of Implementation by the Following Company Officer:**

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| **Full name:** |
|  |
| James McAlpine |
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| **Job Title:** |
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| Homecare Director |
|  |
| **Signature:** |
|  |
| J. McAlpine |

**Local Safeguarding Team Contact Information**

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| --- | --- | --- |
| **Name of Local Authority** | **Office Address, Phone Number and Email Address of Adult Safeguarding Team** | **Office Address, Phone Number and Email Address of Children’s Safeguarding Team** |
| Birmingham City Council | Council House,  Victoria Square,  Birmingham  B1 1BB  0121 303 1234  [CSAdultSocialCare@birmingham.gov.uk](mailto:CSAdultSocialCare@birmingham.gov.uk) | Council House,  Victoria Square,  Birmingham  B1 1BB  0121 303 1888 |

**Company Safeguarding Lead**

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| **Name of Safeguarding Lead** | **Job Title of Safeguarding Lead** | **Office Address, Phone Number and Email Address of Safeguarding Lead** |
| Janet Decourt | Clinical and Governance Nurse Manager | Office D, Ludgate Court,  Water Street, Birmingham,  B3 1EP  07944972559  Janet.decourt@muvehomecare.com |

**Safeguarding Boards**

**Role and duties of Local Safeguarding Adults Boards**

**Overarching purpose**

The overarching purpose of an SAB is to help and safeguard adults with care and support needs. It does this by:

* assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
* assuring itself that safeguarding practice is person-centred and outcome-focused;
* working collaboratively to prevent abuse and neglect where possible;
* ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
* assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

**The SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies**.

This will require the SAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in ‘Making Safeguarding Personal’. It should also concern itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

* the safety of people who use services in local health settings, including mental health;
* the safety of adults with care and support needs living in social housing;
* effective interventions with adults who self-neglect, for whatever reason;
* the quality of local care and support services;
* the effectiveness of prisons in safeguarding offenders;
* making connections between adult safeguarding and domestic abuse.

**Local Safeguarding Children’s Boards**

**Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs**

**Statutory objectives and functions of LSCBs**

An LSCB must be established for every local authority area. The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. The statutory objectives and functions of the LSCB are described in the box below.

**Statutory objectives and functions of LSCBs**

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

* to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
* to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

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| 1(a) | developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to: | |
|  | (i) | the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention; |
|  | (ii) | training of persons who work with children or in services affecting the safety and welfare of children; |
|  | (iii) | recruitment and supervision of persons who work with children; |
|  | (iv) | investigation of allegations concerning persons who work with children; |
|  | (v) | safety and welfare of children who are privately fostered; |
|  | (vi) | cooperation with neighbouring children's services authorities and their Board partners; |
| (b) | communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so; | |
| (c) | monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve; | |
| (d) | participating in the planning of services for children in the area of the authority; and | |
| (e) | undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned. | |

**The Company will co-operate fully with local Safeguarding Boards, and respect and work within local policies and procedures aimed at ensuring that the obligations and aims of the Boards are met, fully and consistently, and that everyone associated with The Company (Clients, staff and service providers) are protected from any form of abuse.**