



# Adults Safeguarding Policy

For: Managers/ Staff / Clients / Service Users

## 1. Introduction

Sarah Urwin Therapy Services (SUTS) is committed to ensuring the safeguarding of adults through the development and implementation of effective policies and best practice procedures. It is the duty of all staff to protect the adults with whom they come into contact, from abuse.

Some of the clients offered services at SUTS maybe adults who have needs for care and support. SUTS has obligations to strive to protect adults at risk, believed to be abused, or at risk of abuse or neglect. It is essential that all staff at SUTS are alert to signs of abuse and know how to respond.

This policy and the procedures have been developed to assist staff at SUTS to act appropriately on reported or suspected abuse. SUTS takes guidance and adheres to policies and practice developed by contracting commissioning bodies in the geographic location where the adult at risk lives.

## 2. Definitions

Safeguarding is the responsibility of all agencies working with adults who may have needs for care and support. It is the responsibility of all agencies working with adults with care and support needs to co-operate and share information to ensure that vulnerable adults are protected.

Abuse is a violation of an individual's human and civil rights by any other person or persons. The UK government recognises the importance of safeguarding adults from abuse. On 1st April 2015, the Care Act 2014 introduced statutory legislation for safeguarding adults in England. This replaced previous guidance. The Care Act 2014 Sections 42-47 provide the statutory basis for the safeguarding of adults.

Safeguarding as described in The Care Act 2014 guidance: "Safeguarding means protecting 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



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action”. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating ‘safety’ measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.

### 3. The aims of adult safeguarding

An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and/or support. Where someone is over 18 but still receiving children’s services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team.

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control of how they want to live
- Promote an approach that concentrates on improving life for the adults
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect

In order to achieve these aims, it is necessary to:



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- Ensure that everyone is clear about their roles and responsibilities
- Create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect
- Support the development of a positive learning environment across these partnerships and at all levels within them

There are 6 principles underpinning adult safeguarding work:

*Empowerment* – personalisation and the presumption of person-led decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

*Prevention* – It is better to act before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

*Proportionality* – Proportionate and least intrusive response appropriate to the risk presented. “I am sure that the professionals will work for my best interests, as I see them, and they will only get involved as much as I require.”

*Protection* – Support and representation for those in greatest need. “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.”

*Partnership* – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”

*Accountability* – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life.”

In addition to these principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult



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safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances, and lifestyles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.

## 4. Categories of Abuse

Abuse is defined within the Care Act 2014 using the following categories of abuse: (this is a non-exhaustive list)

**Physical abuse** including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions.

**Domestic violence** including psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, female genital mutilation, forced marriage.

**Sexual abuse** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.

**Psychological abuse** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse** including theft, fraud, internet scamming, 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 slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they



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have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.

**Discriminatory abuse** includes forms of harassment, hate crime, slurs or similar treatment because of race, gender/gender identity, age, disability, sexual orientation, or religion.

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

**Organisational abuse** including neglect and poor care 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** including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

## 5. Roles and Responsibilities

The management team will ensure that the policy is implemented fully, reviewed within time frames identified by current good practice/governance (see 13. below) and that the policy is in line with current legislation. A designated manager **Sarah Urwin** will hold this responsibility and will report any safeguarding issues.

An external supervisory contact **Kelly Smith** will act as on-going support for the designated manager and together they will take collective responsibility for implementing this policy.

They will ensure that:

- All safeguarding concerns are investigated, recorded, and reported appropriately



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- All safeguarding concerns are reported appropriately to the respective commissioning body in adherence to legal and individual contractual obligations and responsibilities
- All team members adhere to this policy and procedures
- All staff fully understand their responsibilities and roles, and are knowledgeable of the procedures around safeguarding
- All team members have access to, and participate in appropriate safeguarding training, that it remains current and is reviewed regularly

The individuals listed above are the appointed **Designated Safeguarding Persons (DSP)** who will be responsible for ensuring safeguarding and will be the persons to whom any safeguarding adult concerns will, in the first instance, be reported to and who will then discuss and agree the appropriate action to take. They will maintain appropriate records of all safeguarding concerns or issues raised by any member of staff, client, service user, or by a third party. They will record the action they took to investigate such concerns. The DSP team has a responsibility to work alongside the respective local authority Adult Social Care teams and Devon and Cornwall Police in respect of any allegation of abuse where appropriate referral has been made.

All SUTS paid staff have direct responsibility for monitoring and ensuring that any symptoms of abuse are correctly identified and reported and appropriate procedures are implemented. If any staff members have concerns about possible abuse, or where a disclosure has been made, this must be reported to the DSP team as a matter of urgency.

Everyone at SUTS has a responsibility to be aware of, and alert to signs that all is not well and that an adult is potentially at risk. All team members are bound by our shared Code of Conduct and will work to ensure that their behaviour promotes a positive, caring environment. They will have due regard at all times for the position of responsibility and trust they hold in relation to any adult at risk that they come into contact with, and will do nothing that would cause physical, mental, or emotional harm.

## 6. Local Authority Safeguarding guidelines



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All SUTS team members will be aware of, and will comply with local authority adult safeguarding guidelines:

Devon County Council:

<https://www.devonsafeguardingadultspartnership.org.uk/>

Torbay and South Devon:

[www.torbayandsouthdevon.nhs.uk/services/safeguardingadults/safeguarding-adults-board/](http://www.torbayandsouthdevon.nhs.uk/services/safeguardingadults/safeguarding-adults-board/)

Plymouth City Council:

[www.plymouth.gov.uk/adultsandchildrensocialcare/adultcareandhealth/adultsafeguarding/plymouthsafeguardingadultspartnership](http://www.plymouth.gov.uk/adultsandchildrensocialcare/adultcareandhealth/adultsafeguarding/plymouthsafeguardingadultspartnership)

In Plymouth there is an advice line to offer guidance for workers who are worried about a person who may be in need of statutory safeguarding processes: 01752 304401 Monday to Friday 9-5 excluding Bank Holidays

## 7. Recording and monitoring

*Recording:* SUTS maintains confidential records within its database. All safeguarding concerns must be accurately recorded. The contact record will state:

- The time and date concern was raised
- Who raised the concern
- Who else was involved
- What happened/what has changed
- What actions have been taken
- What affect this has on the current risk level for the individual, and
- What further actions need to be taken, by whom, and by when

The contact record must be linked to the profile of the individual about whom the concern has been raised and logged within the Safeguarding Log. The safeguarding section of the individual's profile must also be updated.



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*Monitoring:* The designated safeguarding persons (DSPs) will meet monthly to discuss all concerns raised and any actions that have taken place during the preceding month. The minutes of each meeting will be recorded within the safeguarding log. The DSPs will meet 4 times annually, they will monitor practice and ensure that SUTS is adhering to good safeguarding practice.

## 8. Procedure: Safeguarding Adults

*Disclosure of Abuse:* If an adult at risk discloses that they are being abused or any service user/client discloses that they are involved in abuse of an adult at risk, action must proceed urgently and without delay. Follow procedure Part 1 below.

*Suspicion of Abuse:* There may be circumstances when a member of staff suspects that an adult is being abused or neglected. It is vital that anyone who suspects that an adult is being neglected or abused discusses the situation immediately with the DSP. Follow procedure Part 2.

*Responding to Disclosure:* At the point that someone discloses information, it is not yet an investigation.

It is important to:

- Stay calm
- Listen carefully, do not interrupt
- Be receptive
- Avoid making assumptions or drawing conclusions
- When the person has finished, if still unsure if it is a safeguarding issue, ask simple, open, non-leading questions only to establish key facts
- Not to promise confidentiality
- Be aware that medical evidence may be needed

Tell the person that they did the right thing to tell you and that you are treating the information seriously. Explain that, with their consent, the DSP will contact other relevant people and possibly supporting agencies.

*In specific circumstances, the DSP can contact Adult and Community Services without consent, but the lack of consent must be made clear throughout.*





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## 9. Part 1: Action on Disclosure of Abuse

There should always be the opportunity to discuss welfare concerns with, and seek advice from colleagues, managers, and other agencies, but:

- Never delay emergency action to safeguard an adult at risk
- Always record in writing, concerns about the adult's welfare, whether or not further action is taken
- Always record in writing, discussions about the adult's welfare
- At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken

At all times action must proceed urgently.

A staff member informed of abuse should remind the service user/client that SUTS cannot guarantee confidentiality where an adult at risk, is at risk of abuse or further abuse. Additionally, all action taken following a disclosure of abuse should be discussed with the DSPs. In circumstances where a service user/client declines to disclose despite some work having been done towards disclosing, it may be necessary to report the alleged abuse without the client/service user's agreement.

In these circumstances a client/service user must be notified in advance of the decision to report to social services.

It is important for staff to make written records of any incidents or concerns that they have as soon as possible. The record must be factual and:

- Record conversations with the adult at risk using the same language the adult at risk used, especially names used for body parts or sexual acts. If appropriate include sketches of sites and sizes of injuries
- Describe the circumstances in which the disclosure came about
- Note the setting and anyone else who was there at the time
- Sign and date – noting the time and location



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Full written records must be maintained of all disclosures and actions following disclosure.

## 10. Part 2: Action on Suspicion of Abuse

There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, the management team, and other agencies, but:

- Never delay emergency action to safeguard an adult at risk
- Always record in writing concerns about the adult's welfare, whether or not further action is taken
- Always record in writing discussions about the adult's welfare
- At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken

At all times action must proceed urgently however all action taken following suspicion of abuse should be discussed in advance with the DSP team and in all cases of suspected abuse, the DSP's should discuss whether issues relevant to diverse cultures and lifestyles have any bearing on the matter.

As an organisation SUTS welcomes the fact that people and lifestyles are diverse and does not make judgements about the acceptability or otherwise of lifestyles. However, it is important that this philosophy does not stand in the way of the organisation's responsibility to protect people from harm.



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Any staff member may report a suspicion of abuse to social services irrespective of the opinion of other staff. Full written records must be maintained throughout the process.

## 11. The next step: Making a Referral

The DSP team will take all alerts of abuse; alleged, disclosed or suspected seriously. They will:

- Evaluate the risk
- Make decision(s)
- Take action to protect
- Make referral to the appropriate adult social care team

*Immediate action:* if the adult at risk is at risk of serious physical harm, or a serious criminal act has taken place, and evidence will need to be kept safe

### **Call 999 in such circumstances.**

*Within 24 Hours:* if it relates to a specific incident which is, or may be still going on, or may happen again, a referral will be made. The respective local authority Adult Social Care Teams are designated as the lead with responsibility for co-ordinating a response to allegations or concerns of abuse.

The DSP team at SUTS has responsibility for informing the local authority of safeguarding concerns over the abuse or neglect of adults at risk. To seek advice, guidance and make a referral to the respective local authority adult social care teams:

- In Plymouth: contact the Adult Social Care Safeguarding Team: 01752 306900 and choose the adult social care option.
- In Cornwall: contact the adult safeguarding team: 0300 1234 131 (out of hours number 01208 251300) or email [acessteam.referral@cornwall.gov.uk](mailto:acessteam.referral@cornwall.gov.uk)



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- In Devon: contact the Care Direct team on 0345 155 1007 or email: [customerservicecentrecairedirectteam-mailbox@devon.gov.uk](mailto:customerservicecentrecairedirectteam-mailbox@devon.gov.uk)

## 12. This procedure outlines what you should do if you want to make a complaint/allegation of abuse against either of the DSP's at SUTS

### The aims of this procedure are to:

- Ensure that adults who attend SUTS are protected and supported if they wish to make a complaint or an allegation of abuse against either of the DSP's at SUTS
- Ensure that there is a fair, consistent and robust response to any allegations made, so that the risk posed to other adults by an abusive individual is managed effectively
- Facilitate an appropriate level of investigation into allegations, whether they are alleged to have taken place recently, or at any time the person(s) in question have been with SUTS
- Ensure that individuals are able to continue in their role if they have been at the centre of allegations that are unfounded or deemed to be malicious in origin

### This procedure applies to:

Either of the DSP's at SUTS who may be required to deal with such allegations and manage investigations that result from them

### How you might find out about a possible case of abuse:

Ways that allegations might be made against either of the DSP's at SUTS:

- An adult client making a direct allegation against one or both of the DSP's



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- An adult client expressing discomfort with the behaviour of one or both of the DSP's, but that falls short of a specific allegation
- One of the DSP's directly observing behaviour that is a cause for concern
- SUTS being informed by the police or the local authority that one or both of the DSP's is the subject of an investigation
- Information emerging from the renewal or updating of a DBS check that suggests that one, or both, of the DSP's may have committed an offence or been involved in an activity that could compromise the safety of the adults they work with at SUTS

## Reporting an allegation or concern:

There are three ways of making a complaint/allegation of abuse:

- If your complaint is against a named DSP, notify the DSP who is **not** the subject of your complaint, if considered safe to do so, either in writing or in person. If you are having a meeting in person you can bring a friend or advocate with you to support you
- Notify the local authority, Adult Social Care Safeguarding Team
- Notify the local police, or if immediate action is required call 999

Where the person who is the subject of the complaint is one of the DSP's the matter can be reported, if felt safe to do so, to the second DSP. **However** if there is any doubt about the safety of this action then the matter should be reported direct to the local authority, Adult Social Care Safeguarding Team, specifically the Local Authority Designated Officer (LADO), as soon as possible.

The LADO will contact both the DSP's at SUTS who should cooperate fully with this and any subsequent discussions with the Adult Social Care Safeguarding Team.

## Dealing with a criminal offence:



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If there is reason to suspect that a criminal offence may have been committed the LADO will contact the police and involve them in the process.

The DSP's from SUTS should cooperate fully with any discussion involving the police and should ask for similar cooperation from the police in terms of the sharing of information relevant to the person's employment.

Either or both the DSP's who are the subject of the allegation have a right to be treated in a fair, sensitive and non-judgemental manner and to have their privacy respected as far as this preserves the safety of the adult making the complaint and any other adults that may be involved.

## 13. SG 3 Disclosure & Barring Service (DBS) Policy

SUTS complies with the DBS Code of Practice regarding:

- The correct level of check sought based on the individual's role
- The correct handling and use of certificates and certificate information
- The correct storage and destruction of certificate information

SUTS complies fully with its obligations under the Data Protection Act 2018 and other relevant legislation pertaining to the safe handling, use, storage, retention, and disposal of criminal record certificate information.

We require all staff to hold a current DBS certificate relevant to their position at SUTS. This is a prerequisite to all roles and must be sought before starting. Under new rules, the DBS certificate will be sent directly to the applicant. The individual owns the certificate not the organisation requesting it.

Once the individual has received their certificate, they will be asked to present the original certificate to the management team. The team will record the following information:

- Type of check certified: Standard, Enhanced
- Check with children's and or adults' barred list check(s)



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- The certificate reference number
- The date the certificate was issued
- The decision made by the DSP team based on any disclosure

This information will be recorded and held on the personnel file. Reapplication for DBS will be required once a 3-year period has elapsed.

Where an individual has subscribed to the DBS Update Service (enabling SUTS to do an online status check to determine that a previously issued DBS certificate is still up to date), the same details will be recorded. A print out of the status of the DBS check will be kept on the individual's personnel file – this contains no personal information.

SUTS will not keep the original certificate or take a photocopy or any other image of the certificate.

Disclosure of Criminal Activity: SUTS understands that it is a criminal offence to pass this information on to anyone who is not entitled to receive it. Certificate and disclosure information is only used for the specific purpose for which it was requested and for which the individual's full consent has been given when they completed and submitted their application to become part of SUTS team.

## 14. Monitoring

This policy will be reviewed annually by the SUTS management team and the DSP's to ensure it remains fit for purpose.

The Designated Safeguarding Persons are:

Sarah Urwin: Senior Practitioner, BSc., MBACP (Accred), Adv. Dip. Int. Counselling, Dip. Supervision, EAGALA Cert

Contact: [sarah@youngsfarm.co.uk](mailto:sarah@youngsfarm.co.uk) 07792 887870 or 01363 85154



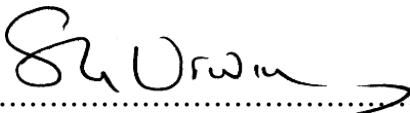
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Kelly Smith: External Clinical Supervisor, BSc (Hons) Social Science & Psychology, MBACP, Dip. Int. Counselling, Dip. Supervision

Contact: [ksmith@northdevoncounselling.co.uk](mailto:ksmith@northdevoncounselling.co.uk) 07522 841009

This updated policy was adopted by Sarah Urwin Therapy Services

Signed..... 

Signed ..... 

Position: Designated Safeguarding Persons

Date: 21.11.2022