

Safeguarding Policy - Adults at Risk

Date Reviewed/Scheduled Review	Reviewed by / scheduled for review by
16/12/2016	Miranda Atherton, Clinical Manager - completed
09/01/2018	Katherine Myles, CEO - completed
09/01/2020	Ingrid Harris, Head of Clinical Service - completed
12/01/2022	Ingrid Harris, Head of Clinical Service - completed

Contents

Page	
2	Safeguarding responsibilities and contact details
2	Policy statement
2	Safeguarding duties
3	What is abuse and neglect?
4	Confidentiality
4	Reporting procedures
5	Team member allegations
5	Whistleblowing
5	Safer recruitment
5	Safeguarding Audit
5	Safeguarding training and updates
6	Mental capacity and Deprivation of Liberty Safeguards (DoLS)
6	Domestic abuse
8	MARAC referral process and IDVAs
8	Female Genital Mutilation (FGM)
8	Forced Marriage
9	Prevent: Indoctrination to Extreme Ideation
9	Human Trafficking
10	Discriminatory Abuse
11	Appendix - DASH RIC and MARAC referral form

Safeguarding Policy - Adults at Risk

Lead for Adult Safeguarding: Ingrid Harris, Head of Clinical Service, ingrid.harris@saffronsheffield.org.uk, 07719 868089

Deputy Lead for Adult Safeguarding: Sarah Smart, CEO, sarah.smart@saffronsheffield.org.uk, 0114 2752157

Trustee for Adult Safeguarding: Ahmina Akhtar, ahmina.akhtar@saffronsheffield.org.uk, 07538 670950

Sheffield Safeguarding Adults - First Contact Team: 0114 273 4908 (24 hours)

Saffron Sheffield recognises that it has a duty and a responsibility to ensure the safety and well being of adults at risk involved in its work and activities.

This policy applies to anyone employed by Saffron Sheffield in a full, part-time or casual capacity and any volunteer. All team members have a responsibility to be aware of this policy and to report any suspicions that they might have concerning adult abuse. It will not prescribe actions for all staff in all eventualities that may occur but sets out principles within which actions may need to be taken. Professional judgement remains crucial when addressing which other organisations to involve or inform.

The Lead/Deputy for adult safeguarding is responsible for:

- monitoring and recording concerns
- making referrals to Social Care and MARAC without delay
- liaison with other agencies
- arranging training for all team members

1:0 Policy statement

- Saffron Sheffield recognises the importance of the welfare of adults who have a need for care and support and their right to protection from all forms of abuse
- Saffron Sheffield will take all allegations of abusive behaviour and/or practice in all forms seriously and will respond to such allegations quickly
- Saffron Sheffield considers that the emotional well being of all adults at risk is of paramount importance
- All team members will treat all adults with dignity and respect in attitude, language and actions, listening and responding appropriately
- All team members will abide by our Confidentiality Policy

Where there are concerns about the welfare of any adult at risk, all responsible adults in our organisation are expected to share those concerns with the lead for adult safeguarding (or the deputy, if the lead is unavailable).

1:1 Safeguarding duties apply to an adult who:

'Has needs for care and support (whether or not the Local Authority is meeting any of those needs); **and**; Is experiencing, or is at risk of abuse or neglect; **and**;

As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect' (The Care Act 2014)

This could include people with mental health issues, physical, sensory or learning disabilities, medical conditions, dementia, brain injury, those who are elderly and frail and also those who are family carers.

Safeguarding concerns arise when an adult who has care and support needs is experiencing, or is at risk of, abuse or neglect and is unable to protect herself or himself against the abuse or neglect, or risk of it, because of those needs.

1:2 What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a vulnerable adult. Somebody may abuse or neglect a vulnerable adult by inflicting harm, or by failing to act to prevent harm. Vulnerable adults may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger.

Abuse is a violation of an individual's human and civil rights by any other person or persons. It can take a number of forms:

- Physical abuse e.g. hitting, pushing, shaking, inappropriate restraint, force-feeding, forcible administration of medication, neglect or abandonment
- Sexual abuse e.g. involvement in any sexual activity against his/her will, exposure to pornography, voyeurism and exhibitionism
- Domestic Abuse – e.g. 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, emotional' (Home Office 2013) This also includes Female Genital Mutilation (FGM). Whilst there is a mandatory requirement to report incidents of FGM for children and young people this is not required for adult women
- Emotional/psychological abuse e.g. intimidation, humiliation, harassment, isolation, cyber-bullying, controlling or blaming
- Financial abuse e.g. theft or exerting improper pressure to sign over money from pensions or savings, or the misuse or stealing of property etc.
- Neglect or acts of omission e.g. being left in wet or soiled clothing, or malnutrition
- Self-neglect including severe hoarding
- Discriminatory abuse e.g. racial, sexual or religious harassment
- Personal exploitation – involves denying an individual his/her rights or forcing him/her to perform tasks that are against his/her will, including coercion
- Violation of rights e.g. preventing an individual speaking his/her thoughts and opinions
- Organisational abuse e.g. failure to provide a choice of meals or failure to ensure privacy or dignity
- Modern slavery e.g. sexual exploitation, domestic servitude, forced labour, criminal exploitation and other forms of exploitation
- Radicalisation e.g. being subjected to ideological persuasion and radicalisation to commit terror acts

Who may be the Abuser:

Adults at risk may be abused by a wide range of people including relatives, professional or paid staff, volunteers, other Service Users, friends and neighbours and those who deliberately exploit vulnerable people. There is particular concern when the perpetrator is someone in a position of power or authority. Abuse can be carried out by one adult at risk towards another: this is still abuse and should not be ignored. In this situation the alleged abuser might also be neglecting herself and so may also require a safeguarding investigation.

Where abuse may occur:

Abuse can occur in any context. The adult at risk might live alone or with others. Abuse can happen within nursing, residential or day care settings, in hospitals or custodial settings, public places, places of worship or other places previously assumed safe. Patterns of abuse:

Patterns of abuse vary and may reflect very different dynamics including

- Serial abuse in which the perpetrator seeks out and 'grooms' vulnerable individuals. Sexual abuse usually falls into this pattern as do some forms of financial abuse and ideological persuasion or radicalisation.
- Long-term abuse in the context of an ongoing family relationship such as in domestic abuse between partners or generations.
- Opportunistic abuse such as theft occurring because money has been left around.

- Situational abuse which arises due to pressures building and or because of difficult or challenging situations or behaviours.
- Neglect of an adult at risk's needs because those around her are not able to be responsible for her their care, possibly due to debt, alcohol or their own mental health problems.
- Institutional abuse featuring poor care standards or inadequate response to complex needs, inadequate staffing or insufficient knowledge of staff.
- Unacceptable 'treatments' such as sanctions or punishments e.g withholding food and drink, seclusion, unnecessary use of control or restraint
- Unacceptable teaching regarding ideology or radicalisation.
- Failure of agencies to ensure appropriate guidance for staff regarding anti-racist and anti-discriminatory practices.
- Failure to access key services e.g. health care
- Misappropriation of benefits or money
- Fraud or intimidation e.g. Wills or assets.

Safeguarding concerns may arise due to:

- What you have seen.
- What an adult at risk has told you.
- What your team members report to you.
- Complaints or allegations from parents, carers or the adult at risk herself.
- How an adult at risk behaves.
- How a responsible adult in your organisation behaves.
- Allegations of historical abuse.
- Anonymous information.

1:3 Confidentiality

Saffron Sheffield undertakes to inform clients about any reasonably foreseeable limitations of privacy or confidentiality in advance. Clients are made aware of this via the Client Data Information Sheet, at assessment, and also in their first one-to-one session with their therapist.

Under normal circumstances, what a client tells a therapist in a session is confidential. An exception to this is when the client's disclosures express a danger to herself or to others. It is important that clients are aware of these limits to confidentiality from the outset. Gaining consent is not essential in order for information to be passed on if the disclosure poses a danger, and this is covered in our Client Contract and Data Protection Policies.

1:4 Reporting Procedures

If the allegation or suspicion of abuse is discovered by a team member then they should inform the Head of Clinical Service as soon as possible. If the Head of Clinical Service is not available, the report should be referred immediately to the CEO or the Trustee for Adult Safeguarding. The team member should make a written record of the allegation or suspicion of abuse and discuss the situation with the Head of Clinical Service, who will then carry out a risk assessment to determine if concerns need to be shared with Social Care. If a team member has been told about the allegation of abuse in confidence, she should attempt to gain consent to refer the matter to the relevant authority. However, gaining consent is not essential in order for information to be passed on if the disclosure poses a danger, and this is covered in our Client Contract and Data Protection Policies. In assessing if the abuse justifies intervention consideration needs to be given to:

- Vulnerability of the individual
- Nature and extent of the abuse
- Length of time it has been occurring
- Impact on the individual
- Risk of repeated or increasingly serious acts involving this or other adults at risk

In cases of disclosure of abuse by adults at risk, parents or carers, we are obliged to share the information and will refer our concerns to Social Care or the Police in an emergency. If there is any doubt about whether or not to report an issue to Social Care then it should be reported. In emergency situations (e.g. where there is the risk or occurrence of severe physical injury), where immediate action is needed to safeguard the health and safety of the individual or anyone else who may be at risk, the emergency services must be contacted. Where a crime is taking place, has just occurred or is suspected, the Police must be contacted immediately.

If at all possible, discuss the situation with the Head of Clinical Service or CEO.

To discuss concerns or to report adult abuse ring First Contact Team on 0114 273 4908 (24 hours)

1:5 Team member allegations:

Concerns about the behaviour of team members concerning safeguarding will be referred without delay to the Lead for Adult Safeguarding who will contact Social Care, or the Police if there are concerns that a crime has been committed.

1:6 Whistleblowing

In the rare situations that the concerns are about the Lead for Adult Safeguarding, it is important to refer to the Deputy Lead for Adult Safeguarding. This may not be appropriate, in which case any team member may personally refer directly to the Local Area Designated Officer, who can be contacted via Social Care, and will liaise with Social Care or the Police if there are concerns that a crime has been committed.

2:0 Safer recruitment at Saffron Sheffield

Saffron Sheffield will endeavour to take all possible steps to prevent unsuitable people working with vulnerable adults.

When interviewing potential staff with direct access to vulnerable adults Saffron Sheffield shall ensure:

- there is an open recruitment process
- there is a rigorous interview
- a DBS check has been performed and proved negative
- references are taken up by direct contact with referees
- evidence of the date of birth and address of the potential employee is sought.
- evidence of qualifications should be sought.

2:1

Safeguarding Audit

Our safeguarding practice is reviewed annually. Any suggested improvements to our current safeguarding policy or any significant findings will then be documented and reported to the Board of Trustees and to staff where relevant.

2:2 Safeguarding training and updates

All staff at Saffron Sheffield have Safeguarding training updates every three years in addition to safeguarding competencies being reviewed annually in staff appraisals. We keep a clinical log of any training that has been done elsewhere.

All staff members are required to read and understand the policy and this is included in all staff inductions. It is highlighted in line management if any further information is needed.

3:0 Statement on Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

Mental Capacity

In line with British Association of Counsellors and Psychotherapists (BACP) policy Saffron Sheffield does not assume that a particular mental health disorder or disability means a person lacks capacity.

The Mental Capacity Act (MCA) (2005) states that mental capacity is a legal concept related to a person's ability to make rational and informed decisions. There is no single definitive test for mental capacity. However section s.2(1) of the MCA 2005 outlines the criteria for deciding when a person doesn't have capacity.

"For the purposes of this Act, 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 a disturbance in the functioning of, the mind or brain." (<https://www.legislation.gov.uk/ukpga/2005/9/section/2>)

In line with BACP guidance, we would consider if an individual lacks the capacity to understand and enter into some or all of the terms of our Client Contract. We would then evaluate if the service is right for them. As we are a free service clients would not be requested to enter into a financial contract.

If a client is able to make and maintain psychological contact with a therapist then ethically and professionally we may consider our service appropriate alongside any necessary safeguards. We may offer therapy to individuals with the consent of a person who has legal authority to make decisions and enter into a contract in the client's best interest. This could include a legal guardian or attorney. If this were the case a therapist at Saffron would hold a 'working alliance' with their client and agree on the basic practical boundaries of the therapeutic relationship.

Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards (DoLS) (2009) apply to individuals who lack the capacity to consent. It is not our policy to work with individuals who have been detained for treatment under the Mental Health Act (1983), and this is beyond the scope of Saffron Sheffield's activity as a community based provider of psychotherapy. We remain mindful of DoLS and will revise this policy should there be any future change in the scope of our work.

4:0 Domestic Abuse

The cross-government definition of domestic abuse is: any incident or pattern of incidents of controlling, coercive, or threatening behaviour, honour-based violence, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality (Gov.UK, 2013). The offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act (2015).

Controlling Behaviour is 'a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means for independence, resistance and escape and regulating their behaviour.'

Coercive behaviour is 'an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.' It is recognised that Domestic Abuse is about power and control and current figures suggest approximately 1 in 4 women and 1 in 9 men in the UK are affected by it.

Signs

The following signs might indicate someone is experiencing domestic abuse:

- Their partner is jealous or possessive
- Their partner tries to isolate them by cutting them off from friends and family
- Their partner has frequent 'mood swings', being nice one minute and abusive the next
- Their partner controls what they do, who they see and what they wear
- Their partner monitors their movements, constantly phones or texts to find out where they are or has their phone tracked
- Their partner blames them for the abuse
- Their partner humiliates or insults them in front of others
- Their partner is verbally abusive
- Their partner constantly criticises them
- Their partner uses anger or intimidation to make them comply with their demands
- Their partner tells them they are useless and couldn't cope without them
- Their partner has threatened to hurt them or those close to them if they leave
- The person changes their behaviour to avoid making their partner angry
- Their partner forces them to have sex when they don't want to

Key risk factors

The following are considered to be key risk factors in domestic abuse and can help to determine an increase in risk of serious harm:

- Separation
 - Planning to leave or has recently left (risk higher for 12 months after event)
 - Issues or conflict over child contact
 - Perpetrator breaching Court Orders
- Pregnancy
 - Pregnant or recently given birth (risk higher for 12 months after event)
 - Violence against them whilst they were pregnant
- Escalation
 - Level or frequency of abuse increased
 - Person has been injured by this person previously
 - Perpetrator has used weapons before or has access to them
 - Perpetrator has ever tried to strangle, smother or drown the person
- Cultural/isolation
 - Person experiences barriers in accessing help i.e. language, isolation
 - Person lives in an isolated area or isolated from their family and friends
 - Person has a disability
 - Person or perpetrator has complex needs i.e. mental ill health, alcohol/substance misuse, financial problems
- Stalking/harassment i.e. constant calling, texting, following, using social media
- Sexual assault
 - The perpetrator has said or done things of a sexual nature which has hurt the person or made them feel bad
 - The perpetrator has committed or threatened to commit a sexual offence previously, on this person or someone else
- Suicide - the perpetrator has ever previously threatened or attempted to kill themselves

If you feel the risk has increased you must carry out a full DASH Risk Identification Checklist (RIC). If a person is assessed as 'High Risk' of serious harm they then need to be referred through the MARAC process.

4:1 MARAC Referral Process

Multi Agency Risk Assessment Conference (MARAC) is the multi-agency approach to managing cases of domestic abuse where the victim has been identified as being at high risk of serious harm or homicide. Meetings in Sheffield are held fortnightly, bringing together statutory and voluntary agencies to share information and develop a safety plan for victims and their families. The aim is to reduce risks in real terms over a short period of time and to address issues that could lead to repeat victimisation. The victim does not attend but is represented by an Independent Domestic Violence Advisor (IDVA). All agencies have a responsibility to complete a DASH (Domestic Abuse, Stalking and Harassment and Honour Based Violence) RIC. The decision of whether someone is considered 'High Risk' is a matter of professional judgement and not dependent on the number of 'YES' responses (ticks) recorded on the form.

4:2 Independent Domestic Abuse Advisors (IDVA)

The IDVA's main purpose is to reduce risk, be the first point of contact for a victim and to act as a victim's voice at MARAC.

To speak to an IDVA or discuss concerns with an abuse worker you can contact:

IDAS Sheffield Domestic Abuse Service: 0808 808 2241

For a copy of the DASH RIC and MARAC referral forms (see Appendix)

<https://sheffielddact.org.uk/domestic-abuse/resources/marac-information-and-forms/>

5:0 Other Types of Abuse

5:1 Female Genital Mutilation (FGM)

FGM refers to the practice of intentionally altering or causing injury to a female's genital organs for non-medical reasons and is illegal in the UK. It is prevalent in Africa, the Middle East and Asia. In the UK it appears to be more prevalent in areas where there are larger populations of first-generation immigrants, refugees and asylum seekers from these regions, and this includes Sheffield. FGM is carried out for cultural, religious or social reasons and is often considered a necessary preparation for adulthood and marriage.

If you are concerned someone is at risk of FGM or has had FGM you need to share this information with Social Care or the Police.

5:2 Forced Marriage

Forcing someone to marry has been illegal in the UK since 2014. 'Forced marriage' refers to one or both spouses not giving consent or being unable to give consent to marriage and being under duress to do so. It can include physical, psychological, financial and emotional pressure. Sometimes this can include abuse from the wider family.

Indicators:

- Anxious
- Depressed or emotionally withdrawn
- Suddenly being met or picked up from work/school, finances being controlled and poor performance/attendance
- Sudden absence from education, extended leave or a failure to return from a visit to another country
- A sudden engagement to an apparent stranger

5:3 Prevent: Indoctrination to Extreme Ideation

Under Section 26 of the Counter-Terrorism and Security Act (2015) certain bodies are required to have “due regard to the need to prevent people from being drawn into terrorism”. As part of this ‘duty’ extremism is defined as “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.” It also highlights extremists calling for the death of those serving in the British Armed Forces or exhibiting disrespectful attitudes towards individuals and groups with protected characteristics identified in the Equality Act (2010). Within the CONTEST strategy the ‘Prevent’ element aims to safeguard vulnerable individuals who may be at risk of becoming involved in terrorist activities. Terrorism is defined as an action that endangers or causes serious violence to a person or property, designed to influence government or intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

All health - related services have a statutory duty to show “due regard to the need to prevent people from being drawn into terrorism” under the Counter-Terrorism and Security Act (2015).

Motivators identifying an individual who is vulnerable to radicalisation:

- Feelings of anger, grievance or injustice
- Feelings of threat or insecurity
- Need for identity, meaning or to belong
- Need for status
- Need for excitement, comradeship or adventure
- Dominance and control
- Susceptibility to indoctrination or group thinking
- Political or moral motivation
- Family/friends support extremism

Indicators

- Extreme behaviour change (particularly domination of others)
- Transitory period in life
- Changes in Faith or ideology
- Secrecy on the internet
- Narrow or limited religious or political views
- Known attendance at ideological meetings or rallies
- ‘Them’ and ‘Us’ language or rhetoric
- Isolation from family, friends or social groups
- Possession of propaganda
- Sudden unexplained foreign travel

To report concerns or for advice call 101 and ask for the local area police team. If you are reporting concerns DO NOT SPEAK TO THE INDIVIDUAL CONCERNED ABOUT IT (this may increase risk).

5:4 Human Trafficking

Human trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone’s vulnerability. It is possible to be a victim even if consent has been given. Movement often involves an international cross-border element but it is also possible to be trafficked within your own country. Different countries interpret what constitutes human trafficking in different ways even within Europe where the Palermo Protocol is in place.

Three main elements of human trafficking:

- Movement - recruiting, transporting, transferring, harbouring or receiving of people

- Control - threat, use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or the giving of payments or benefits to a person in control
- Purpose - exploitation of a person, including prostitution and other sexual exploitation, forced labour, slavery or similar practices, and the removal of organs

The UK Human Trafficking Centre (UKHTC) plays a central role in the National Crime Agency's fight against serious and organised crime and more information can be found through them.

5:5 Discriminatory Abuse

- Discrimination based on any grounds including sex, race, language, culture, religion, politics, sexual orientation, disability or age
- Harassment and slurs which are degrading
- Hate crimes

Indicators:

- Tendency to withdrawal or isolation
- Fearfulness or anxiety
- Refused access to education or services or excluded inappropriately
- Loss of self esteem
- Resistance or refusal to access education or services that are needed
- Expressions of anger or frustration

Contacts

Sheffield City Council Adult Access Team - 0114 273 4908 (24 hours)

South Yorkshire Police - 101

Sheffield Domestic Abuse Co-ordination Team (DACT) - 0808 808 2241 (Monday – Friday : 8am – 8pm Saturday 9am – 5pm. Outside of these hours call the National Domestic Violence Helpline on 0808 2000 247 available 24 hours a day, 7 days a week)

UK Human Trafficking Centre (UKHTC):

<https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/modern-slavery-and-human-trafficking>

<https://www.sheffield.gov.uk/home/social-care/adult-safeguarding>

<https://sheffielddact.org.uk/domestic-abuse/get-help/>

Relevant legislation

- The Care Act 2014
- Mental Health Act 1983
- Mental Capacity Act 2005
- Public Interest Disclosure Act 1998
- Care Standards Act 2000
- Serious Crime Act 2015
- Counter-Terrorism and Security Act 2015
- Equality Act 2010

Appendix

Formatting issues with Google Docs means that downloading copies to save is not advisable.

**DASH RIC and MARAC forms to be accessed via Sheffield DACT website.
Hard copies available for reference and to complete in the Counsellors' Room and Main Office.**