



## CHRYSALIS GROUP & SUBSIDIARIES

Chrysalis Group Services Limited  
Touchstone Developments & Investments Ltd  
Chrysalis Supported Housing Limited  
Opoka CIO  
Compass Project CIC  
Journey Care Services Ltd  
Blackfields Furniture Ltd

# **ADULT SAFEGUARDING POLICY**

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The aim of this policy is to ensure that all employees of Chrysalis Group (the Group) understand their responsibilities in relation to safeguarding. To achieve this, it is essential that all employees are fully aware of what constitutes abuse, as well as the potential indicators that abuse may be occurring.

Within the Chrysalis Group there is a Charitable Incorporated Organisation supporting Polish women and children escaping domestic abuse, a Registered Social Housing Landlord that delivers supported housing to vulnerable people, a Charitable Incorporated Company supporting those recovering from addiction including counselling and training, a limited company providing treatment under CQC regulation and other commercial companies offering internal and external related services. It is therefore essential that the Governance Framework used within the Group is fit for all the entities and their stakeholders, recognising the regulatory requirements of each organisation within the group. It is also essential that as service users may access services of more than one organisation within the group, policies and procedures are consistently applied across the group, staff are trained using the same guidelines and proper information sharing protocols are in place. For this reason, governance based policies are group wide but apply to all entities within the group to meet our mission:

*To safeguard and promote the wellbeing of our service users and communities across the UK, providing high quality, good value, sustainable services and homes, demonstrating that commercial opportunity and activities through the group can underpin our commitment to deliver for social good.*

## **Policy Statement**

We believe everybody has a right to live their lives free from violence, abuse and neglect. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the right of citizens.

### **1. Scope**

The safeguarding policy and procedure applies to all employees and volunteers, regardless of whether they are full time, part time, temporary or permanent. It also applies to agency workers, trustees, students, and anyone else working on behalf of Chrysalis Group who may be required as part of their role to work with vulnerable adults.

### **2. Introduction**

- 2.1 The policy provides a framework to prevent and reduce the risk of significant harm to any adult from abuse or other types of exploitation, whilst supporting individuals to maintain control over their lives and to make informed choices without coercion.
- 2.2 Safeguarding is everybody's responsibility, and we play a part in preventing, identifying, and reporting neglect and abuse, with prevention of harm always being the best option.
- 2.3 A service staff member will be the Safeguarding Lead and is responsible for implementing the Safeguarding Policy monitoring and recording concerns, making referrals to social care or police as relevant, liaising with other agencies and arranging staff and volunteer training. A trustee should also be appointed as a Safeguarding Lead within the trustees.
- 2.4 If an adult at risk of being abused or neglected cannot keep themselves safe from abuse or neglect because of their care and support needs, then the local authority's

safeguarding duty applies. If they can protect themselves, despite having care and support needs, then a safeguarding response may not be appropriate.

2.5 The purpose of this policy is to:

- raise staff, and others within the group, awareness of neglect and abuse and be able to recognise potentially vulnerable adults.
- ensure staff, and others within the group, are aware of procedures for reporting and acting on concerns.

2.6 Employees must also be fully aware of how to report concerns, recognise the importance of doing so immediately and understand the procedures through which to do this. This policy provides the information employees will require to fulfil their duties and obligations in respect to safeguarding service users.

2.7 All employees are expected to raise any concerns regarding the possibility of abuse at the earliest opportunity. The Group encourages and fosters a culture of open and honest enquiry regarding any of your concerns and employees should feel supported in being able to share their concerns.

**The relevant local authority safeguarding policy is recognised in all our services and will be referred to in conjunction with this policy.**

**Emergency services support is to be sought if risk is imminent to a person or if an individual assessing is unsure of the risk to a person.**

2.8 The Group operates across multiple local authority jurisdictions the main two of which are detailed below. If an employee suspects a potential safeguarding issue has been committed against an adult, it is their responsibility to liaise with the local authority safeguarding team/safeguarding lead immediately.

### **Safeguarding Board in South Gloucestershire**

#### **Concerned about an Adult?**

**01454 868007** - Monday to Friday 9am - 5pm

**01454 615165** - Out of hours and at weekends

In an emergency please ring **999**

The Local Authority Designated Officer (**LADO**) in South Gloucestershire is **Tina Willson**  
**01454 868 508**

### **Keeping Bristol Safe Partnership**

If you have concerns that anyone (child or adult) is at risk of immediate harm, call **999**. If it is not an emergency but you still need help call **101**.

The Local Authority Designated Officer (**LADO**) in Bristol is **Nicola Laird** **0117 903 7795**  
Email the referral to [LADO@bristol.gov.uk](mailto:LADO@bristol.gov.uk)

If you're concerned that an **adult with care and support needs** in Bristol at risk of being abused or neglected contact **Care Direct on 0117 922 2700** or submit a safeguarding referral through the online form [Welcome to the Keeping Bristol Safe Partnership website. \(bristolsafeguarding.org\)](http://www.bristolsafeguarding.org)

You can submit safeguarding referrals for adults and children whether you are a professional or a member of the public. Outside of working hours you can call the Emergency Duty Team on **01454 615 165**

2.9 The Safeguarding Leads for The Group are as follows:

2.9.1 Chrysalis Supported Association Limited – Nick Askew

2.9.2 Opoka CIO - Anna Barnett

2.9.3 The Compass Project 2012 Limited – Journey Care Services registered manager

2.9.4 Journey Care Services Ltd – registered manager

2.10 A referral **MUST** be made immediately to the local authority safeguarding team based where the adult at risk is located.

### **3. Legislation and Guidance**

- Ann Craft Trust: <https://www.anncrafttrust.org/resources/a-guide-to-safeguarding-adults/>
- Care Act 2014
- Care Quality Commission:  
[https://www.cqc.org.uk/sites/default/files/20150710\\_CQC\\_New\\_Safeguarding\\_Statement.pdf](https://www.cqc.org.uk/sites/default/files/20150710_CQC_New_Safeguarding_Statement.pdf)
- Equality Act 2010
- Gov.uk: [www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services](http://www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services)
- Home Office: Revised Prevent duty guidance: for England and Wales 2019: <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>
- Mental Capacity Act 2005
- Modern Slavery Act 2015
- NICE Guidance: <https://www.nice.org.uk/guidance/health-and-social-care-delivery/safeguarding>
- Public Interest Disclosure Act 1998

### **4. Who decides if an Adult is Vulnerable?**

4.1 A vulnerable adult is a person aged 18 or over, possesses a physical, mental, or emotional vulnerability which impairs the person's ability to provide for their own basic care without support and/or assistance and because of the vulnerability and the dependency, the adult has an impaired ability to protect themselves from maltreatment.

4.2 Where there is any concern the Safeguarding Lead should be consulted in the first instance.

### **5. Stage Test Decision Making Tool**

5.1 This decision making tool will be used prior to raising a safeguarding and is designed to ensure adults at risk can access the right support at the right time and responses to concerns are appropriate and proportionate.

5.2 Under section 42 of The Care Act 2014 the following three stage test will be applied to all reported safeguarding concerns:

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

5.3 An adult who meets these criteria is referred to as “an adult at risk”. Safeguarding duties also apply to family carers experiencing intentional or unintentional harm from the adult they are supporting or from professionals and organisations that they are in contact with.

## 6. Overview of Decision-Making Tool

The below sets out action to take depending on the abuse concerned:

6.1 **Report** - If the adult/s have been seriously harmed or at risk of serious harm because of actions, or omissions, deliberate or unintentional of others, then report as a safeguarding concern to the local authority named within this policy. If there is indication that a criminal act has occurred, and the matter is urgent, contact the Police.

6.2 **Consult** - Moderate risk and or moderate care and support needs. Concerns at this point may be reportable and must be considered on a case by case basis. The adult's views must be considered. Advice should be sought from the Safeguarding Lead or the Local Authority Safeguarding Team.

6.3 **Resolve** - Low risk or care and support needs where all actions to prevent abuse or protect an adult from abuse are recorded. The adult's needs are met through local support services accessed via appropriate referral routes. A level of concern that can be resolved through care management, complaints, staff training, case reviews, quality processes or contract management.

## 7. Principles

As a part of our commitment to preventing safeguarding and protecting people from abuse, The Group will adhere to the 6 key principles of safeguarding outlined in the Care Act 2014:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

### 7.1 Empowerment

7.1.1 Empowerment is the principle that adults should be in control of their lives and consent is needed for decisions and actions designed to protect them.

7.1.2 The purpose of safeguarding is to enable people to live a life free from abuse and neglect. It is, therefore, vital that if an individual has mental capacity and is able to make their own decisions that they maintain control of their life and that professionals support their decision-making throughout the process. This includes:

- Working towards the outcomes the individual wants.
- Listening to the individual and ensuring their voice is heard.
- Taking actions with an individual's consent, unless there is a clear justification for acting contrary to their wishes, such as for reasons of public interest or a lack of mental capacity.
- Ensuring the individual receives support to participate in all decisions about them (e.g., with the support of friends/family/advocacy, personal assistants, translators etc.) and due regard is given to issues of accessibility and equality and diversity.
- Enabling individuals to make informed decisions (e.g., sharing assessments of risk, sharing information on available support options to reduce those risks and providing support to weigh up risks and solutions).
- Respecting the choices and decisions that individuals make.
- Allowing individuals to change their mind if their views or circumstances change or simply, if they just change their mind.

7.1.3 In the event that an individual is without the mental capacity to make a particular decision for themselves, a Best Interests Meeting should take place and a decision should be made in the best interest of the individual and within the framework of the Mental Capacity Act 2005 and Code of Practice. The individual should continue to be fully involved in the decision-making process and any decisions made must recognise their wishes, feelings, beliefs and values and ensure that they are appropriately represented.

## 7.2 Protection

7.2.1 Safeguarding Adults procedures provide a framework by which adults can be supported to safeguard themselves from abuse, or are supported and protected, where they are unable, for reasons of mental capacity, to make decisions about their own safety.

7.2.2 Assessments of mental capacity and best interest decisions, in relation to those without mental capacity, must always be within the legal framework of the Mental Capacity Act 2005 and Code of Practice. Protection encompasses every person's duty of care and/or moral responsibility to act upon suspicions of abuse, within the context of this procedure, and ensure that adults at risk as citizens receive the protection afforded them in law.

## 7.3 Prevention

7.3.1 Prevention of abuse is the primary goal, and members of the public, agencies, service providers, individual employees or volunteers and communities all have a role in preventing abuse from occurring. Prevention involves promoting awareness and understanding and supporting people to safeguard themselves from the risk of abuse. This includes helping people to identify and make informed decisions about risks and develop forward plans that keep them safe.

7.3.2 Prevention also refers to the actions of organisations to ensure they have systems in place that minimise the risk of abuse. Prevention is associated with a broad

range of responsibilities and initiatives, each associated with making safeguarding adults a core responsibility within the context of providing high quality services.

#### 7.4 Proportionality

7.4.1 The principle of proportionality relates to the responsibility to ensure that responses to safeguarding concerns are proportional to assessed risk and the nature of the allegation/concern. Proportionate decisions need to consider the principles of empowerment and protection.

7.4.2 This principle of proportionality is also encompassed within the Mental Capacity Act 2005; where an individual lacks mental capacity to make a particular decision, decisions must be made in the individual's 'best interests'. This includes the responsibility to consider if the outcomes can be achieved in a way that is 'less restrictive of the person's rights and freedoms'.

#### 7.5 Partnership

7.5.1 Partnership means working together to prevent and respond effectively to incidents or concerns of abuse, to support the adult at risk in making informed decisions about identified risks of harm and helping them to access sources of support that keep them safe.

7.5.2 Partnership also includes working with relatives, friends, unpaid carers or other representatives, such as advocates as partners, as appropriate, to achieve positive outcomes for the adult at risk. Partnership also means working cooperatively with other agencies to prevent, investigate and end abuse. Statutory, private, voluntary and specialist or mainstream services and their representatives should be considered partners within this procedure.

#### 7.6 Accountability

7.6.1 The principle of accountability involves transparency and decision making that can be accounted for. This involves each individual and organisation fulfilling their duty of care, making informed defensible decisions, with clear lines of accountability. It involves companies, employees (and volunteers) understanding what is expected of them, recognising, and acting upon their responsibilities to each other, and accepting collective responsibility for safeguarding arrangements.

To meet our commitment, The Group will:

- ensure that everyone that works with us, for us or on our behalf is familiar with this policy and has access to the required documents
- monitor the implementation of this policy and take any steps that are required to improve our practices
- ensure that effective procedures are in place for responding to complaints, concerns and allegations of suspected or actual abuse
- ensure that there are appropriate risk assessments in place
- ensure safe recruitment procedures including ID Checks, references and DBS checks are followed for every position we recruit to
- all employees that work for us now or in the future, will be trained in Safeguarding to an appropriate level for their role.

7.7 In following the Safeguarding Policy staff and volunteers understand that:

- 7.7.1 Adults have the right to be listened to and have what they say taken seriously and acted upon in an appropriate manner.
- 7.7.2 Adults have a right to privacy, to be treated with dignity and to be enabled to live an independent life.
- 7.7.3 Adults must have choice about how they lead their lives.
- 7.7.4 Adults, who have capacity, have a right to make their own choices irrespective of how unwise their decision is thought to be. There should be an assumption that an adult has capacity (in accordance with the Mental Capacity Act 2005) unless an assessment of capacity shows otherwise.
- 7.7.5 Where adults lack the capacity to safeguard themselves, independent advocacy should be introduced so that decisions made are in the adult's best interest.
- 7.7.6 Where it is known that the adult's vulnerabilities impact on their capacity to take responsibility for and safeguard any children they may have, support for the family must be sought at the earliest opportunity.
- 7.7.7 Our have a responsibility to be aware and alert to signs that all is not well with a person.

## **8. Types of abuse**

Abuse is the violation of an individual's human and civil rights. Abuse can be self-inflicted or inflicted by another person or persons. In the context of safeguarding, it is used to refer to any knowing, intentional, or negligent act by another that causes harm or a serious risk of harm to another. The Care Act recognises ten categories of abuse experienced by adults as follows, although it is important to also recognise that cyber bullying, forced marriage, mate crime and radicalisation can also apply to adults:

### **8.1 Physical abuse**

Use of physical force or mistreatment of one person by another, which may or may not result in actual physical injury; physical injuries which have no satisfactory explanation or where there is a definite knowledge or reasonable suspicion that the injury was inflicted with intent, or through lack of care, by the person having custody, charge or care of that person. This could include:

- Hitting
- Slapping
- Pushing
- Rough Handling
- Exposure to heat or cold temperatures
- Forced feeding
- Denial of treatment
- Restraint
- Misuse of medication
- Not being assisted to the toilet when needing to go
- Or other inappropriate sanctions

Possible indicators of physical abuse include:

- History of unexplained falls or minor injuries.
- Unexplained bruising in well protected areas, on the soft parts of the body or clustered as from repeated striking.
- Unexplained burns in an unusual location or of an unusual type.
- Unexplained fractures to any part of the body that may be at various stages in the healing process.
- Unexplained lacerations or abrasions.
- Slap, kick, pinch or finger marks.
- Injuries/bruises found at different stages of healing or such that it is difficult to suggest an accidental cause.
- Injury shape similar to an object.
- Untreated medical problems.
- Weight loss due to malnutrition or dehydration; complaints of hunger.
- Appearing to be over medicated.

## 8.2 Sexual Abuse

Any behaviour which is unwanted or takes place without consent or understanding. Sexual abuse can take many forms and may include:

- Non-contact sexual activity
- Pornographic photography
- Indecent exposure
- Stalking
- Grooming
- Harassment
- Unwanted teasing or innuendo
- Unwanted touching
- Penetration of the human body with fingers, penis or objects

Possible indicators of sexual abuse could include:

- A change in usual behaviour for no apparent or obvious reason.
- Sudden onset of confusion, wetting or soiling.
- Withdrawal, choosing to spend the majority of time alone.
- Overt sexual behaviour/language by the vulnerable person.
- Self-inflicted injury.
- Disturbed sleep pattern and poor concentration.
- Difficulty in walking or sitting.
- Torn, stained and/or bloody underclothes.
- Love bites.
- Pain or itching, bruising or bleeding in the genital area.
- Sexually transmitted urinary tract/vaginal infections.
- Bruising to the thighs and upper arms.
- Frequent infections.
- Severe upset or agitation when being bathed/dressed/undressed medically.

## 8.3 Psychological/emotional abuse

Psychological or emotional abuse is behaviour that is psychologically harmful or inflicts mental distress.

- Threats
- Bribes
- Coercion
- Ridicule
- Humiliation
- Provoking fear
- Intimidation
- Negating choices, wishes or self-esteem
- Causing isolation or overdependence

Possible indicators of psychological or emotional abuse include:

- Ambivalence about a carer.
- Fearfulness expressed in the eyes; avoids looking at the carer, flinching on approach.
- Deference.
- Overtly affectionate behaviour to alleged perpetrator.
- Insomnia/sleep deprivation or need for excessive sleep.
- Change in appetite.
- Unusual weight gain/loss.
- Tearfulness.
- Unexplained paranoia.
- Low self-esteem.
- Excessive fears.
- Confusion.
- Agitation.

#### 8.4 Financial abuse

Actual or attempted theft fraud or burglary. Misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to or which were invalidated by intimidation coercion or deception – this could include:

- Withdrawal of benefits
- Wills
- Property inheritance
- Withholding of money due to the person
- Exploitation
- Embezzlement
- Possible indicators of financial abuse include:
- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawal of money from accounts.
- Individual lacks belongings or services, which they can clearly afford.
- Lack of receptiveness to any necessary assistance requiring expenditure when finances are not a problem (although the natural thriftiness of some people should be borne in mind).
- Extraordinary interest by family members and other people in the vulnerable person's assets.
- Power of Attorney obtained when the vulnerable adult is not able to understand the purpose of the document they are signing.
- Recent change of deeds or title of property.

- Carer only asks questions about the individual's financial affairs and does not appear to be concerned about the physical or emotional care of the person.
- The person who manages the financial affairs is evasive or uncooperative.
- A reluctance or refusal to take up care assessed as being needed.
- A high level of expenditure without evidence of the individual benefiting.
- The purchase of items which the individual does not require.
- Personal items going missing from the home.
- Unreasonable and/or inappropriate gifts.

## 8.5 Institutional/organisational abuse

8.5.1 Organisational or institutionalised abuse can occur in any organisation when the routines in use force individuals to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider.

8.5.2 Abuse may be a source or risk from an individual or by a group of employees embroiled in the accepted custom, subculture and practice of the institution or service. It involves the collective failure of an organisation to provide safe appropriate services and includes failure to ensure necessary preventative or protective measures are in place. Possible indicators of institutional or organisational abuse include:

- May be reflected in an enforced schedule of activities.
- Limiting of personal freedom.
- Control of personal finances.
- A lack of adequate clothing.
- Poor personal hygiene.
- A lack of stimulating activities.
- A low quality diet.
- Anything which treats the individual as not being entitled to a 'NORMAL' life.

8.5.3 Institutions may include residential and nursing homes, hospitals, day centres, sheltered housing schemes and group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to vulnerable adults.

8.5.4 The distinction between abuse in institutions and poor care standards is not easily made and judgements about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies.

## 8.6 Neglect

8.6.1 Can be both physical and emotional. Neglect occurs when a person deliberately withholds or fails to provide, appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through failure to take reasonable action given the information and facts available to them at the time.

8.6.2 Neglect of a Duty of Care or the breakdown of a care package may also give rise to safeguarding issues, for example where a care provider is unable/unwilling to meet the assessed needs. Possible indicators of neglect include:

- Poor condition of accommodation.
- Inadequate heating and/or lighting.
- Poor physical condition of person (e.g., ulcers, pressure sores etc.).

- Individual's clothing in poor condition (e.g., unclean, wet, etc.).
- Malnutrition.
- Failure to give prescribed medication or appropriate medical care.
- Failure to ensure appropriate privacy and dignity.
- Inconsistent or reluctant contact with health and social agencies.
- Refusal of access to callers/visitors.

## 8.7 Willful neglect and ill-treatment

8.7.1 Wilful neglect means the deliberate failure to do something that was a duty, often with an element of recklessness. It does not require any proof of any particular harm or distress or proof of the risk of harm.

8.7.2 Ill-treatment involves deliberate conduct which ill-treats a person who lacks mental capacity to make the relevant decisions, whether or not it causes any harm to them. Ill-treatment also involves a guilty mind, with the abuser having an appreciation that he or she was inexcusably or recklessly ill-treating the person.

**Most indicators of the other types of abuse may also indicate wilful neglect or ill-treatment so these two offences should always be considered with each allegation.**

## 8.8 Self-neglect

8.8.1 Self-neglect is failing to care for one's personal hygiene, health or surroundings in such a way that causes, or is likely to cause significant physical, mental or emotional harm or substantial damage to or loss of assets. Self-neglect differs from the other forms of abuse because it does not involve a perpetrator. Self-neglect can happen as a result of an individual's choice of lifestyle, or the person may have a mental health condition, such as depression, poor physical health, cognitive difficulties or misuse substances. Possible indicators of self-neglect include:

- Living in grossly unsanitary conditions that could endanger health and wellbeing.
- Grossly inadequate self-grooming or personal care.
- Inappropriate or inadequate clothing.
- Maintaining an untreated illness, disease or injury or lacking eyeglasses, dentures, hearing aids etc.
- Being malnourished or dehydrated to such an extent that, without intervention, the individual's physical or mental health is likely to be severely impaired.
- Creating hazardous living conditions that will likely cause serious harm to the individual or others or cause substantial damage to or loss of assets, such as severe hoarding, improper wiring, infestation and lack of indoor plumbing or heating.
- Managing one's assets in a manner that is likely to cause substantial damage to or loss of assets.

## 8.9 Domestic Abuse

8.9.1 Domestic abuse is the abuse of one person within an intimate or family relationship. It can be the repeated, random or habitual use of intimidation to control, coerce or threaten a person. The abuse can encompass, but is not limited to physical, emotional, psychological, financial, sexual, honour-based violence, female genital mutilation or forced marriage.

8.9.2 Domestic abuse can also involve the abuse of a person at risk. Safeguarding procedures only apply in this instance where the person:

- has needs for care and support and
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs is unable to protect themselves from abuse or neglect or the risk of abuse or neglect.
- Possible indicators of domestic abuse include:
- Intense or irrational jealousy or possessiveness expressed by the partner or reported by the person at risk.
- Reluctance to speak or disagree in the presence of their partner.
- Often accompanied by an “overprotective” partner, preventing professionals obtaining the accurate picture of what is happening.
- History of depression, anxiety, self-harm or suicide attempts.
- History of alcohol or drug abuse.
- Appearance of low self-esteem.

## 8.10 Honour-based violence

8.10.1 Honour Based Violence (HBV) is a crime of incident which has or may have been committed to protect or defend the honour of a family or community. It is a collection of practices used to control behaviour within families or other social groups, to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when a relative has shamed their family and/or community by breaking their honour code. Possible indicators of honour-based violence include:

- Seeming under the control and influence of others and relying on others to communicate on their behalf.
- Often accompanied by an “overprotective” partner or family member, preventing professionals obtaining the accurate picture of what is happening.
- Reluctance to speak or disagree in the presence of their partner or family member.
- Isolation from the community.
- History of depression, anxiety, self-harm or suicide attempts.
- History of alcohol or drug abuse.
- Appearance of low self-esteem.

## 8.11 Female Genital-Mutilation

Female Genital Mutilation (FGM) is sometimes referred to as female circumcision. It refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. This practice is illegal in the UK. Possible indicators of Female Genital-Mutilation include:

- Genital scarring.
- Frequent Urinary Tract or Pelvic Infection.
- Difficulty in passing urine.
- Impaired sexual function.
- Complications in pregnancy and/or childbirth.
- Post-Traumatic Stress Disorder, flash backs or anxiety.

## 8.12 Modern Slavery

Modern Slavery encompasses human trafficking, domestic servitude and forced labour. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force

individuals into a life of abuse, servitude and inhumane treatment. Possible indicators of Modern Slavery include:

- Marked isolation from the community.
- Seeming under the control and influence of others and relying on others to communicate on their behalf.
- Restricted freedom of movement.
- Unusual travel times.
- Unfamiliarity with the local neighbourhood.
- Signs of other forms of abuse, such as looking malnourished, unkempt, or withdrawn.
- Few or no personal effects.
- No identification documents.
- Fear of law enforcement.

### 8.13 Discriminatory Abuse and Hate Crime

8.13.1 Discriminatory abuse is abuse targeted at a perceived vulnerability or on the basis of prejudice including racism or sexism, or based on a person's impairment, origin, colour, disability, age, illness, sexual orientation or gender.

8.13.2 Hate Crime can be one-off or multiple criminal offences that are perceived, by the person at risk or any other person, to be motivated by hostility or prejudice based on a person's vulnerability or perceived vulnerability. They can manifest as the other types of abuse, including physical, sexual, financial, neglect and psychological abuse. Examples can include:

- Hate mail
- Verbal or physical abuse
- Criminal damage to property
- Target of distraction burglary, bogus officials or unrequested building/household services

Possible indicators of discriminatory abuse and/or hate crime are the same as those outlined above for other types of abuse.

### 8.14 Mate Crime

8.14.1 Mate Crime is the premeditated exploitation, abuse or theft from people with a Learning Disability, by those they consider as their friends. However, it also applies to older adults, for example, those with a mental health problem or sensory impairment.

8.14.2 It can encompass other types of abuse, such as physical, psychological, sexual or financial. Examples can include being physically harmed for the amusement of others, having benefits or food stolen or being coerced into crime or prostitution. Possible indicators of mate crime include:

- As with indicators for other types of abuse (e.g., physical, sexual, psychological or financial).
- Subservient behaviour and constant seeking approval of so called "friends".

### 8.15 Radicalisation

8.15.1 Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Radicalisation is not officially classed as a type of abuse, however, it is important to include it to raise awareness.

8.15.2 Key vulnerabilities such as Learning Disabilities, Mental Health problems or autism can increase an individual's susceptibility towards radicalisation and to be influenced by extremism (Home Office, 2011). Possible indicators of radicalisation include:

- Changing style of dress or personal appearance to fit in with a group.
- Day to day behaviour increasingly centred around an extremist ideology, group or cause.
- Attempts to recruit others to the group/cause/ideology.
- Condoning or supporting violence towards others.
- Plotting or conspiring with others.
- Using insulting or derogatory names or labels for another group.
- Expressing attitudes that justify offending on behalf of the group, cause or ideology.

## 9. Adults at Risk

Safeguarding adults means:

- protecting the rights of adults to live in safety, free from abuse and neglect
- working together to prevent and stop both the risks and experience of abuse or neglect
- making sure that the adult's wellbeing is promoted including, keeping them at the centre of any decision and taking full account of their views, wishes, feelings and beliefs
- recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore, of any potential risks to their safety or wellbeing.

### 9.1 If you or a service user suspects an adult is at risk of abuse

Where an individual believed to be at risk of abuse is encountered or if an individual discloses or discusses potential abuse with you, it should be recognised that the individual may be describing abuse, albeit not explicitly. You must stay calm and show empathy, reassuring them that the information is being treated seriously. Following the identification of a safeguarding concern, employees are responsible for:

- assessing the situation and determining whether emergency intervention is required
- ensuring the safety and wellbeing of the individual
- establishing the individual's views and wishes on the safeguarding issue
- maintaining evidence and clear documentation
- reporting the incident(s)/risk(s) to the Safeguarding Lead
- remaining calm and not showing any shock or disbelief
- listening carefully and with understanding, by acknowledging regret and concern over what has happened
- informing the individual that information will be shared and why.

9.2 It is essential to ensure that the individual at risk of abuse remains at the centre and involved in the safeguarding process, accounting for the views wishes, feelings and beliefs and individuals should be offered to have a family member, friend or advocate, if appropriate and desired, to be present during any discussions on safeguarding. Employees will have been considered to have reasonably met their duty of care when:

- all reasonable steps have been taken
- reliable assessment methods have been used
- information has been collated and thoroughly evaluated

- decisions have been recorded, communicated and thoroughly evaluated
- policies and procedures have been followed
- actions are proactive and facts are confirmed.

9.3 Any assessment of any safeguarding concern should be holistic and thorough considering the individual's emotional, social, psychological and physical presentation as well as the identified clinical need. When discussing/assessing a safeguarding issue with an individual:

- be open and honest and do not promise to keep a secret
- seek consent to share information if the individual has capacity and if this does not place you, them or others at an increased risk
- share information without consent if it is in the public interest in order to prevent a crime or protect others from harm
- make a clear and concise referral
- do not delay unnecessarily
- concerns about a colleague should be raised through the Whistleblowing Policy.
- Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident. If there is a possibility that forensic evidence exists, preserve the evidence. Do not clean it up.

9.4 Staff, partners and volunteers should respond appropriately to any disclosure. The staff member or volunteer should not:

- Panic
- Allow their shock or distaste to show
- Probe for more information than is offered
- Speculate or make assumptions
- Delay in passing on details of a disclosure
- Make negative comments about the alleged abuser
- Approach the alleged abuser
- Make promises
- Agree to keep secrets.

## **10. Safeguarding Referrals**

10.1 All safeguarding concerns must be immediately raised to the Safeguarding Lead who will review and consider whether a safeguarding referral is appropriate.

10.2 Where there is any doubt, the Safeguarding Lead should discuss this further with suitable colleagues before making a decision.

10.3 Before making a safeguarding referral, the Safeguarding Lead should ensure the service user fits the statutory criteria for an adult at risk (as defined under the 3-Stage Test section of this Policy) and assess their mental capacity to consent to the referral.

10.4 If a service user lacks capacity to decide about a safeguarding referral, it is acceptable to refer them in their 'best interests'. An individual of capacity has the right to refuse consent, in this situation the risk of doing so must be fully explained.

10.5 Additionally, if the service user refuses consent for a safeguarding referral the Safeguarding Lead must consider whether there is an overriding public interest that outweighs individual service user confidentiality, for example, other people could be at risk, a possible crime has been committed or there is a risk to the health and safety of others. Where the adult at risk criteria does not apply, service user with capacity refuses consent and there is no overriding

public interest disclosure a safeguarding referral may not be appropriate. In these instances, the Safeguarding Lead and treating staff should consider any other actions required to support the needs of the adult or other actions, such as complaints processes, training needs or regulatory action if appropriate.

## **11. Mental Capacity Act**

An individual of capacity has the right to refuse consent, in this situation the risk of doing so must be fully explained. If there is a concern over the individual's mental capacity, an assessment should be performed in line with the guidelines of the Mental Capacity Act 2005 and the Mental Capacity Policy.

### **11.1 Immediate Risk**

11.1.1 Speak to the Safeguarding Lead immediately to get guidance.

### **11.2 No Immediate Risk but Serious concern**

11.2.1 Inform the Safeguarding Lead immediately

11.2.2 If emergency medical attention is required, this can be secured by calling an Ambulance - (Dial 999) or a vulnerable adult to the nearest Accident and Emergency Department.

11.2.3 If a vulnerable adult is in immediate danger the Police should be contacted (Dial 999) as they alone have the power to remove a vulnerable immediately if protection is necessary, via their powers to use Police Protection.

### **11.3 Recording**

11.3.1 A clear written record must be made of any incidents, concerns, or disclosures.

11.3.2 Records of conversations should be made using the same language used by the person making the disclosure, especially the words used for body parts or sexual acts.

11.3.3 A record should be made of actions taken following discussions with the Safeguarding Lead.

11.3.4 Records should be contemporaneous.

11.3.5 Staff and volunteers will be guided by the Safeguarding Lead on recording requirements.

## **12. Information Sharing**

12.1 Information sharing between organisations, including subsidiaries within the Chrysalis Group, is essential to safeguard adults at risk of abuse, neglect and exploitation. In this context 'organisations' mean not only statutory organisations but also voluntary and independent sector organisations, housing authorities, the police and Crown Prosecution Service, and organisations which provide advocacy and support.

## **13. Confidentiality**

- 13.1 We will ensure that any record made in relation to a referral should be kept confidentially and in a secure place. Information in relation to a vulnerable adult protection concern, should be shared on a “need to know” basis.
- 13.2 The sharing of information is vital to vulnerable adult protection and therefore, the issue of confidentiality is secondary to the need for protection.
- 13.3 Decisions about what information is shared and with whom will be taken on a case-by-case basis by the Registered Manager in consultation with the Data Protection Officer in line with The Group’s Confidentiality and Information Governance Policies.
- 13.4 A record must be kept of all decisions made in relation to information sharing, whether the information is shared or not. If a decision has been made to share information, a record must be kept of what was shared, with whom and for what purpose. Any information disclosed should be:
- clear regarding the nature of the problem and purpose of sharing information
  - based on fact, not assumption
  - restricted to those with a legitimate need to know
  - relevant to specific incidents
  - strictly limited to the needs of the situation at that time and
  - recorded in writing with reasons stated.

#### **14. Staff, Trustees and Volunteers Subject to Allegations of Abuse**

- 14.1 On occasion staff, Trustees or volunteers may be the subject of allegations of abuse made internally, or externally by another organisation.
- 14.2 We will offer support to staff and volunteers in these circumstances and will co-operate in any investigations which takes place.
- 14.3 Any staff, Member, Trustee, or volunteer receiving such an allegation must report the allegation to their line manager immediately and to the relevant director. If the allegation is against the director, the Chair/Group Chair should be informed immediately.
- 14.4 All such allegations will be taken seriously and will be internally investigated. Anyone subject to allegations of abuse may be suspended from their role during an investigation as a no-fault policy. Where appropriate disciplinary procedures may be applied through the Disciplinary Policy.
- 14.5 Depending upon the nature of the allegation and findings of any initial investigation the director, or if relevant the Chair/Group Chair, will decide regarding next steps, which may include advising Social Services, the Police, or a professional body

#### **15. Support for Staff, Trustees or Volunteers**

- 15.1 We will ensure all staff, trustees and volunteers are aware of this policy by facilitating regular training. Front line staff who work daily with service users and residents will be required to undertake training more frequently to ensure they are confident in implementing this policy.
- 15.2 We recognise that hearing disclosures of abuse or neglect can be distressing and may have a significant impact on both staff and volunteers.

15.3 Support from the Safeguarding Lead will be available and if appropriate external support or counselling will be considered.

## **16. Reporting to the Board of Trustees**

16.1 Reports will be presented to the trustees summarising any safeguarding issues which have been identified, nature of the issue, outcome and learning.

16.2 The board has regular assurance about compliance, including those requirements relating to the health and safety of residents, other customers and employees, and to the safeguarding of vulnerable people.

## **17. Safeguarding Remotely**

17.1 The same principles of safeguarding apply whether staff are interacting with or carrying out services for service users in person or remotely. However, employees should be aware that identifying adults at risk of abuse may be more difficult in a remote environment. If there are any concerns as to the welfare of the adult, consideration should be given as to whether the remote service is an appropriate approach in that situation. Any concerns should be referred to the Safeguarding Lead for advice and assistance.

## **18. Employees Conduct**

18.1 The Group will not tolerate any employee, worker or other person engaged to support or provide services to, or on our behalf to have:

- behaved in a way that has harmed, or may harm, an at-risk adult
- possibly committed a criminal offence against, or related to, an at-risk adult
- behaved towards an at-risk adult in a manner that may indicate they are unsuitable to work in a position of trust.

18.2 Any employee identified to behave in such a way as to indicate one or more of the above statements, either within their work or because of actions within their personal life, may be subject to disciplinary action. Identification of such incidents can come from various different sources. The Group will take prompt action to investigate any allegations made and will take any actions necessary to protect individuals and those that work with us, for us, and on our behalf.

18.3 Resultant actions can/may include an employee being suspended and possibly dismissed. All allegations will be reported to the CQC without delay, as is required. Where the allegation is made against a healthcare professional we will liaise with and report to the relevant professional body.

18.4 Additionally, The Group has a duty to refer employee(s) to the Disclosure and Barring Service (DBS) if they have:

18.4.1 Satisfied the harm test, i.e., that the Company believes that the employee(s) may:

- harm a child or vulnerable adult
- cause a child or vulnerable adult to be harmed
- put a child or vulnerable adult at risk of harm
- attempt to harm a child or vulnerable adult or incite another to harm a child or vulnerable adult.

18.4.2 Received a caution or conviction for a relevant offence.

- A relevant offence for the purposes of referrals to DBS is an automatic inclusion offence as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009 and the Safeguarding Vulnerable Groups.
- Broadly speaking these offences include all sexual offences, all offences involving children, most prostitution offences and murder. If you are unsure, contact the HR Department for guidance.
- If the above conditions have been met and the Registered Manager will conclude that the investigation conducted shows that the employee(s) concerned has a case to answer, a referral must be referred to DBS.

## **19. Notifications**

19.1 The Safeguarding Lead is responsible for notifying the CQC, or the relevant regulatory body, as soon as reasonably possible, of abuse or allegations of abuse concerning a person using the service if any of the following applies:

- the person is affected by abuse
- they are affected by alleged abuse
- the person is an abuser
- they are an alleged abuser

19.2 Not all referrals made to the local authority need to be notified to CQC. The Company is only required to notify CQC of safeguarding incidents where the allegation of abuse is linked to the Company's provision of care.

## **20. Recruitment**

20.1 The following roles come into contact on a frequent or regular basis with a range of our residents and / or service users. We will follow the Safer Recruitment guidelines for these posts.

- Specialised Supported Housing Officers
- Maintenance Operatives
- Therapists
- Support Workers
- All other staff

20.2 Safer recruitment consists of:

- advertising vacancies with a clear commitment required to safeguarding
- assigning all posts detailed job descriptions
- obtaining full personal details including fitness to work with adults at risk by application form (not CVs) with particular relevance to previous work with adults at risk
- always taking up two written references, one from the most recent employer
- undertaking all interviews face-to-face, based on the job description
- ensuring at least one person on each interview panel will have undertaken Safer Recruitment Training
- having sound procedures and record-taking for interviewing to ensure we are satisfied, and can evidence that the applicant is appropriate and suitable

20.3 Any appointment will only be confirmed subject to:

- a satisfactory criminal record check at the appropriate level
- a follow up of written references by telephone if relevant to vacant post
- a check of essential qualifications
- confirmation of the right to work in the UK

20.4 The following posts work in our offices and are not expected to meet our service users. Our standard recruitment process will be followed for these staff:

- Finance staff
- Marketing staff
- Other administrative staff

## 21. Induction and training

21.1 We have a clear induction and training process with respect to safeguarding, with clear job descriptions and responsibilities, and all relevant procedures shared across the organisation. All new staff, will receive induction training as soon as possible and sign to record they have:

- received and understood this policy
- been given any relevant resources
- understood the commitment to safeguarding training

21.2 When needed, staff will receive further safeguarding training, at the appropriate level, as soon as possible. We usually agree a probationary period of 6 months which can be extended depending on role with clear goals and then provide supervision/mentoring/appraisals at regular intervals of 3 to 4 months depending on role.

21.3 Updated training is normally required every two years (online) or three years (face to face). Staff will also undertake the free online government training for PREVENT/Channel and FGM where appropriate.

## 22. Monitoring

The Safeguarding lead will monitor and undertake, where applicable:

- training undertaken and renewal dates
- numbers of safeguarding referrals made to local authority and CQC
- lessons learned and changes effected because of safeguarding issues
- Regular reviews, supervisions and audits around safeguarding incident

### Related Policies and Procedures

HM01	Confidentiality Policy – Employee Handbook
CM01	Information Governance, Record Keeping & Data Protection Policy
CM24	Equality & Diversity Policy
CM25	Recruitment & Selection Policy
CM04	Whistleblowing Policy
	Staff Training Matrix

