



Adult Safeguarding Policy and Procedure

Purpose

The purpose of this policy is to set our KidsAid's commitment to safeguarding and protecting vulnerable adults who come into contact with our organisation. This includes parents, carers, family members, and professionals who may be at risk of harm, abuse, or neglect.

This policy outlines how we identify, respond to, and report concerns regarding the welfare of adults at risk in line with current English legislation and statutory guidance.

Safeguarding means protecting people's health, well-being, and human rights, and enabling them to live free from harm, abuse, and neglect. Safeguarding is everyone's business.

Any form of abuse or neglect is unacceptable, no matter what justification or reason may be given for it.

Responsibilities for safeguarding are enshrined in international and national legislation. Safeguarding for adults has transformed in recent years with the introduction of new legislation, creating duties and responsibilities which need to be incorporated into the widening scope of KidsAid safeguarding practice. Regardless of the developing context, all organisations are required to adhere to the safeguarding arrangements and legislation.

Scope

This policy applies to:

- All employees, trustees, volunteers, sessional workers, agency staff, students, and anyone working on behalf of KidsAid.
- Any adult (aged 18 or over) who comes into contact with our services and may be considered 'at risk.'

Policy Statement

It is KidsAid's policy to ensure that:

- Adults who are at risk should be treated in a way that respects their individuality and does not undermine their dignity or their human rights.
- People should be helped to live as independently as possible and encouraged to make informed decisions about all aspects of their lifestyles.
- All individuals should be helped and enabled to exercise the greatest possible control of their lives.
- The welfare of adults at risk must always be safeguarded.
- There is a recognition of the importance of working in partnerships, where appropriate, with other significant adults/agencies.
- There is a recognition of the rights of staff, therapists, volunteers, and other people who use the service and the need for their support.
- All staff and volunteers understand that they have a role to play in safeguarding and protecting adults from abusive situations.
- KidsAid is committed to working within local safeguarding adult board (LSAB) procedures and ensuring compliance with national legislation including the Care Act 2014.

Principles

- We have robust recruiting and safer staffing policies in place to make sure that our staff/trustees and volunteers are fit to work with adults at risk and are compliant with national, safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service.
- Safeguarding responsibilities is included in the job description of all staff.
- A named safeguarding lead is in place who is responsible for embedding safeguarding practices and improving practice in line with national and local developments.
- Any staff member who knows or believes that harm is occurring will report it to their line manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they must use the whistleblowing process.
- KidsAid works collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with the local multi-agency procedures.
- KidsAid uses incident reporting, root cause analysis (PSIRF), lessons learned and auditing to determine themes to improve practice.
- KidsAid will have a learning and development strategy that specifically addresses adult safeguarding.
- KidsAid provides training on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need reporting.
- KidsAid recognises its responsibilities in relation to confidentiality and shares information appropriately.
- KidsAid works in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency.
- KidsAid ensures that any action that is taken is assessed, proportionate, and reflective of the risk presented to the people who use the services.
- KidsAid reports any incidents in line with regulatory requirements.

Definition of an Adult at Risk

An Adult at Risk is defined under the Care Act 2014 as an adult who:

- Has care and support needs (whether or not those needs are being met).
- Is experiencing, or is at risk of, abuse or neglect.
- As a result of those care and support needs, they are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An adult at risk can be subject to mistreatment and abuse, which constitute clear infringements of their rights. Abuse is a violation of an individual's rights by another person, persons, or organisation.

Abuse and neglect can take several forms and may consist of a single act or repeated acts. Adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

It may be physical, verbal, cultural, faith based, or psychological; it may be an act of neglect or an omission to act; or it may occur when a person is persuaded to enter an economical or sexual transaction to which they have not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm or exploitation.

Physical abuse: This includes hitting, pushing, shaking, inappropriate restraint, neglect or abandonment and withholding medication.

Emotional or psychological abuse: This is failing to meet the emotional or psychological needs of a person. It may be when a person or people are controlling another person, taking away their privacy, or threatening them by intimidation or humiliation.

Sexual abuse: This is involvement in any sexual activity against a person's will. This includes rape and being pressured into other sexual acts, which they do not understand or to which they have not given consent. This would include exposure to pornography, voyeurism and exhibitionism.

Neglect: This is when a person or people deny another person what they need, for example ignoring medical or physical care needs. It may include failure to provide appropriate food, drink, or adequate heating or clothing. It may also be failing to provide access to health, social or educational services.

Financial: This is when a person steals money or possessions from another person. It may be fraud, deception or misuse of property, possessions or benefits. It may also mean withholding what belongs to a person or exerting improper pressure to sign over money from pensions or savings.

Discriminatory: This includes being treated unfairly because of gender; age; sexual orientation; a disability; race; culture; religion; background; or an illness. It may result from routines, systems and norms of an institution compelling individuals to sacrifice their own preferred style and cultural diversity to the needs of the institution.

Personal exploitation/violation of rights: This involves denying an individual their rights or forcing them to perform tasks that are against their will. It might include preventing an individual from expressing their thoughts and opinions.

Institutional or organisational: This can be a repeated incident of neglect or poor standards of care that are being ignored. It may be that a person is not treated with the dignity and respect that they deserve. It can occur in various places, including residential or nursing homes; hospitals; or day centres. It may be one or more people who are responsible.

This policy also incorporates the six principles of adult safeguarding as defined by the Care Act 2014, which underpins all adult protection work:

- **Empowerment:** People being supported and encouraged to make their own decisions and informed consent.
- **Prevention:** Acting before harm occurs.
- **Proportionality:** The least intrusive response to the risk presented.
- **Protection:** Support and representation for those in greatest need.
- **Partnership:** Local solutions through services working with their communities.
- **Accountability:** Accountability and transparency in delivering safeguarding.

Protecting Adults at Risk

Protecting adults at risk means we are maintaining their safety and welfare and safeguarding them from actual or potential sources of harm, abuse or neglect. This may be achieved by continually assessing the risks to which they may be exposed and taking all necessary steps to guard against them.

The characteristics of adult abuse can take a number of forms and cause victims to suffer pain, fear and distress reaching well beyond the time of the actual incident(s). Victims may be too afraid or embarrassed to make any complaint. They may be reluctant to discuss their concerns with other people or unsure who to trust or approach their worries. There may be some situations where victims are unaware that they are being abused or have difficulty in communicating this information to others.

In particular, it applies to those people:

- Who may have learning or physical disabilities.
- Who may have mental health problems.
- Who may be old, frail, or ill.
- Who cannot take care of themselves or protect themselves without help.

Criminal Disclosure, Barring and Safer Recruitment Practices

Criminal disclosures should be sought where individuals have substantial or regular or unsupervised contact with adults at risk as part of their duties or responsibilities. DBS checks only guarantee that the person concerned does not have a relevant criminal conviction up to the date that the certificate is issued.

Risk assessments will be undertaken on KidsAid job descriptions to identify which jobs are likely to involve regular and/or substantial unsupervised contact with adults at risk. DBS checks will be undertaken appropriate to the right level of contact.

Applicants must fill in an application form as part of the application process. This ensures KidsAid secures relevant information regarding the applicant's prior experience and its relevance to the position applied for.

When posts are advertised, applicants are notified if they are subject to an enhanced DBS check. We ask that any successful applicants and Trustees are registered with the DBS update service to ensure we can check for any criminal convictions on an annual basis. For further information about the Disclosure and Barring Service DBS, please check their external website.

Procedures for Receiving a Disclosure

Concerns that an adult is at risk of abuse may arise because someone has disclosed something; or a therapist or member of staff may have seen or heard something that makes them feel uncomfortable or uneasy about the care of an Adult at Risk.

The following procedures outline essential aspects to be considered:

- Who might be causing the abuse?

Abuse can happen to people by somebody the person knows well, or it may be a stranger, it could be more than one person. It might be a family member, a friend, a neighbour, a paid or voluntary carer, a nurse, a social worker, a GP, a therapist, a visitor to someone's home, or somebody who they don't know. If a person lives in a residential setting, or visits a day centre, it may be another user of that service, a visitor, or a carer.

- Potential signs of abuse

The abuse may have only happened once or started recently, or it may have happened several times or been happening for a long time. It may be that the abuse is deliberate, or it may be unintentional and due to ignorance or lack of training or understanding. It may be that a person is at risk of abuse or being abused in several ways.

There is no easy way to identify signs of abuse, but some of the signs may be:

- Multiple bruising or fingermarks.
- Injuries that the person cannot give a good reason for.
- Deterioration of health for no apparent reason.
- Loss of weight.
- Inappropriate or inadequate clothing.
- Withdrawal or changes in usual behaviour.
- A person who is unwilling to be alone with a particular carer.
- Unexplained shortage of money.

The Limits to Client Confidentiality

When a person is going to receive therapy, an assessment of their understanding and capacity to engage in a therapeutic contract is taken before therapy can commence. The degree of confidentiality is clarified prior to therapy which makes it clear that if it becomes apparent that someone is at risk of significant harm, their safety and welfare will take priority over all other considerations.

An individual's capacity refers to their ability to make a decision for themselves based on information available to them.

Individuals will be assumed to have the capacity to make informed decisions, unless there is clear evidence to the contrary. Adults at Risk should be supported to make their own decisions based on an awareness of the choices available. In all instances where a person demonstrates a lack of capacity in relation to a specific area or decision, everything which is done must be based upon an assessment of that person's best interest. To lack capacity a person must have a mental impairment.

Disclosure from an Adult Client

If an adult client tells you that:

- They themselves are currently abusing an Adult at Risk or have done so in the past.
- They know of an Adult at Risk who is currently being abused.
- They know of someone who is currently abusing an Adult at Risk.
- As an Adult at Risk, they themselves were abused and the abuser is still at large and, in a position, to abuse others.

In every case you should listen very carefully, clarify the details and reassure them that you believe them and that you take what they say seriously.

Make careful and legible notes recording:

- Exactly what was said leading up to the disclosure. Exactly what the client said when making the disclosure. Exactly what you said in reply.
- The date and time of the conversation.

Inform the client that KidsAid has a duty of care and, in certain circumstances, may be required to report concerns to statutory services even without consent, though this decision would be made sensitively and transparently wherever possible. We follow the principles of making safeguarding personal.

Give the client every encouragement to report the situation himself or herself to the statutory authorities/police. It is always best that the client be persuaded to make the report themselves. If the client decides to report the abuse, offer appropriate support for them to do so. Advise them that KidsAid has a duty to ensure that the appropriate safeguarding authorities have been notified.

Discuss the case with the named Safeguarding Lead or a Designated Safeguarding Officer as soon as possible. If these people are not available, speak to the Chief Executive. Follow whatever advice they give to you.

Maintain accurate and detailed notes of any conversations with KidsAid. Keep all notes safe together with the clinical notes. Keep the client informed of what is happening, offer them reassurance and support as appropriate, following advice from the designated person.

You should not:

- Attempt to carry out any form of investigation of your own.
- Do not stop someone who is freely recalling significant events; allow them to share whatever is important to them.
- Do not make promises you are unable to keep.
- Do not be judgmental.
- Do not interrogate the client in an attempt to obtain further details beyond what they are willing to share with you.
- Share the information with anyone other than your manager and the Designated Safeguarding Team or in their absence, the Chief Executive.

Disclosure from an Adult under Serious Threat

If an Adult at Risk discloses current and serious sexual or physical abuse, it may be necessary to act with such urgency that there is no time to contact the Designated Safeguarding Lead.

In an emergency situation, the priority is to ensure safety measures are put in place to protect the Adult at Risk from further abuse. If this happens, in addition to the guidance above:

- Explain who it is that you are going to contact.
- Contact either the local Adult Social Care Department of Social Services, or the Police Family Protection Unit, immediately by phone.
- Follow whatever advice you are given.
- Keep the Adult at Risk informed of what is happening.
- Keep them safe until suitable arrangements are made for them.
- Advise KidsAid of the situation at the very earliest opportunity.
- Maintain detailed notes of all your conversations and actions.
- In an emergency situation do not contact the Adult at Risk's carers, or allow them to return home, until you have been told that it will be safe for them to do so.

Procedures for Designated Persons

The Designated Safeguarding Team will take a decision whether to refer the incident to the appropriate Adult Social Care or Mental Health Team. Deciding whether to refer to another agency is crucial. The decision should make reference to:

- The wishes of the adult.
- Known indicators of abuse.
- Definitions of abuse.
- Circumstances in which an Adult at Risk's wishes may be overridden.
- The mental capacity of the adult.
- The level of risk to the individual.
- The level of risk to others (public interest considerations).

Disclosure from an Adult at Risk

The actions that you take will depend on what is being reported, and at what stage the named Safeguarding Lead or Designated Safeguarding Officers receive the information.

In every case, the Designated Safeguarding Team should:

- Collect as much information as possible to assess the immediate risk to the individual and others and take steps to ensure the immediate safety of the Adult(s) at Risk.
- Complete the cause for concern form, noting any subsequent actions to be taken and reviewing these at each stage, in accordance with KidsAid procedures for the service.
- If the Designated Safeguarding Officer is deputising for the Safeguarding Lead, they should keep careful notes of all actions taken to support the handover of the case as soon as possible.
- Decide if there are grounds for a referral to the statutory authorities.
- Referrals are made regardless of whether the harm was intentional or unintentional.

Any allegation or concern about abuse involving a professional should be referred because of that person's access to other vulnerable people. If necessary, consult the local contact in the Adult Social Care Department, without providing names, to maintain confidentiality at this stage.

Advise the therapist or staff member about how to encourage the client to make the report themselves to the statutory authorities. If the client is not willing to make the report himself or herself, contact the local Adult Social Care Department, or Police Family Protection Unit, immediately by phone and make a referral.

Follow up the referral with a written record within 48 hours. If the client agrees to make the report themselves, this must be followed to make sure that they have done so. Take advice about whether it will be safe for the Adult at Risk to return home.

Advise the therapist or staff member what to do as soon as possible, following any advice received.

Ensure that the client is kept informed of what is happening as appropriate (usually via the therapist). Consider with the therapist how the client may be best supported in the circumstances. Take whatever action the statutory authority has advised. Make careful notes of all conversations and actions. Keep all notes private and secure.

In every case the Designated Safeguarding Lead or Officers **should not**:

- Attempt to carry out any form of investigation.
- Let the therapist return any Adult at Risk to their carer unless the statutory authority has said it is safe for them to do so.
- Make any contact with carers, alleged abusers or victims.
- Disclose any information to anyone other than the Designated Safeguarding Team or the statutory authorities.
- Disclose any information that is not relevant to the immediate cause for concern.

If the Adult at Risk states that they do not want the situation disclosed further or reported, the matter should be referred to the designated person at the earliest opportunity. In such situations, KidsAid will give careful consideration as to whether it has a duty to report the matter to Social Services/the police directly.

The decision should be based on the risk to the client, the risk to others and the seriousness of the allegation.

Complaints

All complaints relating to safeguarding issues will be dealt with in line with KidsAid's Complaints Procedure and safeguarding processes may run in parallel.

Implementation and Monitoring; Roles and Responsibilities

Rebecca Caswell-Fox: CEO.

Designated Safeguarding Lead

Carla Mangan: Clinical Lead & Designated Safeguarding Lead.

Tina Welford: Quality Services Trustee.

The therapists, Case Managers and Placement Manager are the main persons responsible for escalating issues to the Designated Safeguarding Lead. The Designated Safeguarding Officers are the main point of contact if the Designated Safeguarding Lead is unavailable.

Named Safeguarding Officers

Lynne Goodwin: Case Manager.

Natasha Williams: Placement Manager.

Lynne Pritchard: Office Manager.

The Designated Safeguarding Leads have the following responsibilities:

- To attend relevant training at level 4, in line with the intercollegiate guidance.
- To function as a source of advice on all safeguarding matters.

- Maintain a thorough understanding of the safeguarding procedures in the counties where we operate, ensuring effective record-keeping systems are in place.
- To ensure there are effective internal procedures to manage concerns.
- To provide safeguarding supervision
- To be the link person with the individual or organisation that has raised a concern.
- To decide whether to involve referral agencies.
- To help people make referrals complete any forms, as appropriate, and to be the link person with relevant local agencies and consult with them on concerns that have been raised.
- To consider the need for support for those involved in disclosures when cases of poor practice or abuse arise.
- To deal with enquiries and information requests from other agencies in relation to safeguarding concerns.
- To ensure that records are kept and that they are always safe and secure.
- To ensure that the Policy, Procedures and Action Plan are reviewed on an annual basis to ensure compliance with safeguarding legislation.
- To audit safeguarding records and safeguarding supervision records, including staff and therapist training compliance.
- To provide regular progress reports including the annual safeguarding report for the Trustees.

The Designated Safeguarding Leads must ensure that staff, therapists, and volunteers are subject to appropriate Independent Safeguarding Authority (ISA) and Disclosure & Barring Service (DBS) checks, and that staff comply with the Adult Protection Policy and Procedures.

The CEO is responsible for ensuring that staff, therapists, and volunteers receive the training they need, commensurate with their responsibilities.

The Safeguarding Trustee will report to the charity commission on cases that reach the threshold for Charity Commission involvement and ensure that the safeguarding annual report is presented and discussed at the Trustee board. Trustees are ultimately responsible for ensuring there are measures in place to protect the people who come into contact with the charity from harm.

All trustees, staff, therapists, and volunteers are responsible for performing their duties in a way that safeguards and promotes the welfare of children and adults at risk. They must also act in a way that protects them from wrongful allegations of abuse as far as possible, in line with this policy. They must bring matters of concern about the safety and welfare of children and adults at risk to the attention of an appropriate Designated Safeguarding Officer in the first instance.

Reporting and monitoring (see Appendix A) Understanding and compliance with procedures will be monitored through a range of mechanisms including audits, one-to-ones, annual appraisals, staff feedback and ad-hoc checks. An annual report, covering safeguarding concerns, activity, feedback from any serious case reviews and progress against the action plan, will be provided to the Board of Trustees.

Communication with all trustees, staff, therapists, volunteers, children, parents/carers, and anybody else affected is essential for this policy to be successfully implemented. It is the responsibility of Trustees, the CEO and Clinical Lead, to ensure that all staff are familiar with the policy and procedures and the responsibility for

all members of staff, therapists, and volunteers to ensure that the policy is advocated and promoted to partner organisations, parents and children and adults at risk.

Communication with staff directly employed will take place through initial induction to the employing organisation and training identified with line manager or another relevant person.

Communication with partner organisations All staff should advise the principles of this policy to partner organisations.

Designated Safeguarding Team

Cases of abuse or concerns about abuse should be directed to one of the following four members of staff:

1. Carla Mangan: Clinical Lead Supervisor & Lead Designated Safeguarding Officer.
2. Lynne Goodwin: Case Manager and Deputy Designated Safeguarding Officer.
3. Natasha Williams: Placement Manager and Designated Safeguarding Officer.
4. Lynne Pritchard: Office Manager and Designated Safeguarding Officer.

Whichever of the nominated people above receives the report should convene a group of three or more people to discuss it, including the person making the report and the Designated Safeguarding Team.

If it is the case that any of these are the same person or the alleged abuser, then the group of three should be made up of an alternative appropriate member of staff, the CEO or the Safeguarding Trustee, Tina Welford.

If a safeguarding concern involves a member of staff, the organisation's Whistleblowing Policy should also be followed.

Adult Protection Services

In rare circumstances where a worker is unable to follow KidsAid's Adult Safeguarding Policy and Procedure due to the unavailability of relevant contacts, they may seek guidance from the West Northamptonshire or North Northamptonshire Adult Care Team, or another appropriate local authority. Contact details for all local authority safeguarding teams can be found on the NHS Safeguarding Guide App or under the 'Contacts' section of the NHS Safeguarding website: [Contacts - NHS Safeguarding](#)

If it is an emergency and you think that an adult may be in immediate danger, you must contact the emergency services directly by calling 999.

Misuse of the Procedure

Malicious or vexatious complaints and/or serious and/or persistent abuse of these safeguarding policies and procedures will not be tolerated and will be dealt with through KidsAid's disciplinary process.

This Policy is Underpinned by the Following Legislation and Guidance:

- The Crime and Disorder Act 1998
- Female Genital Mutilation Act 2003
- Convention on the Rights of Persons with Disabilities 2006
- Mental Health Act 2007
- Children and Families Act 2014
- Prevent Duty 2015
- Serious Crime Act 2015
- Police, Crime, Sentencing and Courts Act 2022
- Health and Care Act 2022
- Care Act 2014 (England)
- Care and Support Statutory Guidance- Section 14 Safeguarding
- Safeguarding Vulnerable Groups Act 2006.
- Mental Capacity Act 2005
- Human Rights Act 1998.
- Equality Act 2010.
- Domestic Abuse Act 2021.
- Data Protection Act 2018 and UK GDPR.
- Public Interest Disclosure Act 1998 (Whistleblowing).
- Charity Commission Guidance: Safeguarding and protecting people for charities and trustees (2023 update).
- Counter-Terrorism and Security Act 2015 (Prevent Duty).
- Modern Slavery Act 2015.
- Serious Crime Act 2015.

Where adults are in a parenting role:

- Working Together to Safeguard Children 2023
- Children Act 1989 & 2004

Equality and Inclusivity

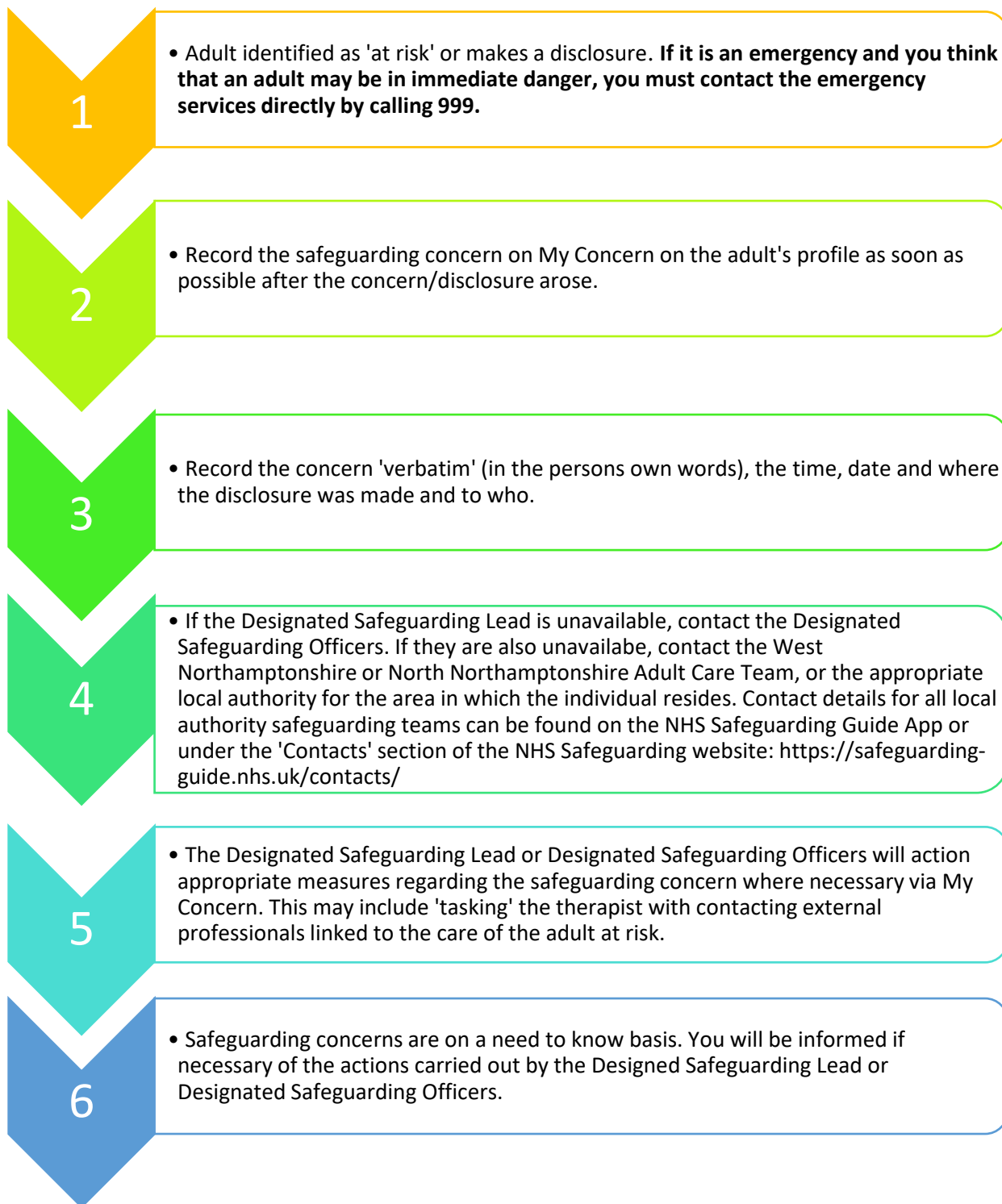
Children, adults at risk and their families, no matter what their circumstances or personal characteristics, have the right to be protected from harm and abuse. How we treat people with disabilities and additional needs is included in The Equality Act (2010).

Policy Review

The Adult Protection Policy will be reviewed every year, or earlier in the event of changes in legislation, or to consider changes in working practices which may result from incidents or allegations occurring. KidsAid's management will regularly review the effectiveness of the Policy and engage the Board of Trustees in this process in accordance with the Charity's governance framework.

Appendix A.

SAFEGUARDING PROCESS FLOWCHART



Only to be used if My Concern is unavailable.



ADULT PROTECTION CONCERN/INCIDENT REPORT

Adult at Risk Name:

DOB/Age:

The Concern/Incident Details

Reported to: Date:

Agreed Action