

Safeguarding Adults At Risk

Enfield Carers Centre (hereinafter “the Centre”) recognises its responsibility to make a positive contribution to safeguarding adults at risk in Enfield. This policy applies to Trustees and employees of the Centre and is also for the information and advice of all users of the Centre in whatever capacity.

1. Introduction & Glossary

Glossary and Acronyms

In using this document, a number of phrases, wording or acronyms have been used. The following provides more information and where necessary a definition.

Adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

Adult safeguarding means protecting a person’s right to live in safety, free from abuse and neglect.

Adult safeguarding lead is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults.

Best Interest - the Mental Capacity Act 2005 (MCA) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person’s behalf must do so in the person’s best interest. This is one of the principles of the MCA.

Care setting is where a person receives care and support from health and social care organisations. This includes hospitals, hospices, respite units, nursing homes, residential care homes, and day opportunities arrangements.

Carer throughout these policy and procedures refers to Family/Friend Carers as distinct from paid carers who are referred throughout as Support Workers. The Association of Directors of Adult Social Services (ADASS) define a carer as someone who ‘*spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems*’.

Appendices

Appendix 1 contains information about carers (family/friends) and adult safeguarding, and the different areas where it has an impact on the carer, or the carer can have an impact on adult safeguarding functions.

2 What is Safeguarding?

Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect.*'. Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

2.1.1 The aims of Adult Safeguarding are to:

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

3 What is Abuse?

The specific circumstances of each individual case will always be considered and so Enfield Carers Centre does not limit its view of what constitutes abuse. The table that follows identifies what forms of abuse are considered in The Care Act guidance documents.

TYPE OF ABUSE	DESCRIPTION OR SUPPORTING GUIDANCE
Disability hate crime	The Police monitor five strands of hate crime, Disability; Race; Religion; Sexual orientation; Transgender.
Discriminatory abuse	Discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse
Domestic abuse	This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional. Domestic Abuse includes controlling and coercive behaviour.

Female genital mutilation (FGM)	The Female Genital Mutilation Act (2003)xxxix makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country.
Financial or material abuse	Theft, fraud, internet scamming, postal and doorstep scams, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Forced marriage	A marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse.
Honour-based violence	Will usually be a criminal offence, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community.
Human trafficking	This problem has a global reach covering a wide number of countries. It is run like a business with the supply of people and services to a customer, all for the purpose of making a profit. Traffickers exploit the social, cultural or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the victim's life, with little regard for the victim's welfare and health.
Modern Slavery	Modern slavery is the severe exploitation of other people for personal or commercial gain. Modern slavery is all around us, but often just out of sight. People can become entrapped making our clothes, serving our food, picking our crops, working in factories, or working in houses as cooks, cleaners or nannies.
Mate crime	A 'mate crime' is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private.

Neglect and acts of omission	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.
Organisational abuse	Is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.
Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
Psychological abuse	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Restraint	<p>Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not.</p> <p>Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment.</p>
Sexual abuse	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Sexual exploitation	Involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing,

and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited.

4 Who Abuses and Neglects Adults?

Anyone can carry out abuse or neglect, including:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers and strangers

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

5 Involving People

The best way to safeguard adults is to give them every opportunity to make decisions about their own lives. If people are confident in their choices, they are more likely to tell if someone is abusing them. Also, if someone listens carefully and takes seriously what they are saying and helps them get the help they need to deal with it, their confidence will increase and their risks decrease.

The London Multi Agency Safeguarding Adults Policy Document recommends the: "Making Safeguarding Personal" approach (MSP) which stresses the importance of keeping the adult at the centre. Under MSP the adult is best placed to identify risks, provide details of its impact and whether or not they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where:-

- Adults feel more in control;
- Adults are empowered and have ownership of the risk;
- There is improved effectiveness and resilience in dealing with a situation;
- There are better relationships with professionals;
- Good information sharing to manage risk, involving all the key stakeholders;
- Key elements of the person's quality of life and well-being can be safeguarded.

6 Carer/User Conflict or Interest

Sometimes carers and the people they look after can have different views on what is best for each of them. In fact what appears to be best for one can conflict with what appears to be best for the other. Maximising choice and control is the guiding principle for both carer and cared for. A member of the Centre's staff may find that they are sometimes in the position of helping facilitate discussion around such issues. The Centre staff member's

priority will always be to help the carer express their views and exercise choice and control in relation to their caring role and their life as a whole.

If the Centre staff member feels that this might conflict with the best interests of the person looked after or conflict with the preferences and choices of the person looked after, this should be discussed with the carer. If there is potential for a significant impact on the cared for person, this should be discussed with the Centre staff member's manager before further action, if appropriate, is taken. The Centre will always draw attention to instances where it is felt that a carer or a cared for person is subject to abuse as defined in this policy.

Any Trustee or member of the Centre's staff who suspects any risk of harm or abuse as defined in this document you should follow the procedures detailed below.

7. Our Responsibilities to Carers

Research suggest that the following circumstances can lead to people caring for dependent people to not provide them with the best quality care, and sometimes abuse them, for example where:

- The dependent person is very dependent on their carer and may be difficult to care for or may be openly aggressive
- The dependent person has difficult behaviour which causes high levels of stress for carers
- The person being cared for is self-centred and does not consider the needs of the carer and other family members
- The family is under stress because of poor income or housing conditions.
- Carers are showing signs of physical or mental illness or are becoming dependent on alcohol or drugs
- Carers have other responsibilities e.g. work and family and are not getting enough time to rest and rela.
- Carers have no private or personal space
- Physical or emotional isolation; carers may lack the necessary practical and emotional support
- Carers may not have a thorough understanding of the dependent person's condition and may be unable to offer appropriate and effective care.
- If carers do not feel valued for the care they give, feelings of guilt, resentment anger can develop and contribute to abuse.
- If a carer has frequently requested help from professionals and problems have not been solved

If a member of the Centre's staff finds themselves working with a carer in any of these circumstances and is concerned about their capacity to go on caring for a service user, they should raise the matter as soon as possible, in confidence, with their manager.

8. Other Ways That Enfield Carers Centre Helps Safeguard Carers And Service Users:

We safeguard adults at risk in the following ways:

- Provide adult protection training to all carer support and management staff
- All staff know they have a duty to record and report their concerns
- Have an accessible complaints procedure that carers can use to express their concerns about our services
- Have a whistle-blowing procedure for staff to raise their concerns about issues within the organisation
- Have this procedure that tells carers and staff what to do if they observe abuse or have it disclosed to them
- Ensure all staff with unsupervised access to adults at risk have an enhanced DBS disclosure/check
- Have regular recorded supervision with staff
- A professionally run “assisted information, signposting and referral” service making sure carers have access to the information they need
- A comprehensive programme of training for carers helping them manage the demands of their caring role
- A programme of regular support groups and social events for carers, to give them a break and relieve stress

ENFIELD CARERS CENTRE SAFEGUARDING ADULTS PROCEDURE

1. What To Do If You Suspect Abuse? Listen, Inform & Record

IMMEDIATE ACTION BY THE PERSON RAISING THE CONCERN

The person who raises the concern has a responsibility to first and foremost safeguard the adult at risk.

- a. Listen carefully to what is being said. Stay calm and do not promise confidentiality. Explain that you may have a duty to report your concern to your manager.
- b. Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- c. Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the police)
- d. If a crime is in progress or life is at risk, dial emergency services – 999
- e. Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation
- f. Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording
- g. Ensure that other people are not in danger
- h. Inform your manager.
- i. Record the information received, risk evaluation and all actions.

THE SAFEGUARDING LEAD/MANAGER SHOULD REVIEW ACTION TAKEN, AND:

- a. Clarify that the adult at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken;
- b. Address any gaps;
- c. Check that issues of consent and mental capacity have been addressed;
- d. In the event that a person's wishes are being overridden, check that this is appropriate and that the adult understands why;
- e. Make a referral to the Enfield Council Safeguarding Team if appropriate;
- f. Contact the children and families department if a child or young person is also at risk;
- g. If the person allegedly causing the harm is also an adult at risk, arrange appropriate care and support;
- h. Make sure action is taken to safeguard other people;
- i. Take any action in line with disciplinary procedures; including whether it is appropriate to suspend staff or move them to alternative duties;
- j. If a criminal offence has occurred or may occur, contact the Police force where the crime has / may occur;
- k. Preserve forensic evidence and consider a referral to specialist services;
- l. Record the information received and all actions and decisions.

2. What Happens Next?

The Chief Executive/Safeguarding Lead will usually lead on decision making. Where such support is unavailable, consultation with other more senior staff such as the Services Manager should take place. In the event that these are unavailable, seeking the advice of the Local Authority should be considered.

Staff should also take action without the immediate authority of a line manager if:

- Discussion with the manager would involve delay in an apparently high-risk situation;
- The person has raised concerns with their manager and they have not taken appropriate action (whistleblowing).

Decisions need to take into account all relevant information that is available, including the views of the adult in all circumstances where it is possible and safe to seek their views. If the adult does not want to pursue matters through safeguarding action, staff should be sure that the adult is fully aware of the consequences of their decisions, and that all options have been explored and that not proceeding further is consistent with legal duties.

There may be some occasions when the adult at risk does not want to pursue a referral to the Local Authority. Where it is a personal matter and may cause family disharmony, if possible the adult at risk's wishes should be respected and other ways of ensuring the adult's safety explored. Where there is a potentially high risk situation, staff should be vigilant of possible coercion and the emotional or psychological impact that the abuse may have had on the adult.

The manager you reported your concerns to, or if appropriate the Chair of the Board of Trustees, will inquire expeditiously into the matters raised and involve external agencies such as Enfield Social Services or the police) as necessary. You may be invited to attend a strategy meeting to plan the inquiry, or be interviewed by the person investigating the incident. This could be a police officer if a crime has been committed. Be prepared to co-operate with the inquiry.

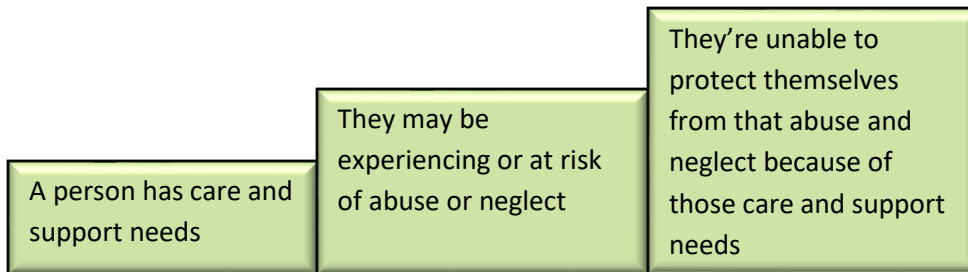
If appropriate the adult reporting their concern (s) will be offered additional info on other sources of assistance/support, e.g. Solace Women's Aid/Domestic Violence unit.

Definition of adult at risk:

TAKEN FROM LONDON MULTI AGENCY ADULT SAFEGUARDING POLICY & PROCEDURE DOCUMENT

Referral to the Local Authority

If, on the basis of the information available, it appears that the following three steps are met a referral **must** be made to the Local Authority.



Information the referral might contain

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically carers and next of kin;
- Basic facts, focussing on whether or not the person has care and support needs including communication and on-going health needs;
- Factual details of what the concern is about; what, when, who, where;
- Immediate risks and action taken to address risk;
- Preferred method of communication;
- If reported as a crime - details of which police station/officer, crime reference number etc.;
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves;
- Any information on the person alleged to have caused harm;
- Wishes and views of the adult at risk, in particular consent;
- Advocacy involvement (includes family/friends);
- Information from other relevant organisations for example, the Care Quality Commission;
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household.

Referral to the Local Authority contact Information:

Tel: 020 8379 3196 and E-mail TheMASHteam@enfield.gov.uk

Dedicated phone line which is available day or night: Tel: 020 8379 5212

To report abuse in Enfield from a textphone

Tel: 18001 020 8379 5212

Enfield Carers Centre DSO's (Designated Safeguarding Officers)

Pamela Burke – CEO

Fiona Jones – Operational Director

Appendix One: Additional Carers Information

Carers have a wealth of information and knowledge about the person that they support. As well as raising concerns, carers are able to support safeguarding enquiries by sharing information and are valued partners in such enquiries. Their views may hold the key to protecting people. If a carer speaks up about abuse or neglect, it is essential that they are listened to and appropriate enquiries made. Carers may identify and mitigate risk and act as advocates.

Where the adult at risk lacks capacity, carers may reasonably provide professionals with the outcome they consider the adult at risk would want, as they know the person's likes and dislikes, what relationships are important to them and what relationships they may find difficult. Consideration for the carer and adult in safeguarding plans, for example, family conferences that have their own dynamics need to take into account conflicting views as carers may not want the same outcome as the adult they are supporting.

Support

'If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to whether, as part of the assessment and support planning process for the carer and, or, the adult they care for, support can be provided that removes or mitigates the risk of abuse.' (Statutory Guidance 14.35).

One vehicle for assessing individual need is a carer's assessment which is distinct from a needs assessment. Safeguarding should always be at the forefront of assessments. ECC staff need to be candid with carers about the risks that a carer's assessment may identify for either preventing the need for safeguarding to them, or preventing the risk of the carer abusing the person that they are caring for.

Information and Advice

Carers need to know how they can find support and services available in their area, and be able to access advice, information. The Carers Centre provides carers with a safe environment where they can raise concerns and be confident that their concerns will be acted upon. It might be that people are unaware that the actions that they take could be perceived by others as abusive. For example, someone with a learning disability entitled to state benefits to meet their living expenses, and to have money as part of their access to leisure and other personal requirements may have this controlled by a family member.

Families, who view individual benefits as part of the family income, may not view their actions as abusive, but where the adult they are supporting has little or no choice about how their money is spent, this could be seen as financial abuse by others.

Where carers may have acted in a way that constitutes abuse staff should respond according to adult safeguarding procedures so that the adult is safeguarded appropriately. Whilst there may be mitigating circumstances to take into consideration the wellbeing and safety of the adult should be paramount.

Carers should have access to information and advice in a way that is meaningful to them and may themselves be in need of care and support and need to know how they can access services.