

The Arthur Ellis Mental Health Foundation

Adults at Risk Safeguarding Policy

Introduction

The Arthur Ellis Mental Health Foundation (AEMHF) is committed to safeguarding adults at risk, engaged in the breadth of its activities. This policy applied to all AEMHF staff: although not exclusive, AEMHF staff refers to any member of AEMHF employed personnel regardless of position, volunteers, work experience, visitors, contractors, and agency staff.

The purpose of this policy is to outline the duty and responsibility of staff working on behalf of AEMHF in relation to the protection of adults at risk. All adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect, and exploitation.

The key objectives of this policy are:

- to explain the responsibilities AEMHF's staff have in respect of vulnerable adult protection
- to provide staff with an overview of vulnerable adult protection
- to provide a clear procedure that will be implemented where vulnerable adult protection issues arise

AEMHF's aims to ensure that:

- appropriate action is taken in a timely manner to safeguarding and promoting vulnerable adult's welfare
- all staff are aware of their statutory responsibilities with respect to safeguarding and PREVENT
- staff are properly trained in recognising and reporting safeguarding issues

Context

For the purpose of this document, 'adult' means a person aged 18 years or over.

Some adults are less able to protect themselves than others, and some have difficulty making their wishes and feelings known. This may make them vulnerable to risk. The broad definition of an 'Adult at Risk' referred to in the 1997 Consultation Paper 'Who decides?' issued by the Lord Chancellor's Department, is a person:

“Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

The first priority should always be to ensure the safety and protection of adults at risk. To this end, it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person/agency.

For purposes of ensuring consistent and widely understood terminology, these policies and procedures will use the phrase 'adults at risk' to identify those eligible for interventions within the procedures.

Legal Framework

This guidance reflects the principles contained within the Care Act 2014, Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998.

The Care Act 2014 details how Local Authorities should deal with people who can be at risk because of physical, learning or mental health difficulties, including a permanent disability, something that occurs occasionally or a one-off event.

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

The AEMHF Staffs' Role

All AEMHF staff have a duty to promote the welfare and safety of adults at risk. They may receive disclosures of abuse and observe adults at risk who are at risk. This policy will enable staff to make informed and confident responses to specific adult protection issues.

What is Abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not consented or could not consent. Abuse can occur in any relationship, and it may result in significant harm to, or exploitation of, the person subjected to it.

The Department of Health and Social Care in its 'No Secrets' report (update 2015) suggests the following as the main types of abuse:

- **Physical abuse** - is the physical mistreatment of one person by another which may or may not result in physical injury. It can be the use of force that results in an unwanted change in a person's physical state, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
- **Sexual abuse** - is the involvement of a person in sexual activities or relationships that they either do not want, have not consented to or that they cannot understand, including rape and sexual assault
- **Psychological/Emotional abuse** - is any act which negatively affects the emotional wellbeing of a person or impairs their psychological development, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- **Financial or material abuse** - is the use of a person's property, possessions, assets, or money without their informed consent, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits
- **Neglect and acts of omission** - is any act which results in a person's basic needs not being met or places them at risk of harm, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition, and heating
- **Self-Neglect** - This covers a wide range of behaviour neglecting to care for one's personal hygiene, health, or surroundings

- **Discriminatory abuse** - is harassment, unfair treatment or providing inappropriate/inadequate care because of a person's race, religion, culture, gender, age, sexuality, or disability. Discrimination can be a motivating factor in other forms of abuse
- **Domestic Violence** - including psychological, physical, sexual, financial, emotional abuse, and/or 'honour' based violence
- **Organisational abuse** - is isolated or collective examples of poor professional practice, misconduct, or pervasive ill treatment. It may include other types of abuse
- **Modern Slavery** - Encompasses slavery, human trafficking, forced labour and domestic servitude

Procedure in the event of a disclosure

It is important that adults at risk are protected from abuse. All complaints, allegations or suspicions must be taken seriously. This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that an adult at risk has been abused. Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information. This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

Be mindful that it is not always practical, advisable and or supportive to be taking notes during a disclosure.

Responding to an allegation

Any suspicion, allegation or incident of abuse must be reported to our Designated Safeguarding Leads by a member of staff as appropriate. Our DSLs are;

Rita Mistry DSL Lead

Jon Manning DSL Lead

Jessica Dell DSL Deputy

Contact details:

Jon Manning, Founder & Chairman

Mobile: 07722 196961

Email: jon@arthurellismhs.com

Rita Mistry, Director of Psychological Services

Mobile: 07940 908152

Email: rita@arthurellismhs.com

The nominated safeguarding lead shall telephone and report the matter to the **Milton Keynes Adult Social Care Access Team** who can be contacted on **01908 253772** during working hours **Monday - Friday 9-7pm** (excluding bank holidays) or out of hours **01908 605650**.

A written record of the date and time of the report shall be made, and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

Responding appropriately to an allegation of abuse

In the event of an incident or disclosure:

DO

- Make sure the individual is safe,
- Assess whether emergency services are required and if needed call them,
- Listen,
- Offer support and reassurance,
- Ascertain and establish the basic facts,
- Make careful notes and obtain agreement on them,
- Ensure notation of dates, time and persons present are correct and agreed,
- Take all necessary precautions to preserve forensic evidence,
- Follow correct procedure,
- Explain areas of confidentiality; immediately speak to your manager for support and guidance,
- Explain the procedure to the individual making the allegation,
- Remember the need for ongoing support.

DON'T

- Confront the alleged abuser,
- Be judgmental or voice your own opinion,
- Be dismissive of the concern,
- Investigate or interview beyond that which is necessary to establish the basic facts,
- Disturb or destroy possible forensic evidence,
- Consult with persons not directly involved with the situation,
- Ask leading questions,
- Assume Information,
- Make promises,
- Ignore the allegation,
- Elaborate in your notes,
- Panic.

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral designated Vulnerable Adult Protection Officer.

Confidentiality and Information Sharing

Adults at risk protection raises issues of confidentiality which should be clearly understood by all. Staff have a professional responsibility to share relevant information about the protection of adults at risk with other practitioners, particularly investigative agencies, and adult social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information regarding an adult at risk will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form. If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that they have a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent should be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the adult at risk is the priority.

Where a disclosure has been made, staff should let the adult know the position regarding their role and what action they will have to take as a result.

Staff should assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information should be fully considered and their wishes and feelings considered.

The role of key individual agencies

Adult Social Services

The Department of Health and Social Care's recent 'No Secrets' guidance document (updated 2015) requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of adults at risk.

All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding adults at risk. It is normal practice for the board to comprise of people from partner organisations who can influence decision making and resource allocation within their organisation.

The Police

The Police play a vital role in safeguarding adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

Milton Keynes Safeguarding Adults Board: MK Together

Responsible for initiating Safeguarding Adults Policy and Procedure processes in Milton Keynes that are implemented by all organisations working with adults at risk.

Signed on behalf of The Arthur Ellis Mental Health Foundation

Jon Manning

