

**Percy Hedley  
Foundation**  
Achievement for All

## **Percy Hedley Foundation Adult Services**

# **Safeguarding Information 2015**

### **Contents**

1. Percy Hedley Foundation Adult Services Safeguarding Statement of Purpose
2. Percy Hedley Adult Services standards
3. Percy Hedley safeguarding policy
4. Percy Hedley safeguarding guidelines
5. Percy Hedley safeguarding statement and safe working practice
6. Percy Hedley “one system” approach
7. Safeguarding statement information
8. Percy Hedley Adult Services behaviour plans

# STATEMENT OF PURPOSE

## SAFEGUARDING

### The Care Act 2014

- The Care Act will, for the first time, sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk.
- Under the Care Act, Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.
- This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.
- In addition, organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.
- Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being as defined in Section 1 of the Act.
- This document will use the term 'adult at risk' in compliance with The Care Act 2014; this will replace the previous term 'vulnerable adult', which was used throughout *No Secrets*.
- We aim to proactively safeguard and promote the welfare of Adults as set out in the Care Act, "North Tyneside Safeguarding Adults Policy, Procedure & Guidance", and "ADASS recommendations.
- We have Senior Managers and Staff who are committed to Adults and young people's wellbeing and safety.
- We are clear about people's responsibilities to safeguard and promote Adults and young people's welfare.
- We have effective recruitment and H.R. procedures including checking all new staff and volunteers to make sure they are safe to work with Adults and young people.
- We have procedures for dealing with allegations of abuse against members of staff and volunteers.
- We make sure staff receive training to help them do their job well. All of our staff have bi-annual training and regular updates on safeguarding and wellbeing, as well as being assessed as competent in their understanding of Safeguarding.
- We have robust procedures about how to safeguard and promote the welfare of Adults and young people.

**Should you have any queries or concerns regarding safeguarding in Adult Services, please speak to your line Manager or a (responsible person) Marie Watts, Michelle Strong and Jayne Curry**

# Safeguarding Adults and Young People

The standards we adhere to.

## STANDARD 1

**Percy Hedley Adult Users/Residents demonstrate and use safe working practices in all aspects of life and activities.**

*How do we show this?*

- We help Users/Residents to be aware of their duties and responsibilities in creating a safe environment.
- The health and safety activities we do as part of any day to day task, session, social activity will reinforce safe working practices to our Users/Residents
- We help our Users/Residents to understand how to use safety measures when using the internet. The service has an E-learning policy.

## STANDARD 2

**Percy Hedley Adult Users/Residents say they feel safe.**

*How we show this?*

- We record feedback on an annual satisfaction survey
- We write down Users/Residents comments.
- Feedback from parents and carers is recorded to say how well Users/Residents have settled in and how confident they are in the Services.
- We follow up on any User/Resident who says that they do not feel safe.
- All User/Resident complaints or incidents about safety are given the highest priority and we deal with them quickly and effectively.
- We help our Users/Residents to understand and recognise abuse, discrimination, bullying/harassment (to include cyber bullying) through workshops and learning sessions.

## STANDARD 3

**Users/ Residents are safeguarded and protected and staff take action to respond to their welfare needs.**

*How do we show this?*

- We make sure that all our members of staff, volunteers and governors are trained in safeguarding. We have very high standards because all of our Users/Residents are classed as vulnerable so we make sure that all staff update their training bi-annually.
- We discuss Health and Safety/Safeguarding at staff and Management Meetings. The Operations Manager completes a safeguarding report every month and records all safeguarding incidents on the Percy Hedley Foundation electronic Safeguarding log.
- All staff know the procedure for how to make an alert.
- All staff know the procedure to follow if another member of staff is the one accused of abuse
- At Percy Hedley all staff appointed have been DBS checks.

- Our HR department have a systematic process to ensure DBS takes place for all new staff and are renewed every 3 years.
- The HR department also record details of staff not from the UK who have permission to work here.
- At Percy Hedley Adult Services we only have staff and volunteers who have a satisfactory enhanced DBS disclosure for vulnerable adults and children record.
- At Percy Hedley all volunteers have been recruited through our volunteer programme and followed our volunteer induction process. This involves interviews, references and a DBS. Safeguarding induction is required for any volunteers working in the Services.
- At Percy Hedley we comply with Health and Safety legislation. All accidents and incidents are reported to the Senior Management Team, investigated, corrective action taken and recorded in the accident and incident log.
- The Director receives regular health and safety reports and we hold quarterly health and safety meetings. A representative from the User Group is on the panel, All Projects are represented.
- Every year our Health and Safety Manager carries out detailed health and safety reviews of the Projects. An action plan is produced and the Senior Management Team ensures that all actions are prioritised and completed.
- At Percy Hedley we expect all staff to demonstrate safe working practices at all times. Staff are role models for our students and therefore need to show this.

#### **STANDARD 4**

##### **At Percy Hedley Adult Services we prioritise safeguarding.**

###### *How do we show this?*

- At Percy Hedley our staff are fully aware of our safeguarding procedure and understand the criteria for making and responding to concerns, suspicions, allegations or disclosures.
- At Percy Hedley safeguarding is our highest priority and our procedures conform to the Care Act and North Tyneside Local Authority Safeguarding Policy and Procedure. This still applies if the User/Resident comes from another Authority (you will also have to refer to the Funding Authority)
- We annually review the Services site security, evacuation and contingency plans.
- At Percy Hedley we know that we have a duty to assist the local Social Services Department on all Adult at Risk matters.

#### **STANDARD 5**

##### **Percy Hedley Adult Services works with other agencies and professionals to effectively safeguard Adults at Risk.**

###### *How do we show this?*

- At Percy Hedley we have a senior management team who have responsibility for adult at risk protection issues.

- A named Responsible Person or member of the Senior Management team will support all action within the Service and liaise with other agencies, like the Police, Social Services and the Local Safeguarding Team

## **Percy Hedley Adult Services Safeguarding Policy 2015**

### **Mission Statement**

The Percy Hedley Foundation exists to offer high quality Services to Adults and young people with: cerebral palsy; sensory impairment; speech and language and communication difficulties; autistic spectrum disorder and profound multiple learning difficulties.

Our central purpose is to provide a unified approach to meeting the special needs of Adults and young people through the provision of high-quality activities, care and therapy to enable them to maximise their potential and achieve success.

### **Safeguarding definition**

- Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.
- It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adults wellbeing is promoted.

It is the responsibility of all employees to treat the abuse or potential abuse of Adults at Risk seriously. This policy therefore gives clear guidance for employees in the event that they have a concern about an Adult Protection issue.

*“Safeguarding is everyone’s business”*

‘Strong partnerships are those whose work is based on agreed policy and strategy, with common definitions and a good understanding of each other’s roles and responsibilities. ’

Safeguarding Adults, (ADSS 2005)

### **Who is an “Adult at Risk?”**

The safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or 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.

Care Act:-

- Replaces 'No Secrets (2000) definition of 'Vulnerable Adult'
- Applies to looked after children aged 18-25
- Applies regardless of whether needs are being met

### **Making Safeguarding Personal**

"Making safeguarding personal means it should be person-led and outcome focussed. It engages a person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement."

Making Safeguarding Personal is a sector led initiative in response to findings from Peer Challenges, No Secrets consultation and other engagement and is led by the Local Government Association. North Tyneside and Northumberland SAB's are committed to implementing a Making Safeguarding Personal Approach. This includes:

- Involving adults at risk and their families/carers in safeguarding in the outset of safeguarding activity
- Making sure adults at risk and their families/carers receive information which allows them to understand the process, so that they can make informed choices about the outcomes they would like to achieve
- Making sure adults at risk and their families/carers are supported to enable them to participate fully in discussions and meetings
- Ensuring that adults at risk are offered advocacy services as appropriate to their needs.
- Working at all times in accordance the Mental Capacity Act 2005 and Mental Capacity Act *Code of Practice*.
- Seeking the consent of the adult at risk unless he or she lacks capacity about the safeguarding interventions; there is a wider public interest or a concern that a crime has been or maybe committed. In these circumstances there is an overriding duty of

### **This means that**

- The views and consent of the alleged victim should be sought by the alerter at the very start of the process. However, this does not replace duty to override consent where appropriate.
- Outcomes should be sought throughout safeguarding procedures.
- Statutory responsibility to appoint an advocate to represent someone who has a 'substantial difficulty' in being involved with the process.

Advocacy - The Care Act places a duty on Local Authorities to arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them. Independent Mental Capacity Advocates (IMCA's) can be commissioned to assist in adult safeguarding issues Under Sec. 35 of the Mental Capacity Act 2005

In safeguarding adults cases ONLY, access to IMCA's is not restricted to people who have no one else to support or represent them. Therefore, people who lack capacity, who have family and friends can still have an IMCA to support them through the safeguarding process.

### **Duty to enquire**

- Local authorities **must** make enquiries, or cause others to do so, if they reasonably suspect an adult is, or is at risk of, being abused or neglected'.
- An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

### **What is an enquiry**

- An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place.
- An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate
- All safeguarding concerns should result in a multi-agency alert
- Not all concerns will progress beyond the 'Initial Enquiry' stage
- Formal enquiry will be initiated under section 42, right through to a much more formal multi-agency plan or course of action.
- Whatever the course of subsequent action, the professional concerned should record the concern, the adult's views and wishes, any immediate action has taken and the reasons for those actions.
- The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult.
- If the local authority decides that another organisation should make the enquiry, for example a care provider, then the local authority should be clear about timescales
- Local Authority need to know the outcomes of the enquiry and what action will follow if this is not done.

### **Statutory Safeguarding Board**

- Each local authority must set up a Safeguarding Adults Board (SAB).
- The main objective of a SAB is to assure itself that local safeguarding arrangement and partners act to help and protect adults at risk.
- The sab has three core duties – publish a strategic plan for each financial year, publish an annual report, conduct safeguarding adult reviews.



In dealing with incidents of potential abuse, adults at risk have the following rights which should be respected: (as defined in North Tyneside Safeguarding Adults Policy, Procedure and Guidance)

- The right to live without fear, and free from abuse from their families, caregivers, professionals, volunteers or fellow service users.
- The right to be safe and receive adequate care and protection, which includes protection from all forms of violence - physical punishment, intimidation, belittling, lack of respect, harassment, and sexual assault.
- The right to be given appropriate information about keeping themselves safe and exercising their rights.
- The right to be involved in making decisions that affect them, and to be supported in making their own decisions about how they wish to proceed in the event of abuse, and in whom they wish to confide. Their wishes should only be overridden if considered necessary in the interests of their own safety or the safety of others.
- The right to report violence and have their report taken seriously, including the right to have the Police called, if a crime has been committed.
- People with a disability have a right to be enabled to take an active, full part in everyday life and become as independent as possible. They are entitled to take part in activities that include an element of risk.
- The right to make informed choices about intimate relationships without being exposed to exploitation or sexual abuse.
- The right to the money and property that is legally theirs, and for these to be treated with respect.
- The right not to be discriminated against because of their ethnic origin, culture or religion, their gender or sexuality, their age or disability.
- The right to bring a formal complaint under the relevant complaints procedure if they are not satisfied with the outcome of the initial investigation.
- The right to the assessment of their needs should they be a victim of abuse.

We have a public duty to protect the human rights of all Residents and Users. The Care Act is a legislative framework that supports and informs the actions taken by responsible authorities in relation to safeguarding. The Care Act repeals the following;

- National Assistance Act 1948
- Chronically Sick and Disabled Persons Act 1970
- NHS and Community Care Act 1990
- Choice of Accommodation Directions 1992
- Delayed Discharges Regulations 2003
- NHS Continuing Healthcare (Responsibilities) Directions 2009
- Charging for Residential Accommodation Guidance (CRAG) 2014
- Transforming Adult Social Care (LAC(2009)1)
- Fair Access to Care Services (FACS) guidance on eligibility criteria
- No secrets: guidance to protect vulnerable adults from abuse

There are other legislative frameworks that support Safeguarding:-

- Mental Health Act, 1983 (as amended 2007);
- Safeguarding Vulnerable Groups Act, 2006;
- Domestic Violence Crime and Victims Act, 2004;
- Sexual Offences Act, 2003;
- Public Interest Disclosure Act, 1998;



- Mental Capacity Act, 2005 (including the Deprivation of Liberty Safeguards, and MCA Codes of Practice which supplement the Act);
- Protection from Harassment Act 1997
- Family Law Act 1996 Part IV
- Forced Marriage (Civil Protection) Act 2007
- Health and Social Care Act 2008
- National Health Service Act 2006
- Disability Discrimination Act, 1998;
- The Care Standards Act 2000
- Equality Act 2010

### **Types of abuse as outlined in the Care Act**

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- Sexual abuse – including 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.
- Psychological abuse – including 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.
- Financial or material abuse – including theft, fraud, internet scamming, 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.
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. 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.
- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support 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 and includes behaviour such as hoarding

### **Sexual Exploitation**

The term Sexual Exploitation is now commonly recognised nationally as one of the most important challenges facing all local authorities and their partner agencies. Sexual exploitation has a devastating impact on children and young people, but can also affect vulnerable adults and their families and communities. It has a serious, long term and lasting impact on every aspect of a person's life including their health, physical and emotional wellbeing, educational attainment, personal safety, relationships and future life opportunities. Sexual Exploitation is therefore a key priority for the SABs and their partner agencies. All agencies, across all tiers of intervention, need to be aware of the risk factors around Sexual Exploitation and to follow the appropriate safeguarding referral routes to children's or adult social care.

### **Exploitation by Radicalisation Of Adults At Risk**

Government and the Home Office have placed great emphasis on working to counter terrorism, aiming to stop people becoming terrorists or supporting violent extremism. Local safeguarding structures have a role to play for those eligible for safeguarding. The aim is to draw people into their reasoning, recruit and embed extreme views. There are a number of factors that may make an individual susceptible to exploitation by extremist. No factors should be considered in isolation

- Identity or personal crisis
- Particular personal circumstances
- Unemployment or underemployment and criminality

Should you be concerned about a Resident/ User you should report your concerns to your line manager.

While the Home Office leads on the anti-terrorism strategy there are two main branches relevant to safeguarding people at risk of harm **CONTEST & PREVENT**

**Contest strategy.** The aim of this is to reduce the risk to the UK and its interests overseas from terrorism, so that people can go about their lives freely and with confidence. The counter-terrorism strategy will continue to be organised around four work streams, each comprising a number of key objectives:

**Pursue:** to stop terrorist attacks **Prevent:** to stop people becoming terrorists or supporting terrorism **Protect:** to strengthen our protection against a terrorist attack

**Prepare:** to mitigate the impact of a terrorist attack

#### **Prevent**

The Prevent strategy contains three objectives:

1. To respond to the ideological challenge of terrorism and the threat from those who promote it;
2. To prevent people from being drawn into terrorism and ensure they are given appropriate advice & support;
3. To work with sectors and institutions where there are risks of radicalisation that we need to address.

### **Hate Crime**

Hate crime is defined as any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition it includes incidents that do not constitute a criminal offence. Apart from individually charged offences, under the Crime and Disorder Act 1998 local crime reduction partnerships can prioritise action where there is persistent antisocial behaviour that amounts to hate crime. The police and other organisations should work together to intervene under Safeguarding Adults policy and procedures to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime.

### **Care Act principles**

In addition we agree to adhere to the following Care Act principles which underpin all adult safeguarding work

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.

*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*

- **Prevention** – It is better to take action before harm occurs.

*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*

- **Proportionality** – The least intrusive response appropriate to the risk presented.

*"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*

- **Protection** – Support and representation for those in greatest need.

*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*

- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*

- **Accountability** – Accountability and transparency in delivering safeguarding.

*"I understand the role of everyone involved in my life and so do they."*

### **What should employees do if they have a concern, a suspicion, or receive a disclosure?**

Step	Action	When	What needs to happen	Who
1	Identifying a concern	Immediate	<p>A safeguarding concern can centre on a single act or repeated acts of suspected, disclosed or witnessed abuse or neglect.</p> <p>Where an 'adult at risk' is in immediate danger, steps should be taken to protect their safety, e.g. by calling 999 for emergency medical assistance and/or the Police. (101 can be called if not emergency)</p> <ul style="list-style-type: none"> <li>• The person identifying the concern should not put themselves at risk</li> <li>• Every care should be taken to preserve evidence.</li> </ul>	All staff
2	Alert	As soon as is practicable – ideally within 1 hour	<p>Service users, carers and members of the public (including other adults at risk)</p> <p>Report suspicions/allegations of abuse or neglect to Adult Social Care Gateway Team (0191 6432777)</p> <p>Care management staff who receive a concern/referral or who are party to disclosure should</p> <ul style="list-style-type: none"> <li>• immediately report the concern to their line manager</li> <li>• record the concern</li> <li>• Where another worker is implicated, whistle-blowing procedures can also be used to alert</li> <li>• If the allegation is about, or implicates, the Designated Person, the alerter should contact the designated persons line manger</li> <li>• The alerter should make a written record of the facts as soon as they can and keep this for future reference.</li> <li>• They should not attempt to approach the alleged perpetrator or place themselves at risk</li> <li>• If a crime is suspected every effort should be made to preserve evidence: <ul style="list-style-type: none"> <li>- Do not touch anything that could provide evidence that a crime has been committed</li> <li>- Where there is an allegation or signs of a physical or sexual attack, try not to allow vulnerable adult to wash, bathe, eat or drink until option of medical examination is given, but you may not</li> </ul> </li> </ul>	Anyone who wishes to raise an alert (The 'Alerter')

Step	Action	When	What needs to happen	Who
			<p>be able to prevent this therefore try for MINIMUM intervention.</p> <ul style="list-style-type: none"> <li>- Do not allow anybody else to enter the area or touch anything</li> <li>- Close off the area if at all possible until the police arrive</li> <li>- Where possible remove all other people from scene</li> <li>- If possible, keep the victim informed about what is happening and what actions are being taken</li> </ul>	
3	<b>Designated Person on duty refers to adult social care</b>	<b>As soon as possible, within 24 hours.</b> This should be done as soon as possible	<p><b>Gather Information</b> When the organisation/service's Designated Person receives a safeguarding alert they will review the information to make sure they have sufficient and accurate details.</p> <ul style="list-style-type: none"> <li>• Contact Adult Social Care Gateway Team on (0191) 6432777 to share factual details about the allegation.</li> <li>• If a crime is suspected, the Designated Person will contact the Northumbria Police on 101 (ring 999 in an emergency situation). No attempt should be made to question the adult at risk, the alleged perpetrator or any other witnesses; this will be done as part of a formal Police investigation.</li> <li>• If the individual requires medical attention contact 999 in an emergency for an ambulance or 111 if you require health advice for a non-emergency.</li> <li>• If an allegation is made against any worker, the Foundation will refer to its organisation's internal human resources/suspension/staff disciplinary procedures and take prompt action to protect the interests of all parties.</li> </ul> <p>The Designated Person makes a written record of their actions as soon as possible and keeps this for future reference.</p> <p>The Safeguarding Adults Initial Enquiry Form should be completed and forwarded to the Gateway team. The Threshold Tool should be used to assist</p>	<b>The Designated Person identified within each Service - first point of contact for sharing safeguarding adults concerns and reporting alerts</b>

Step	Action	When	What needs to happen	Who
			<p>indecision making in relation to how much of the form to complete.</p> <p>In Cross-boundary cases (i.e. where the safeguarding concern occurs within North Tyneside but the individual is from another local authority area) then it is Adult Social Care in North Tyneside who will take the lead in the safeguarding procedures as the host authority. Where another host Authority takes the lead in their area for an individual from North Tyneside, this will be recorded for information only and allocated for care management/social work support as necessary.</p>	
4	Decision making	Within 24 hours	<p><b><u>On receipt of any concern, a decision needs to be made by a Safeguarding Decision Maker in Adult Social Care as to whether or not safeguarding procedures are required. A Safeguarding Decision Maker may be a member of the Safeguarding Adults Team, a Senior Social Worker or a Service Manager from Gateway or a Community Team</u></b></p> <p>Where allegations of abuse or neglect concern a registered health or care service, and Regulatory breaches are suspected or fitness to practice is in question, then the Care Quality Commission should be informed.</p> <p><b>Sometimes, the concerns raised need to be dealt with as Complaints</b>, rather than being investigated through the Safeguarding procedures. A complaint may be an expression of dissatisfaction about a service that requires a response, but in circumstances that do not relate to a vulnerable person being subjected or at risk of abuse or neglect, from which they were not able to protect themselves. In such instances, the Complaints Procedure will be followed.</p> <p>If it becomes evident during a complaints investigation that there are safeguarding concerns, these will be referred back for consideration under the safeguarding procedures and vice versa.</p>	Safeguarding Decision Maker
4A	Managing a Safeguarding Alert		<p><b>Once the decision has been made by Adult Social Care, concerns can be dealt with in one of two ways:</b></p> <p><b>A) Low Level Concern</b> Where a lower level concern relates to a known service user, and is reported</p>	

Step	Action	When	What needs to happen	Who
			<p>directly to the Care Manager, the Care Manager will discuss with their line manager/Safeguarding Decision Maker and agree appropriate action.</p> <p>Where a lower level concern relates to a person who is not known, or the Alerter is unsure, the concern should be reported to North Tyneside Adult Social Care Gateway Team on tel 0191 6432777 who will:</p> <ul style="list-style-type: none"> <li>record the information as a Contact onto the known service users notes and send the concern to the Safeguarding Adults Team Duty Senior for action</li> <li>or create a new client on AIS, gather and record as much information as possible about the alleged abuse/neglect, check all available records to find out whether any of the parties are already known, update AIS accordingly and send to the Safeguarding Adults Team Duty Senior who will ensure appropriate action is taken</li> <li>Where the response required is felt to fall short of safeguarding procedures, this might involve the offer of a community care assessment, the review of an existing care plan, sign-posting to other service/services.</li> </ul> <p><b>NB: There is a 'flagging system' in place in North Tyneside for multiple or repeated concerns or notifications – NTC Safeguarding Adults Team will alert the relevant Team Manager where there has been 3 low level concerns or notifications made regarding a client in 3 months or 6 in 6 months.</b></p>	<p><b>Gateway Team</b></p> <p><b>Safeguarding Adults Team Duty Senior</b></p>
4B	Safeguarding Enquiry	Within 24 hours	<p><b>B) Safeguarding Enquiry</b></p> <p>More serious concerns will need to be considered through adult safeguarding procedures and these are known as Enquiries</p> <p>The Local Authority can request another agency to carry out the enquiries as required. This would be decided on a case by case basis and agreed with the relevant agency.</p> <p>All agencies are expected to follow their own parallel Health &amp; Safety procedures for reporting serious accidents/ injuries/ 'Untoward Incidents'</p>	<b>Safeguarding Decision Maker</b>



Step	Action	When	What needs to happen	Who
			<p>The referral will be logged as a contact onto AIS and a Safeguarding Enquiry will be created. The Safeguarding Enquiry will be used to record of all discussions, risk assessments, decisions (to proceed or otherwise) and actions.</p> <ul style="list-style-type: none"> <li>• The Gateway Team will collect as much information as possible to assist the Decision Maker and workflow the contact to the Safeguarding Adults Team if unallocated or the Care Manager if allocated; the Safeguarding Adults Team will also be work flowed to offer advice to the Care Manager. See Gateway Flowchart</li> <li>• <b>The Care Manager will ascertain the wishes of the adult at risk to establish their views and wishes and to find out what outcomes they want to achieve from the safeguarding process</b></li> <li>• The Decision Maker decides if it is appropriate for the referral to be considered through the safeguarding procedures or if it is an issue that needs managed in an alternative way e.g. care coordination or care management processes.</li> <li>• The Decision Maker/Care Manager carries out an initial risk assessment and puts in place any necessary immediate protective measures</li> <li>• The Decision Maker will decide if a worker needs to be allocated and will workflow to the relevant team for allocation to a Care Manager.</li> <li>• The Decision Maker/Care Manager will inform the referrer of their decision</li> <li>• The Care Manager arranges advocacy/independent mental capacity advocacy/other support, as required by the adult and/or the alleged perpetrator. The Care Act places a duty on the local Authority to consider if the adult requires an IMCA to represent or support them. Where necessary Independent Mental Capacity Advocacy (IMCA) will be sourced (using the IMCA Advocacy referral form). Other advocacy and specialist support will be sourced from the usual preferred providers.</li> <li>• If the Care Manager and the Decision Maker decides that safeguarding adult's procedures are required then he/she will coordinate a <b>Strategy Meeting</b> or a <b>Strategy Discussion</b>.</li> <li>• This will be recorded in AIS as a Safeguarding Assessment</li> <li>• <b>Within 3 working days of the referral being received the Care</b></li> </ul>	<p><b>Gateway Team</b></p> <p><b>Care Manager and/or Decision Maker</b></p>

Step	Action	When	What needs to happen	Who
			<p><b>Manager will feed back actions to the referrer</b></p> <p><b><u>Consent</u></b>  The adult at risk's consent to the safeguarding intervention is required unless:</p> <ul style="list-style-type: none"> <li>• he or she lacks capacity to make a decision about safeguarding intervention or accepting one or more of the protective measures (Complete forms MCA1 to assess capacity and MCA 2 to record "best interest decisions")</li> <li>• he or she may be subject to pressure or coercion, or there is a known risk of serious harm</li> <li>• there is an over-riding duty of care to the adult and/or others in particular children</li> </ul> <p><b>NB See above to make referrals to children's services</b></p> <ul style="list-style-type: none"> <li>• a crime has been or is likely to have been committed</li> </ul> <p>In these situations, consent can be over-ridden to secure the person/other people's safety.</p> <p><b>The reason for over-riding consent must always be recorded.</b></p>	
5	<b>Strategy meeting or Strategy Discussion</b>	<b>Within 5 working days of the Adult Social Care receiving the referral</b>	<p>In some cases, a Strategy Discussion may take place over the telephone, by e-mail or by 'virtual' meeting. A face-to-face Strategy Meeting will always be convened in more complex cases. These will be overseen by the Decision Maker, but often will be coordinated by the Care Manager.</p> <p><b>The adult at risk and/or their supporter(s) or advocate (taking into account issues of mental capacity) must be invited to be part of the process.</b></p> <p><b>The process should always be managed in the most person-centred way possible.</b></p> <p><b>The individual wishes and views will be recorded to ascertain the</b></p>	

Step	Action	When	What needs to happen	Who
			<p><b>outcomes they want to achieve from the Safeguarding Process</b></p> <p>If an agency cannot attend, they will be given the opportunity to provide information to the meeting, either verbal or in writing and will be provided with a copy of the minutes.</p>	
6	Further Enquiry	Completed within 20 working days of the strategy discussion/ meeting	<p>The Local Authority can request another agency to carry out the enquiries as required. This would be decided on a case by case basis and agreed with the relevant agency.</p> <p>The primary purpose of the safeguarding enquiry is to:</p> <ul style="list-style-type: none"> <li>• find out if and how an identified adult or adults has/have experienced abuse</li> <li>• find out who perpetrated it</li> <li>• identify the presenting risks</li> <li>• ascertain what the service user wants as an outcome to the safeguarding process, provide their views of what happened</li> <li>• identify service user strengths, coping strategies and/or areas in which they might still need support in order to protect themselves</li> <li>• determine how risks can be minimized to an acceptable level via a range of supportive actions/remedial measures</li> </ul> <p>Where a criminal act is suspected, the Police investigation takes precedence and the role of adult social care will be to identify the safeguarding plan for the alleged victim.</p>	Care Manager, Partner Agency Responsible Person, any other necessary supporting professionals
7	Safeguarding Case Conference	Within 20 working days	<p>The outcome of all assessments and enquiries are shared at the Case Conference Meeting.</p> <p>The meeting will approve the individual Safeguarding Plan</p>	The Safeguarding Decision Maker chairs and all previously involved strategy members are

Step	Action	When	What needs to happen	Who
				<b>invited including the service user/carer/supporter/advocate</b>
<b>8</b>	<b>Case Conference Review Meeting</b>	<b>Within 30 working days after the Case Conference</b>	<p>The Case Conference Review Meeting will</p> <ul style="list-style-type: none"> <li>review what has been achieved on the Action Plan</li> <li>in the case of commissioned services: <ul style="list-style-type: none"> <li>(i) agree actions necessary to secure contract compliance and</li> <li>(ii) agree actions with the Care Quality Commission.</li> </ul> </li> <li>obtain the views of the alleged victim, their carer(s) or representative(s) with regards the outcome of the safeguarding process.</li> </ul>	<b>Safeguarding Decision Maker</b>
<b>9</b>	<b>Safeguarding Adults Review</b>	<b>If required</b>	The North Tyneside Safeguarding Adults Board will invoke appropriate 'Safeguarding Adults Review' protocols where necessary and ensure that suitable mechanisms are put in place to facilitate sharing of 'lessons learned' from its safeguarding work.	<b>Joint Case Review Panel</b>
<b>10</b>	<b>Disagreement</b>	<b>As soon as the disagreement is raised</b>	Where a Referrer disagrees with the Safeguarding Decision Maker's decision, the referral information is passed to the North Tyneside Safeguarding Adults team for a second opinion. Where necessary the team will take advice from North Tyneside's legal team.	<b>Safeguarding Decision Maker and/or Safeguarding Adults Team</b>

### **Information sharing**

To ensure clear information sharing all partners are committed to the simple process of sharing relative information and follow the “Golden Rules” taken from the HM Government Information Sharing guidance package (2008).

Seven golden rules for information sharing:-

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it - whether it is shared information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

### **Use of mobile phone and social networking sites**

#### **Staff at the setting**

- We believe our staff should be completely attentive during their hours of working, to ensure all Residents/Users receive good quality care and support. This is why mobile phones should only be used in exceptional circumstances and agreed by a Manager.
- We also feel that restrictions need to be placed on staff when they access social networking sites. The Services have a reputation to upkeep and comments made on sites such as ‘Facebook’ could have an impact on how parents/customers and potential customers using the provision view the service.
- Mobile phones can only be used when instructed to do so by a Manager. Staff should not be making or receiving personal calls, sending or receiving text and or accessing personal networking sites during work times unless agreed by a Manager

- During outings, staff will use mobile phones belonging to the Service. Photographs should only be taken with consent from the Resident/User. For those where capacity is an issue a consent form should be completed by a Carer, appropriate Family member or representative.
- Staff must not post anything onto social networking sites such as 'Facebook' that could be construed to have any impact on the Services reputation.
- Staff must not post anything onto social networking sites that would offend any other member of staff, Resident/User or parent using the Service.
- If any of the above points are not followed then the member of staff involved will face disciplinary action, which could result in dismissal.

### **Parents visiting the setting**

Parents visiting the Services are permitted to use mobile phones within the setting, however any calls need to be taken outside of the Service or in a confidential meeting room. Parents are only permitted to use phones to take photographs with consent from a manager and must only photograph their Son/Daughter.

### **Visitors to the setting**

Visitors to the setting will be asked to keep their phones on them in person at all times. If visitors are required to take a call they can use an office for privacy or take the call outside of the service. Visitors are also not permitted to use phones to take photographs.

### **Further Protection Measures include:**

- Any money or financial information held on behalf of service users is kept safely and all monetary transactions properly recorded. A service user can request to see their personal finance sheet at any time. The Foundations Financial policy reflects the practices and principles outlined in North Tyneside "Managing other People's Money's" policy.

### **Duty of Candour**

Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying out a regulated activity.

The Foundation will promote a culture that encourages candour, openness and honesty at all levels. We are committed to being open and transparent at board level.

We will take action to tackle bullying and harassment in relation to duty of candour, and will investigate any instances where a member of staff may have obstructed another in exercising their duty of candour.

We have a system in place to identify and deal with possible breaches of the professional duty of candour by staff who are professionally registered, including the

obstruction of another in their professional duty of candour. This is likely to include an investigation and escalation process that may lead to referral to their professional regulator or other relevant body.

Staff receive appropriate training, and there are arrangements in place to support staff who are involved in a notifiable safety incident.

If we are made aware that something untoward has happened, we will treat the allegation seriously, immediately consider whether this is a notifiable safety incident and take appropriate action.

## **Whistle-Blowing Policy**

This policy applies to all employees and officers of the Percy Hedley Foundation. It is important to the business that any fraud, misconduct or wrongdoing by workers or officers of the Foundation is reported and properly dealt with. The Foundation therefore encourages all individuals to raise any concerns that they may have about the conduct of others in the business or the way in which the business is run. This policy sets out the way in which individuals may raise any concerns that they have and how those concerns will be dealt with.

### **Background**

The Public Interest Disclosure Act 1998 amended the Employment Rights Act 1996 to provide protection for workers who raise legitimate concerns about specified matters. These are called "qualifying disclosures". A qualifying disclosure is one made in good faith by an employee who has a reasonable belief that:

- ☐ a criminal offence;
- ☐ a miscarriage of justice;
- ☐ an act creating risk to health and safety;
- ☐ an act causing damage to the environment;
- ☐ a breach of any other legal obligation; or
- ☐ Concealment of any of the above;

is being, has been, or is likely to be, committed. It is not necessary for the worker to have proof that such an act is being, has been, or is likely to be, committed - a reasonable belief is sufficient. The worker has no responsibility for investigating the matter - it is the organisation's responsibility to ensure that an investigation takes place.

A worker who makes such a protected disclosure has the right not to be dismissed, subjected to any other detriment, or victimised, because he/she has made a disclosure. The Foundation encourages workers to raise their concerns under this procedure in the first instance. If a worker is not sure whether or not to raise a concern, he/she should discuss the issue with his/her line manager or the human resources department.

### **Principles**

- ☐ Everyone should be aware of the importance of preventing and eliminating wrongdoing at work. Workers should be watchful for illegal or unethical conduct and report anything of that nature that they become aware of.
- ☐ Any matter raised under this procedure will be investigated thoroughly, promptly and confidentially, and the outcome of the investigation reported back to the worker who raised the issue.



- No worker will be victimised for raising a matter under this procedure. This means that the continued employment and opportunities for future promotion or training of the worker will not be prejudiced because he/she has raised a legitimate concern.
- Victimisation of a worker for raising a qualified disclosure will be a disciplinary offence.
- If misconduct is discovered as a result of any investigation under this procedure the Foundation's disciplinary procedure will be used, in addition to any appropriate external measures.
- Maliciously making a false allegation is a disciplinary offence.
- An instruction to cover up wrongdoing is itself a disciplinary offence. If told not to raise or pursue any concern, even by a person in authority such as a manager, workers should not agree to remain silent. They should report the matter to a director.

### **Training Issues**

The commitment of the Percy Hedley Foundation to ensuring that employees attain a diploma qualification in Care, this will underpin good practice and staff will also be aware of national standards relating to safeguarding adults at risk. All new staff also covers this topic as part of their induction and ongoing Professional Development.

All staff attains an accredited certificate in Safeguarding Adults, this is refreshed every two years, all staff complete the Safeguarding Competency Workbook and are assessed as Competent by their Line Manager.

Staff also attends MCA, Health and safety, medication, Equality and diversity and nappi training

Also refer to other relevant policies;-

- 'Confidential Reporting of Concerns'
- 'Whistle Blowing'
- 'Equality and Diversity'
- 'medication'
- 'Mental Capacity Act'
- 'Managing Challenging Behaviours'

## **1. Purpose**

- 1.1 An effective Safeguarding Policy is one which provides clear direction to staff and others about expected codes of behaviour in dealing with safeguarding issues. An effective policy also makes explicit the Service's commitment to the development of good practice and sound procedures. This ensures that safeguarding concerns and referrals may be handled sensitively, professionally and in ways which support the needs of the Adults at risk.

## **2. Principles**

- 2.1 Percy Hedley Foundation fully recognises the contribution it can make to protect and support Adults at risk.
- 2.2 Percy Hedley Adult Services recognises that all Adults have a fundamental right to be protected from harm.
- 2.3 Adult Services do not operate in isolation. Safeguarding is the responsibility of all adults and especially those working directly with adults at risk.

## **3. Framework**

- 3.1 It is important that Residents and Users to possess high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult and this helps prevention.

Our Services will therefore:

- 3.2 Establish and maintain an ethos where Residents/ Users feel secure and are encouraged to talk, and are listened to.
- 3.3 Ensure that Residents/ Users know that there are staff in the Services who they can approach if they are worried or are in difficulty.
- 3.4 Included in the Services are materials which will help develop realistic attitudes to the responsibilities of adult life.
- 3.6 Ensure that wherever possible every effort will be made to establish effective working relationships with parents and colleagues from other agencies.

#### **4. Roles and Responsibilities**

- 4.1 All adults working with or on behalf of Residents/ Users have a responsibility to protect them. There are names of those carrying specific responsibilities listed in the policy.
- 4.2 It is the role of the Responsible Person or a Member of the Senior Management Team to ensure that North Tyneside and other local authorities' procedures are followed, and to make relevant referrals to the named agencies according to the guidance given. Additionally, it is their role to ensure all staff employed within the Adult Services are aware of the Services internal procedures, to advise staff and to offer support to those requiring this.
- 4.3 It is the responsibility of the Responsible Person or a Member of the Senior Management Team to attend the appropriate training for safeguarding Adults.
- 4.4 It is the responsibility of the Responsible Person or a Member of the Senior Management Team to ensure all staff are made aware of the safeguarding policy
- 4.5 Written records must be kept of injuries, behaviour or conversations which lead to the suspicion that an Adult may have been abused. These should be dated, timed and signed. Verbal reports should be transcribed, timed, dated and signed as soon as possible after the event.

4.6 All staff will receive training on safeguarding through induction and CPD.

## **5. Practice**

5.1 Following training all staff are provided with the Safeguarding policy

5.2 All staff have a basic awareness of the signs and indicators of abuse

5.3 Any allegation against a member of staff will be reported to a line manager

5.4 If an allegation concerns the Head of the Service, then the Chief Executive at Percy Hedley Foundation will be informed and will be responsible for following procedures.

5.5 If an allegation concerns the Chief Executive, then the Chair of Trustees will be responsible for following procedures.

## **6. Professional Confidentiality**

6.1 Confidentiality is an issue, which needs to be discussed and fully understood by all those working with Residents/ Users, particularly in the context of safeguarding. The only purpose of confidentiality in this respect is to benefit the Residents/ Users. However, a member of staff must never guarantee confidentiality to a Residents/ Users nor should they agree with the Resident/User to keep a secret, as where there is a safeguarding concern this must be reported to the Responsible Person or a Member of the Senior Management Team and may require further investigation by appropriate authorities.

6.2 Staff will be informed of relevant aspects in respect of safeguarding on a 'need to know basis' only. Any information shared with a member of staff in this way must be viewed as confidential. **Confidentiality**

Many members of staff have access to confidential information about children and adults in order to undertake day to day activities. In some circumstances staff will have access to very sensitive or private information. They should never use this information about a child or vulnerable adult to their family or for their own advantage. Information should never be used to embarrass or intimidate the child or vulnerable adult. The information should never be used casually in conversation or shared with anyone other than on a need to know basis. Staff should:

- Be clear about what information can be shared and in what circumstances
- Treat all information in a discreet and confidential manner
- Seek advice from a senior member of staff if they are in any doubt about information sharing
- Be aware of who they report allegations or concerns to
- All information which is held electronically is subject to the Foundation's Data Protection Policy and is appropriately secured

## **7. Records and Monitoring**

7.1 Well-kept records are essential to good Safeguarding practice. The Services are clear about the need to record any concerns about a Residents/ Users within our services, the status of such records and when these records should be passed over to other agencies. All working practices and incidents are audited at least 4 times per year. This audit process is supported through the Foundation Safeguarding Group who provide leadership in the implementation of regulation relating to Safeguarding in all aspects of the Foundation's activities (see terms of reference).

7.2 A file note will be made of any concern raised and action taken.

## **8. Allegations against Staff**

- 8.1 When dealing with situations where members of staff face allegations of abuse, it is imperative that everyone maintains an open and inquiring mind. An over-hasty or ill judged decision to suspend a member of staff can have a substantial detrimental effect on their career and also be distressing to the Resident/User, who may feel responsible.
- 8.2 There should be immediate consideration of whether the Residents/ Users are at risk of significant harm and in need of protection. If so the Responsible Person or a Member of the Senior Management Team will contact the relevant authority.
- 8.3 Immediate consideration should be given to medical assistance. Call 999 for emergency service if necessary. If there has been a physical assault the police must be contacted.
- 8.4 Residents/ Users must be listened to and heard and on no account should suggestions be made to them as to alternative explanations.
- 8.5 A staff member receiving an allegation of abuse against another member of staff should report it immediately to the Responsible Person or a Member of the Senior Management Team.
- 8.6 The Manager should initiate an urgent initial assessment of whether or not there is substance to the allegation and a referral made.
- 8.7 Details of the concern, allegation, suspicion, disclosure should be in writing signed and dated by the person or persons making the allegation.
- 8.8 Suspension should occur where allegations are so serious that dismissal for gross misconduct is possible, or where it is necessary for the investigation to proceed unimpeded and where Residents/ Users are at risk
- 8.9 The member of staff should be informed that suspension might occur. He or she should be advised to seek the advice and assistance of their relevant professional organisation.
- 8.10 There are three possible routes for investigation: the police, local Safeguarding teams, internal procedures and professional disciplinary procedures.
- 8.11 Any investigation by the police or safeguarding agencies will take priority over an internal investigation by the Service
- 8.12 An internal investigation should be held in abeyance pending the outcome.
- 8.13 If the outcome is a disciplinary charge further action should be in accordance with the Percy Hedley Foundation's disciplinary procedures.

- 8.14 Where it is decided no further action is necessary, a suspension should be lifted immediately
- 8.15 Support and/or counselling should also be offered to the Residents/ Users
- 8.16 A copy of the statement or the record of it should be kept on the Residents/ Users personal file, not open to disclosure, together with a written record of the outcome. The Percy Hedley Foundation electronic Safeguarding Log will be completed.

### **Positions of trust**

As a result of the knowledge, position and authority of their role, all adults working with children and vulnerable adults are in a position of trust in relation to the people in their care. A relationship between a member of staff and a child or adult cannot be a relationship between equals. There is potential for exploitation and harm and staff have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Staff should avoid behaviour which might be misinterpreted by others and record any incident with this potential. Where a vulnerable person aged 18 or over is in a position of trust with a child or adult it is an offence to engage in sexual activity with or in the presence of that child or adult or to cause or incite that person to engage in or watch sexual activity.

### **Propriety and behaviour**

All staff have a responsibility to maintain public confidence in their ability to safeguard the welfare of people in their care. The Foundation recognises the value and benefits of having staff and others representing the Foundation at a range of functions, events and levels including

- Courses and conferences
- Meetings
- Boards and other bodies
- Educational and other visits
- Sporting events
- Fundraising and other events



Staff will be deemed to be representing the Foundation if any or all of the costs of attending or time for attending has been provided through the Foundation.

Representing the Foundation at any function, event or level must always be authorised by the appropriate line manager and representation should be regarded as a privilege. All expenses claimed in relation to representation must be done so in line with the Foundation's policy and practice in this area.

The following, non- exhaustive, list of action may breach the above and have the effect of bringing the organisation into disrepute:

- Behaving in an offensive and/or inappropriate manner
- Expressing views publicly which would not be compatible with the aims and values of the Foundation
- Failing to maintain the high standards of behaviour expected

Failure to represent the Foundation positively may result in the termination of the privilege of representation or disciplinary action. Bringing the organisation into disrepute is a disciplinary matter.

### **Dress and appearance**

A person's dress and appearance are matters of personal choice and self expression. However, it is important that staff consider the manner of their dress and appearance appropriate to their professional role which may be different to that adopted in their personal life. Staff should ensure that they are dressed decently, safely and appropriately for the tasks they undertake.

### **Gifts**

Staff need to be aware that they should not accept any gift that might be construed as a bribe by other or lead the giver to have or expect preferential treatment. There are occasions when families, children and vulnerable adults wish to pass on small token of appreciation to staff (for example, a Christmas gift or a thank you gift) and this is acceptable. However it is unacceptable to receive gifts on a regular basis or of a significant value. All gifts should be logged in the gift log book. Similarly it is inadvisable to give personal gifts to children and vulnerable adults. This could be misinterpreted as a gesture or bribe or to single out that person and may be perceived that a "favour" of some kind is expected in return. All gifts received should be recorded in the gifts and hospitality book. Any reward given to children or vulnerable adults should be within the agreed guidance, consistent with the behaviour policy and recorded.

## **Social contact**

Staff should not seek personal friendship or social contact with children or vulnerable adults to secure a relationship. It is important that the staff member exercises their professional judgement if a child or vulnerable adult seeks this contact, and makes a response so that there can be no misinterpretation of intent. Staff should not give their personal details such as home/mobile numbers, home or email address to children or vulnerable adults unless agreed with Senior managers.

## **Physical contact**

*See also intimate care policy*

There are occasions when it is entirely appropriate for staff to have physical contact with the people in their care however it is important that they only do so in ways that are appropriate to their professional role.

Physical contact should be made in response to a child or adults' needs at the time, of limited duration and appropriate to their age, development, gender, ethnicity and background. Staff need to be aware that well intended contact may be misconstrued by the child or vulnerable adult or by an observer or by anyone to whom the action is described. Staff should never touch in a way which may be considered indecent. They should always be prepared to explain their actions and accept that any physical contact is open to scrutiny. Staff should never indulge in horse play, tickling or fun fights.

All physical contacts must never be secretive or for the gratification of the adult. If a member of staff believes that an action has been misconstrued they should report this immediately to a senior manager.

There may be occasions where the child or adult needs comfort in times of distress. Staff should consider the way this is offered, always tell a colleague when and how this comfort was given and record the situation. Extra caution will always be required if a child or vulnerable adult has been a subject of previous abuse.

Any sexualised behaviour by a member of staff towards a child or vulnerable adult is inappropriate and illegal. The sexualised behaviour includes engaging children in watching sexual activity or pornographic material, as well as physical contact and penetrative and non penetrative acts. This means that adults should never pursue sexual relationships with children or vulnerable adults in or out of the Percy Hedley Foundation, and any form of communication with a child or vulnerable adult which could be interpreted as sexually suggestive or provocative.

Staff should be aware that conferring special attention on one child or vulnerable adult may be construed as "grooming" and this is a criminal offence.

### **Sports activities, showers and changing areas**

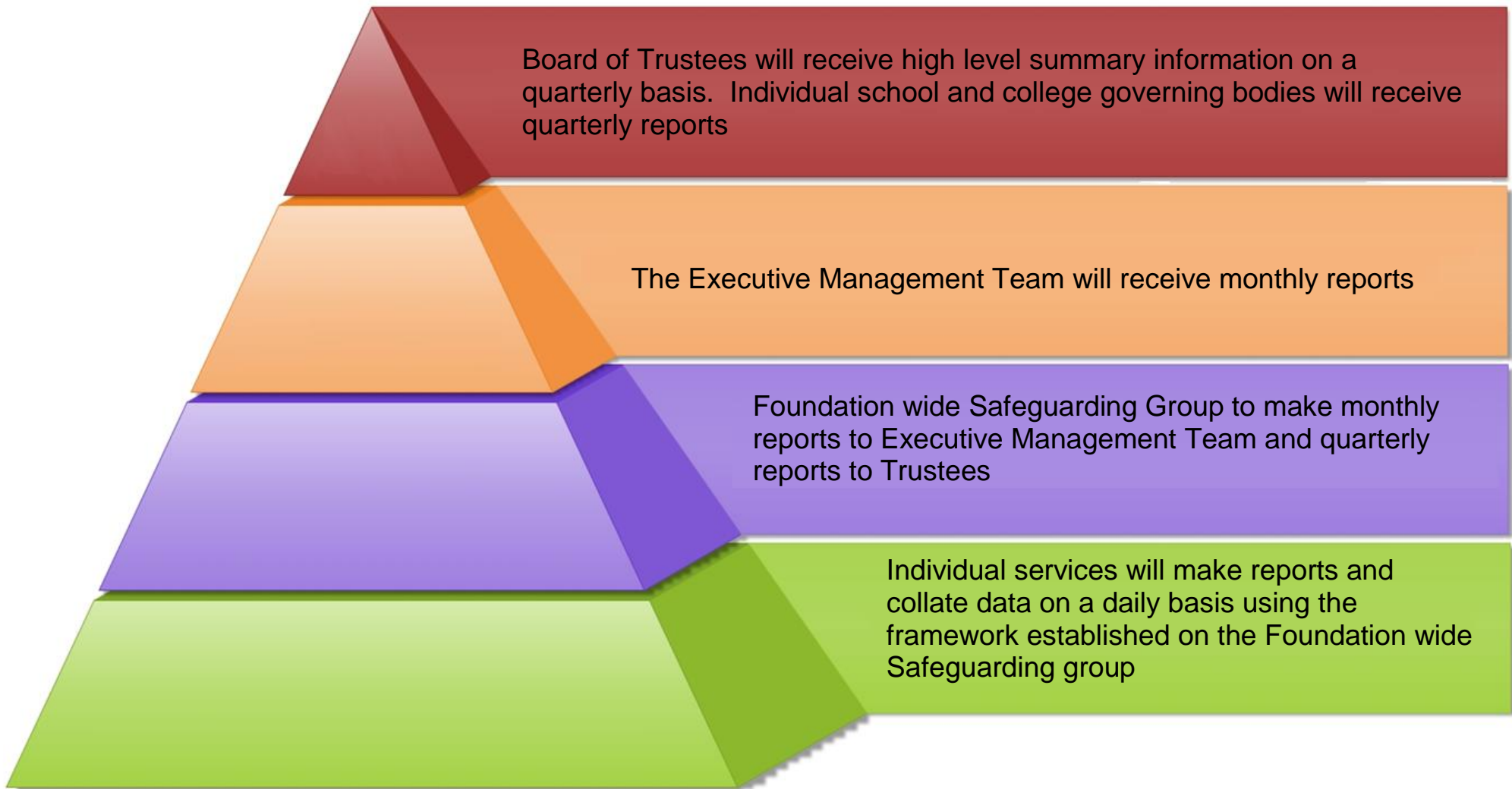
Physical contact will be required at some times to perform a task or solely to demonstrate a task and this is acceptable. The child or adult should be informed of how this assistance is going to be given. Supervision of children and vulnerable adults in showers and changing rooms must be appropriate to the age and gender of the person and sensitive to the dignity and privacy they are entitled to.

Staff should avoid unnecessary physical contact with children or adults in a state of undress and avoid any visually intrusive behaviour, announcing their entry to the changing room. Staff should not change in the same place as the children or adult or shower with them.

### **One to one situations (see lone working policy)**

Staff sometimes needs to work one to one with a child or vulnerable adult. Staff should recognise their vulnerability in these situations and plan accordingly to ensure their safety and that of the person in their care. Staff should tell others where they are taking the child or vulnerable adult and if possible leave the door to the room open. Risk assessment may need to be carried out for these situations.

## **Percy Hedley Services A “One System” approach 2015**



## **Development and implementation of Promoting Positive Behaviour Plans**

Information gathered as part of pre-assessment with specific request for behaviour plans from current provider/ Social Worker/Case Manager/ individual



Information shared with Assessment Team with a request to gather further information from support staff who accompany the Residents/ Users



Assessment Report compiled with information on necessary support needs highlighted



. Draft Promoting Positive Behaviour Plans created using Lalemand Scale descriptors and incorporating NAPPI principles



Most behaviour should be managed using NAPPI Level 1 interventions of refocus and distraction



Plan shared with parents with request to try to follow in the home environment, as appropriate



Plan shared with other staff working with Residents/ Users

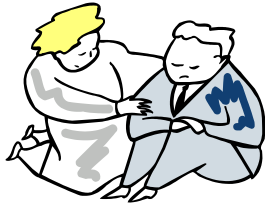


Plan monitored and reviewed by Support Managers



## Safeguarding – Service Users/Residents Information

### How will I be kept safe?



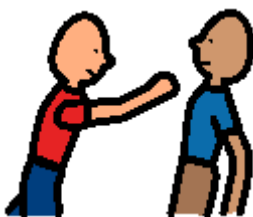
**Safeguarding** means making sure you are safe from abuse and neglect, and are able to be independent and make choices.

### What is abuse?



Abuse is when someone hurts you or treats you badly. Abuse is always wrong. There are different kinds of abuse.

### Physical abuse



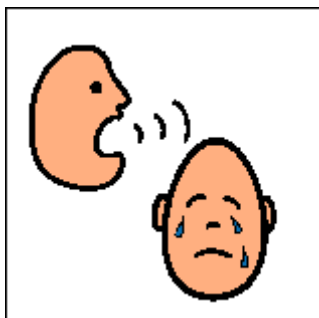
Is when someone hurts you, for example hitting, kicking, causing you any pain.

### Sexual abuse



Is when someone touches your body or your private parts in ways you do not like or want. This includes kissing you, making you touch them in a way you do not feel comfortable with.

## **Emotional abuse**



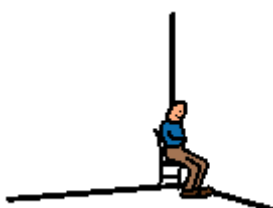
Is when people talk to you in an unkind way for example, teasing, threatening, swearing, ignoring you, shouting, putting you down and treating you like a child.

## **Financial abuse**



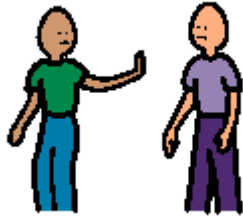
is when people take or control your money or things which belong to you.

## **Neglect**



is when people who are supposed to help you do not look after you properly. This could be for example, not giving you enough food, not keeping you warm and safe, not giving you medication or taking you to the doctors if you are ill.

## **Discrimination**



Is when people treat you badly or unfairly because of the colour of your skin, your religion, your disability or because you are Lesbian or Gay.

**Abuse is always wrong and should not happen.**

If any of these things happen to you or your friends, you should tell someone you trust. You could tell:

- A member of staff
- Someone in your family
- A Nurse or Doctor
- Social worker
- The manager
- A friend or another resident
- An advocate
- The police

**What will happen if I tell someone?**

Your concerns must be reported to the manager of the home within 1 hour of you telling someone. This is because of an act of Parliament called the Public Interest Disclosure Act 1998. This was introduced so that your concerns cannot be ignored and staff by Law have a legal duty to report and record in writing any concerns you might have.

**People who provide services like;** residential care, day services or respite should always work to keep you safe and well.

All staff that support you must have a **DBS** Criminal records check to make sure they have not abused people in the past.



**Family and Friends** are good at noticing when people might have been abused or are in services where they are not safe.

**People who inspect services** like the Care Quality Commission (CQC) and Contract Monitoring Teams are responsible for inspecting services and it is their job to make sure that services offer good, safe care and support.



## ***Contact numbers***

### **The Care Quality Commission: 03000 616161**

Address: Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

### **North Tyneside Adult Social Care:**

#### **Gateway Team 0191 643 2777 (out of hours 2006800)**

Address: Quadrant West  
The Silverlink North  
Colbalt Business Park  
Newcastle upon Tyne  
NE27 0BY

## **Equality Impact Assessment**

This policy has been reviewed in terms of its impact upon individuals with protected characteristics

Outcome

No change needed ☐

## **Documentation references**

- Safeguarding chronology
- Safeguarding alert form
- Body map
- Threshold tool ADASS North East
- Mental Capacity Act/Best Interest Decision making assessment form
- National Competence Framework / Competency workbook levels 1 – 4
- Safeguarding audit
- DBS risk assessment
- Care Act