

DULWICH ALMSHOUSE CHARITY

SAFEGUARDING POLICY

1. Policy Statement

Dulwich Almshouse Charity (DAC) is committed to protecting the welfare of beneficiaries, staff and others who directly or indirectly engage with the charity's services and/or activities. It aims to take all necessary steps to stop abuse happening, whether that abuse is perpetrated by staff, trustees, volunteers, family members, members of the public or other service users.

This policy outlines the charity's approach to safeguarding across its full a range of activities and those who engage with them. This includes almshouse residents, employees, and grantee partners.

As a housing provider for older people, DAC has a very specific set of responsibilities for safeguarding adults. As such, this policy and the associated procedures includes significantly more detail on the safeguarding of vulnerable adults.

2. Purpose and Scope of the policy

The purpose of this policy is to provide a framework for all staff and trustees within DAC. The scope of the policy is broad and covers:

- Almshouses
- Grantees and partners
- Employees

This policy aims to ensure that staff, volunteers and trustees are aware of what "safeguarding" means and to understand the actions that should be taken if they have cause to suspect a person engaging with the charity (directly, or indirectly) is at risk of abuse or neglect.

In respect of the almshouses, this policy should be used in conjunction with the Adults at Risk Safeguarding Procedure to prevent and reduce the risk of abuse to all adults who may be at risk. The principles and procedures covering grant applicants and partners, and employees and volunteers, are included as part of this policy.

The charity is not directly responsible for safeguarding the beneficiaries of its partner organisations but recognises the important role it can play in contributing to the enhancement of safeguarding. As such, we will be rigorous and diligent in our grant-making and play a supportive role with to develop or improve our partners' approach to safeguarding as necessary.

Martyn Craddock is the Acting Designated Safeguarding Lead for the charity and as such has lead responsibility for responding to concerns until such time as alternative arrangements have been made

3. Commitments

The charity is committed to promoting the welfare of adults at risk and recognises that everyone has the right to protection from abuse regardless of age, gender, marriage or civil partnership, racial heritage, disability, sexual orientation and identity, religious belief and gender re-assignment.

The charity is committed to ensuring that people with care and support needs who live in our almshouses live free from abuse, harm and neglect and that working practices minimise the risk of such abuse.

The charity also recognises the responsibility it has towards our own staff, volunteers and trustees and will put appropriate mechanisms in place to make sure that a safe environment is created for them. It is committed to ensuring all staff including those with designated responsibilities, have received appropriate levels of up-to-date safeguarding training.

4. Legislation, associated guidance and policies

For DAC to meet its statutory responsibilities, the following legislation, associated guidance and policies are of significance (N.B. This is not an exhaustive list).

- Care Act 2014
- Mental Capacity Act 2005
- Modern Slavery Act 2015 and Modern Slavery and Human Trafficking: National Referral Mechanism
- Public Interest Disclosure Act 1998
- London Multi-Agency Adult Safeguarding Policy & Procedures
- Charity Commission guidance on Safeguarding and Reporting of Serious Incidents
- Local Adult Safeguarding Board policies in LB Southwark
- Association of Charitable Foundations guidance
- National Almshouse Association guidance
- Disclosure and barring Service guidance
- Data Protection Act and General Data Protection Regulations and DAC Policy
-

5. Key terms and definitions

Safeguarding means protecting a persons' right to live in safety, free from abuse or neglect, while at the same time making sure that their wellbeing is promoted. This includes having regard to their views, wishes, feelings and beliefs in deciding on any action, as appropriate.

Examples of abuse and neglect include, but are not limited to: physical, sexual, psychological or emotional, financial or material, discriminatory, and organisational abuse; neglect (including acts of omission); self-neglect; radicalisation and enforced gang membership. Other examples of abuse many include domestic violence; sexual offences; stalking; female genital mutilation (FGM); crimes said to be committed in the name of 'honour'; forced marriage; prostitution; and human trafficking for sexual exploitation.

6. Policy Principles

All allegations, concerns or suspicions of abuse or neglect are taken seriously and responded to within the steps laid out in the corresponding procedure.

All staff have a responsibility to ensure they are informed, trained and understand their duty to operate within this policy and procedure. All staff, trustees and volunteers have a shared responsibility to take appropriate steps to protect adults at risk.

All DAC employees have a duty to act upon and report actual, suspected or allegations of abuse. We will develop and foster a culture of openness, dialogue and trust in our approach to safeguarding; ensuring that staff, partners and residents feel comfortable and able to report concerns and issues to us and to relevant authorities.

We will record and refer all concerns, suspicions or allegations of abuse or neglect to the lead agencies or team responsible for carrying out safeguarding assessments and enquiries, specifically the Local Authority in line with section 42 of the Care Act 2014. We will do this only with consent from the adult at risk, unless they lack capacity or there is an overriding public interest consideration.

We will work in partnership with lead agencies and relevant partners, to respond to suspicions or incidents of abuse or make safeguarding enquiries in accordance with statutory procedures.

We will report any incidents of abuse that we suspect are a criminal offence to the Police. We will treat any disclosures of actual historical abuse in the same way as an allegation, disclosure or suspicion of current abuse.

We will share information for the purposes of safeguarding and will comply with the statutory duty to provide information where requested. We will adhere to principles for sharing information.

We will handle data in accordance with the Data Protection Act, General Data Protection Regulation and the DAC Data Protection Policy.

We will involve adults at risk of abuse in any safeguarding decisions. However, where someone is judged as not having capacity to make an informed decision about their own wellbeing, these will be made in their best interest on their behalf. This decision will be made in accordance with the requirements of the Mental Capacity Act 2005, and in liaison with the necessary statutory services and agencies, involving carers and family members as appropriate.

We will provide employees with role appropriate training so that they understand their roles and responsibilities in relation to safeguarding and are enabled to identify and report the signs of abuse in accordance with safeguarding procedures.

We will meet our responsibilities in the safe recruitment, selection and vetting of employees by using the Disclosure and Barring Service and undertake any other pre-employment screening checks as appropriate.

We will provide support and supervision for employees, creating a safe environment in which they feel able to report safeguarding issues, including where they have concerns about the behaviour of another DAC in line with our Whistleblowing Policy.

We will address any allegations or suspected abuse by DAC employees through formal statutory investigative procedures and our own internal disciplinary procedures.

We recognise the emotional impact on staff of recognising and reporting safeguarding concerns. Employee support will be available through line managers.

7. Policy Commitments – Almshouses

A detailed 'Adults at Risk' Safeguarding Policy and Procedure applies to DAC's almshouse residents and is attached to this document. This follows definitions laid down in The Care Act 2014 and follows that safeguarding duties will apply to an adult (someone over the age of 18) who:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs);
- 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, or experience, of abuse or neglect.

DAC will apply the Department of Health's six key safeguarding principles when working with Adults at Risk of abuse: empowerment, protection, prevention, proportionality, partnership and accountability.

8. Policy Commitments - Employees and Volunteers

The charity's approach to safeguarding the welfare of employees and volunteers is underpinned by the suite of human resource, and health and safety policies and procedures, including Health and Safety,

To safeguard the welfare of almshouse residents, Enhanced DBS checks will be carried out on all staff (carrying out a regulated activity) working with older residents prior to their appointment. Trustees are required to undertake a DBS check.

We need to get from the Auditors the reason why they felt we needed this check...

9. Policy Commitments – Community Investment and Grant-making

While DAC is not responsible for safeguarding the beneficiaries of those organisations that receive grants or other benefits from DAC in its role as grant maker it recognises that it can play an important role in contributing to the enhancement of safeguarding by those organisations. It seeks to do so by being rigorous and diligent in connection with grant applications. This is achieved by DAC being satisfied that adequate safeguarding policies are in place in the recipient organisations. before making a grant

10. Monitoring, continuous improvement and dissemination

This policy will be reviewed every two years – unless legislation, business or sector developments require otherwise – to ensure that it continues to meet the stated objectives and take account of good practice developments.

Almshouse residents will be informed each time this policy is reviewed and copies will be made available to them at their almshouses and on the website.

We need to give our current residents this information....

Policy Approved by Board: 13th June 2019

Chair's Signature:

Next Scheduled Review: November 2022

Adult at Risk Safeguarding Procedure

(CONFIDENTIAL: NOT FOR SHARING OUTSIDE DAC)

Table of Contents

	Page
NAMES OF DESIGNATED SAFEGUARDING LEADS	7
1. Introduction	8
2. Legal, associated guidance and policy requirements	8
3. Areas of responsibility	8
4. Procedure details for the Alerter	10
5. Confidentiality and storage of safeguarding concerns	11
6. Procedure for Safeguarding Leads	12
7. Workplace arrangements	14
8. Notifying the Disclosure & Barring Service and professional bodies	15
9. Notifying the Charity Commission and Trustees	15
10. Training and Implementing Safeguarding Policy and Procedures	15
Appendix 1: Definitions of abuse and recognising signs and indicators of abuse	16
Appendix 2: Outline to the Mental Capacity Act and Safeguarding	19
Appendix 3: Strategy Meetings, Investigations and Case Conferences.	24
Appendix 4: Checklist for preparing to make a referral	26
Appendix 5: Raising a Concern Form	27

Designated Named Persons for safeguarding adults

ACTING DESIGNATED SAFEGUARDING LEAD, Martyn Craddock

Work Telephone number
Mobile number: 07903 097 740
Emergency contact number
Email: mcc090470@googlemail.com

Name of deputy safeguarding leads
Simone Crofton, Chief Executive
Work Telephone number: 020 8299 5600
Mobile number: 07775 862 873
Emergency contact number
Email: simone.crofton@thedulwichestate.org.uk

Should either of these named people be unavailable then trustees or staff should contact Adult Social Care Direct directly. See below for contact details.

Adult Social Care - SOUTHWARK

To report a safeguarding incident affecting an older person and adults with a physical disability, including older people with a mental illness or impairment (if aged over 65) in Southwark:

- T: 020 7525 3324
- E: OPPDContactteam@southwark.gov.uk

1. Introduction

Purpose of the procedure

The purpose of this procedure is to provide a framework for all staff and volunteers within Dulwich Almshouse Charity (DAC). It should be used in conjunction with the Adult at Risk Safeguarding and Protection Policy, to prevent and reduce the risk of abuse to all adults who use DAC services or come into contact with staff or volunteers. The procedure details the steps the individuals and key people are expected to take.

2. Legal, associated guidance and policy requirements

Refer to associated policy

3. Areas of responsibility

Everyone's responsibility: safeguarding and protecting adults who use DAC services from abuse and neglect is the responsibility of all staff and trustees who work for, or represent, DAC. This includes a responsibility to ensure they are informed and trained to an appropriate level. It has become accepted terminology to refer to the person who initially raises the concern as the **alerter**. This can be anyone.

All staff, and trustees are expected to report and discuss any concerns to either the Designated Safeguarding Lead within or the Chief Executive without delay. The seniority of the Designated Safeguarding Lead/Manager should never be a block to anyone raising a concern.

Designated Safeguarding Lead - at DAC, this is the Senior Estate surveyor who has lead responsibility for all matters relating to safeguarding within the almshouses. This includes the expectation that they will be aware of any concerns and ensure these procedures are competently implemented in the charity and that safer recruitment processes are followed. In this role the Designated Safeguarding Lead will always brief the Chief Executive on all concerns and intended actions who will then, dependent on the level of seriousness of the concern, brief the Chair of the Board of Trustees of the charity. On complex or challenging safeguarding matters the Designated Safeguarding Lead will consult with the Chief Executive. The Chief Executive carries the overall responsibility for all safeguarding matters within the charity as a whole.

The Designated Safeguarding Lead also has a responsibility to publish online the Safeguarding Policy and Procedure, as well as informing all almshouse residents that the charity has a duty to contact the local authority Adult Social Care department and/or the police if there are concerns that an adult may be being abused.

Chief Executive – has overall responsibility for all safeguarding matters. He/she will also be required to offer consultation to the Designated Safeguarding Lead on any matters which are seen as complex or challenging. The Chief Executive will always brief the Chair of Trustees, dependent on the level of seriousness of the concern.

The Designated Safeguarding Lead and Chief Executive have lead responsibility for ensuring all appropriate actions have been taken and for providing staff, and trustees with the guidance required. The only occasion when one of them should not be informed of a concern is if they are themselves implicated in abuse; in such circumstances staff will always go to the other above named senior member of staff.

3.1 Designated Named Persons for safeguarding adults

DAC has an appointed individual who is responsible for dealing with any Safeguarding Adults concerns. In their absence, a deputy will be available for workers to consult with. The Designated Named Person(s) for Safeguarding Adults within DAC are:

ACTING SAFEGUARDING LEAD

Martyn Craddock

Work Telephone number

Mobile number: 07903 097 740

Emergency contact number

Email: mcc090470@googlemail.com

Name of deputy safeguarding lead

Simone Crofton Chief Executive

Work Telephone number 020 8299 5600

Mobile number: 07775 862 873

Emergency contact number

Email: simone.crofton@thedulwichestate.org.uk

Should either of these named people be unavailable then trustees, or volunteers should contact Adult Social Care Direct directly. See below for contact details.

3.2 The roles and responsibilities of the named person(s) are:

- to ensure that all staff and trustees are aware of what they should do and who they should go to if they have concerns that a vulnerable adult may be experiencing, or has experienced abuse or neglect.
- to ensure that concerns are acted on, clearly recorded and referred to an Adult Social Care team or to the allocated social worker/care manager where necessary.
- to follow up any referrals and ensure the issues have been addressed.
- to reinforce the utmost need for confidentiality and to ensure that staff are adhering to good practice with regard to confidentiality and security. This is because it is around the time that a person starts to challenge abuse that the risks of increasing intensity of abuse are greatest.
- to ensure staff work directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision.
- if appropriate staff will be given support and afforded protection if necessary under the Public Interest Disclosure Act 1998: they will be dealt with in a fair and equitable manner and they will be kept informed of any action that has been taken and its outcome

4. Procedure details for the Alerter: Responding to concerns that an adult may be being abused or neglected

4.1 Recognition of signs and indicators of abuse

Recognition of the signs and indicators of abuse poses considerable challenges for most professional staff who work with adults and who do not deal with protection and safeguarding issue on a day-to-day basis. This is, in part because the notion of adults being at risk of abuse or neglect is one which is relatively new to our society in comparison to the longer term acceptance of concerns of abuse for children and the now well established systems in place. Identifying abuse of adults with disabilities, particularly those with dementia, is not straightforward. It is crucial to effective safeguarding that all staff are able to recognise signs and indicators of abuse and this requires acceptance that adults with dementia are more likely to be abused than adults without disabilities.

Appendix 1 offers a range of indicators and signs of abuse as well as examining some of the potential blocks to recognition and factors which can inhibit the taking of appropriate steps.

If the member of staff believes that an adult is at immediate risk of harm or abuse, they will take immediate and reasonable steps to protect the adult. However, such situations are very rare and in most circumstances staff will raise a concern following the process below.

4.2 Responding if you receive an allegation directly from the person who may be being abused or neglected:

- Reassure the person concerned
- Listen to what they are saying
- Record what you have been told/witnessed as soon as possible
- Remain calm and do not show shock or disbelief
- Tell them that the information will be treated seriously
- Don't start to investigate or ask detailed or probing questions
- Don't promise to keep it a secret
- Raise a concern following the process below

4.3 Raising a concern

Staff will raise a concern by reporting directly and without delay to the Designated Safeguarding Lead by completing 'Raising a Safeguarding Concern Form' (Appendix 5). This is the Senior estate Surveyor, or Chief Executive in their absence. Immediately after raising a concern, staff will also make a detailed written account of what they have seen, observed or heard. The member of staff who noted and raised the concern is known as the alerter; adult social care or the police may wish to speak to the alerter at some point.

4.4 Recording

The keeping of accurate and prompt recording is fundamental to effective safeguarding and all staff and volunteers have a responsibility to ensure all concerns are recorded appropriately. This requires those who raise concerns to make a written record within two hours of raising any concerns.

This record of raising a concern should include;

- Who they have concerns about (name of adult at risk)
- In the view of the staff member does the adult at risk have the capacity to understand the concerns and that they may have been abused
- What has been shared with the adult at risk about the concerns and what response have they made

- If the adult at risk has capacity to understand the involvement of other agencies what have they said about this
- Date and time they are making the record
- Date and time the incident occurred (if this is known)
- What was observed, heard or noted that led to the concern being raised
- Source of information (if the concern was not directly observed i.e. another resident informs a member of staff that he/ she has seen abuse indicators)
- Behavioural observations (noting that this is one of the most likely ways in which a member of staff is likely to note concerns)
- If an adult at risk has made an allegation then what was said
- Which senior manager within Dulwich Almshouse Charity has been reported to (in line with these procedures) and what initial actions were agreed
- This record must be signed and time/dated by the person making the recording and the designated person in the charity.

When reporting a concern to the local authority, the Designated Safeguarding Lead will inform the local authority that a written record of the concern is available and will e-mail details of the concerns to the local authority. Any details in relation to the adult concerned must be communicated in a secure way in line with our Data Protection Policy.

If at any stage Dulwich Almshouse Charity or the local authority decide that no further action is to be taken, then the reason for this and who made the decision will be recorded.

All subsequent actions/events following the reporting of a concern should be recorded and attached to the original concern in a chronological order as should any documentation received from the local authority, police or other agencies.

5. Confidentiality and storage of safeguarding concerns

In the almshouses the Designated Safeguarding Lead has responsibility to ensure all concerns within the almshouses are recorded, monitored and secured. The responsibility for concerns that are not about almshouse residents at the almshouses that are recorded, monitored and secured is the responsibility of the Head of Community Investment.

All paper records will be kept in a locked cabinet and in a secure place within the main building and will not be taken off the site without the express written permission of the Chief Executive. Access to these records will be strictly limited on a need to know basis and controlled by the Designated Safeguarding Leads.

Electronic records relating to safeguarding concerns including e-mails and reports will be printed out as they are received or sent and kept along with paper records.

Safeguarding records will be kept separately from housing, care and support records.

Adults at Risk with capacity can, should they choose, request access to anything that is recorded about them. Therefore anyone recording safeguarding issues should consider this and ensure that records are factual, clear and where opinion is expressed it should be recorded as such and distinguished from fact.

6. Procedure for Designated Safeguarding Leads

6.1 Initial fact finding

It is reasonable to check some basic facts prior to alerting other professionals. The Designated Safeguarding Lead will always lead on initial fact finding. They may delegate specific tasks of the initial fact finding to staff unrelated to the concerns. Initial fact finding should involve checking files and recent records and clarifying basic facts with key staff including the alerter, as well as discretely asking other staff who have had recent contact with the adult to ascertain if they have any issues or concerns.

Initial fact finding might involve asking the adult at risk. This would normally be undertaken only by the Designated Safeguarding Lead, They should:

- Reassure the person concerned
- Listen to what they are saying
- Record what you have been told
- Remain calm and do not show shock or disbelief
- Tell them that the information will be treated seriously
- Don't promise to keep it a secret

Initial fact finding should never involve asking an adult at risk with no capacity to discuss the concerns or repeat a disclosure or allegation that has been made.

Initial fact finding can lead to the Designated Safeguarding Lead deciding that there are no protection concerns that warrant a referral to Adult Social Care or the Police. In such circumstances, when no further action is being taken, then the decision needs to be recorded and conveyed to the Chief Executive

6.2 Concern that an adult may be at risk of significant harm by staff, , carers or someone known to the adult

If the concerns and initial fact finding lead to the conclusion that an adult may have been harmed or at risk of significant harm, then the Designated Safeguarding Lead will raise an alert to the Adult Social Care Department in Southwark.

Adult Social Care - SOUTHWARK

To report a safeguarding incident affecting an older person and adults with a physical disability, including older people with a mental illness or impairment (if aged over 65) in Southwark:

- T: 020 7525 3324
- E: OPPDContactteam@southwark.gov.uk

6.3 Involving the adult at risk

It is important that, prior to making a referral to Adult Social Care or the police, timely consideration has been given to the ability of the adult at risk to understand the concerns, and whether they have an ability to give consent to concerns being raised with other agencies. It is likely that one of the first questions that the local authority is likely to ask is 'Does the adult at risk have capacity?' This refers to capacity as defined under the Mental Capacity Act 2005 which is explained in more detail in Appendix 2.

In brief:

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent. If they are, their consent should be sought prior to making a referral. This may be in relation to whether they give consent to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded.
- A Safeguarding Adults investigation going ahead in response to a concern that has been raised.
- Where an adult at risk, with mental capacity, has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information, have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless:

1. There is a public interest, for example, not acting will put other adults or children at risk.
2. There is a duty of care to intervene, for example, a crime has been or may be committed.

In such circumstance in the above two points, an alert to the Adult Social Care Department must be made. When there are concerns that a crime has been committed, then the police should also be informed. An allegation of abuse or neglect of an adult at risk, who does not have capacity to consent on issues about their own safety, will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests will be made in line with the Mental Capacity Act and Mental Capacity Act Code. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

6.4 Raising an Alert

To raise an alert with the Adult Social Care Department will require a lot of information to be shared. This should happen without delay by telephone. All London local authorities now have forms that will also be required to be completed once the telephone referral has been made. The telephone call will require information sharing, which is detailed in Appendix 3, (Checklist for Preparing to make a referral).

The Designated Safeguarding Lead will inform the Chief Executive who in turn will brief and keep updated the Chair of Trustees as appropriate.

6.5 The Local Authority decision to accept or not, the concern of an adult at risk

Adult safeguarding processes have historically evolved out of serious concerns for adults living in institutional settings; therefore an Adult Social Care Department may attempt not to accept the nature of the concern, if the abuse is within a family setting. For example, they may attempt to classify the concern as domestic violence. In such circumstances advice should be carefully recorded and any signposting to other agencies followed without delay.

If the concerns are accepted as an adult at risk:

- If the adult at risk has capacity, the local authority will arrange to speak with the adult to clarify facts and to find out from them what is happening, discuss the concerns and carry out a risk assessment with them. This will establish if they understand the risk and what help they may need to support them to reduce the risk if that is what they want. The local authority will want

to be satisfied that the ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority or undue influence, pressure or exploitation, if they decline assistance.

- If the adult at risk does not have capacity, then their capacity will be appropriately assessed as soon as possible; in safeguarding, this is a process that the local authority will lead on. If it is established that the adult at risk lacks capacity, feedback will be given by the local authority to them and anyone who is acting in their best interests (for example a family member, attorney or court appointed deputy), unless they are implicated in the allegation.

6.6 Investigation

The local authority may decide whether there is a need for a strategy meeting involving multiple-agencies. Refer to Appendix 4 for details of strategy meetings, investigations and case conferences.

On some occasions, the local authority may ask Dulwich Almshouse Charity to carry out the investigation and keep the local authority informed of the results. This investigation should be carried out as an extension of the initial fact finding. Further guidance on carrying out investigations can be found in the London Multi Agency Adult Safeguarding Policy and Procedures (August 2016).

The Designated Safeguarding Lead and Chief Executive may choose to commission external advisors and support to help carry out an investigation where necessary.

6.7 Closing a safeguarding adults at risk process

The Safeguarding Adults process may be closed at any stage if it is agreed that an ongoing investigation is completed or not needed.

In most cases a decision to close the Safeguarding Adults process is taken with the consent of the local authority.

The Safeguarding Adults process may close, but other processes may continue, for example, a disciplinary or professional body investigation.

7. Workplace arrangements

If the above procedures relate to a member of staff or volunteer, a decision will need to be made as to whether the member of staff should remain in the workplace or whether they should be suspended until the investigation is resolved. If the member of staff remains in the workplace, safeguards will be put in place to protect the member of staff and the adult at risk involved. The member of staff will be advised to contact a union or legal representative and Dulwich Almshouse will provide support as appropriate. The senior member of staff will keep both the member of staff, the adult at risk and, if appropriate the family/carers, up to date with regard to timescales of meetings and the procedures being put in place.

If United St Saviour's decides that suspension is necessary, then this will be done without prejudice.

Suspension should be considered without delay if it is indicated that:

- A staff member has behaved in a way that may have, or has, harmed an adult.
- A staff member has possibly committed an offence against, or related, to an adult or child
- A staff member has behaved towards an adult/child in a way which indicates she/he is now unsuitable to work with adults at risk or children.
- The Adult Social Care Department or the police are advising suspension.

At each stage the Designated Safeguarding Lead will need to take HR advice, keep the staff member updated and keep the adult at risk (and where appropriate the family of the adult) updated.

8. Notifying the Disclosure & Barring Service and professional bodies

If a staff member is dismissed because of abuse concerns, then Dulwich Almshouse has a legal duty to formally notify the Disclosure & Barring Service (DBS). This also applies if a member of staff resigns as a result of safeguarding concerns being raised. The referral process is fully detailed on the DBS website.

9. Notifying the Charity Commission

The Chief Executive will notify the Charity Commission as required under the guidance to Report a Serious Incident.

10. Notifying the Trustees

The Chief Executive will brief the Chair of Trustees of all incidents which have been reported. The Chair of Trustees will discuss and decide whether Trustees need to be briefed in advance of the next Board meeting. Safeguarding Incidents will be reported at each Board Meeting.

11. Training and Implementing Safeguarding Policy and Procedures

The Designated Safeguarding Lead will ensure that all almshouse residents/carers have access to the policy and procedures and an understanding that Dulwich Almshouse Charity has a duty to inform the Adult Social Care Department or the Police, if there are concerns about abuse.

Dulwich Almshouse Charity will ensure that all staff and volunteers have access to all policies and procedures relating to safeguarding and will have access to refresher training every two years. All staff and volunteers must have effective training on the recognition of abuse and neglect and how to respond to such concerns.

All new staff will, as part of their induction, be asked to read, and then discuss in supervision, their understanding of the procedures. Senior managers will put in place a process for ensuring all temporary members of staff are briefed on the safeguarding procedures as they start in post.

Definitions of abuse and recognising signs and indicators of abuse Definitions

Adult abuse and neglect are described in the guidance in terms of the following categories:

- Physical
- domestic
- sexual
- psychological
- financial or material
- radicalisation
- modern slavery
- discriminatory
- organisational
- neglect and acts of omission
- Self neglect

Physical abuse

Examples of physical abuse or assault are hitting, pushing, pinching, shaking, misusing medication, scalding, the illegal use of restraint, inappropriate sanctions, and exposure to heat or cold and not giving adequate food or drink.

Domestic Abuse

This is defined as an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. This might include psychological, sexual, financial, emotional and so called 'honour' abuse and forced marriage.

Sexual abuse

Sexual abuse/assault includes the direct or indirect involvement of the adult at risk in sexual activity or relationships which:

- They do not want or have not consented to.
- They cannot understand and lack the mental capacity to be able to give consent to.
- They have been coerced into, because the other person is in a position of trust, power or authority (for example, a care worker).
- They may have been forced into sexual activity with someone else or may have been required to watch sexual activity.

Sexual relationships or inappropriate sexual behaviour between a member of staff and a service user are always abusive and will lead to disciplinary proceedings. This is additional to any criminal action that has been taken. A sexual relationship between the service user and a care worker is a criminal offence under Sections 38–42 of the Sexual Offences Act 2003.

Psychological/emotional abuse

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- Mental distress
- The denial of basic human and civil rights such as self-expression, privacy and dignity
- Negating the right of the adult at risk to make choices and undermining their self esteem
- Isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.

It is the wilful infliction of mental suffering by a person who is in a position of trust and power to an adult at risk. Psychological/emotional abuse results from threats of harm or abandonment, being deprived of social or

any other sort of contact, humiliation, blaming, controlling, intimidation, coercion and bullying. It undermines the adult's self-esteem and results in them being less able to protect themselves and exercise choice. It is a type of abuse that can result from other forms of abuse and often occurs at the same time as other types of abusive behaviour. Behaviour that can be deliberately linked to causing serious psychological and emotional harm may constitute a criminal offence.

Financial abuse

Financial abuse is a crime. It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes:

- Theft
- Fraud
- Exploitation
- Undue pressure in connection with wills, property, inheritance or financial transactions
- The misuse or misappropriation of property, possessions or benefits
- The misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship

Radicalisation/ Prevent

Radicalisation refers to the process through which people may be drawn into extremism and ultimately into terrorist activities. It is recognised that children and vulnerable adults can be more at risk of radicalisation. Radicalisation is comparable to other forms of grooming and exploitation. Through the Prevent and Contest strategies and the passing of the Counter Terrorism and Security Act 2015 radicalisation has now been included within the Safeguarding definitions for children and vulnerable adults. It is part of the Safeguarding function to identify those at risk of being drawn into radicalisation and act in accordance with the Channel Duty guidance 2015, by working with the local Channel panels to assess and protect individuals wherever possible.

Modern Slavery

This encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use coercion and deception to force people into a life of abuse or servitude. There have been a number of cases tried where the victim has been an adult with learning disability.

Neglect and acts of omission

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide. Behaviour that can lead to neglect includes: ignoring medical or physical needs; failing to allow access to appropriate health, social care and educational services; and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Neglect can be intentional or unintentional - intentional neglect would result from:

- Wilfully failing to provide care
- Wilfully preventing the adult at risk from getting the care they needed
- Being reckless about the consequences of the person not getting the care they need.

If the individual committing the neglect is aware of the consequences and the potential for harm to result due to the lack of action(s), then the neglect is intentional in nature. Unintentional neglect could result from a carer failing to meet the needs of the adult at risk because they do not understand the needs of the adult at risk, may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of, or do not understand the possible effect of the lack of action on the adult at risk.

Discriminatory abuse

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, 'race' or ethnic origin. It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

Organisational abuse

Organisational abuse is the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights. Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk. Institutional abuse can occur in any setting providing health, education and social care. A number of inquiries into care in residential settings have highlighted that institutional abuse is most likely to occur when staff:

- receive little support from management
- are inadequately trained
- are poorly supervised and poorly supported in their work
- receive inadequate guidance.
- The risk of abuse is also greater in institutions:
 - with poor management
 - with too few staff
 - which use rigid routines and inflexible practices
 - which do not use person-centred care plans
 - where there is a closed culture.

Self-neglect

Is defined as behaviour that results in neglecting to care for one's personal hygiene, health or surroundings and may include such behaviour as hoarding.

Outline to the Mental Capacity Act and Safeguarding

Mental capacity

The presumption in the Act is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take.

This includes their ability:

- To understand the implications of their situation.
- To take action themselves to prevent abuse.
- To participate to the fullest extent possible in decision making about interventions.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves, and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act. The Act says that: ‘... a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance, in the functioning of the mind or brain’.

Further, a person is not able to make a decision if they are unable to:

- understand the information relevant to the decision or
- retain that information long enough for them to make the decision or
- use or weigh that information as part of the process of making the decision or
- Communicate their decision (whether by talking, using sign language or by any other means as muscle movements, blinking an eye or squeezing a hand).

Mental capacity is time and decision-specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time.

Principles of the Mental Capacity Act 2005

Any person from the age of 16 (the age at which the Mental Capacity Act applies) at risk has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless it is proved (on a balance of probabilities) otherwise.

Adults at risk must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions

Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.

Decisions made on behalf of a person who lacks mental capacity must be done in their ‘Best Interests’ and on the basis of a ‘Reasonable Belief’ and should be the least restrictive of their basic rights and freedoms.

Ill treatment and wilful neglect

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the Mental Capacity Act and Mental Capacity Act Code as outlined above. Section 44 of the Act makes it a specific criminal offence to wilfully ill treat or neglect a person who lacks capacity.

Consent

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent. If they are, their consent should be sought. This may be in relation to whether they give consent to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress, for example as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded.
- A Safeguarding Adults investigation may go ahead in response to a concern that has been raised. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term, also;

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- There is a public interest, for example, not acting will put other adults or children at risk
- There is a duty of care to intervene, for example, a crime has been or may be committed.

Deprivation of Liberty Safeguards (DoLS)

DoLS, which is integrated as an amendment into the Mental Capacity Act (as a result of the so called Bournemouth Judgment), apply to people from the age of 18 who have a mental disorder and who do not have mental capacity to consent to their liberty being restricted or removed.

At present the obtaining of local authorisation to deprive someone who lacks capacity of their liberty is reserved to those in a hospital, residential setting and, since new case law made in 2014, to supported living settings. Other regulated settings such as schools and colleges are expected to be aware of the principals of the Safeguards. Care homes must make applications to a local authority for authorisation to deprive someone of their liberty if they believe it is in their best interest. Hospitals must similarly make requests to their CCG. Where the grounds are met for the authorisation the authorising body may issue a certificate lasting up to 12 months, thereby lawfully permitting the deprivation of liberty of that individual. All decisions on care and treatment must comply with the Mental Capacity Act and the Mental Capacity Act Code. The Care Quality Commission (CQC) has also issued guidance for providers of registered care and treatment services on DoLS. Reference should be made to the relevant local authority or health trust/CCG for procedures relating to DoLS. The fundamental test rests upon whether depriving an adult of their liberty is consistent with a best interests decision.

It is to be noted that in any other setting, such as a college or a day care setting, authority to deprive an individual who lacks capacity of their liberty can ONLY be authorised by the Court of Protection. A deprivation of liberty in the absence of a DoLS certificate or an order from the Court of Protection would be likely to be regarded as a criminal offence. However the threshold at which the degree of control of an individual may be regarded as being a deprivation of liberty is defined by case law (so may change) and is confined to: using force to admit someone who lacks capacity to an institution, complete and effective control over care and movement, control over contacts and residence, preventing someone electively leaving a setting, refusal to permit carers to remove the person from a setting, denial of social contacts and where autonomy is lost through continuous supervision and control.

Advocates

The local authority lead should consider whether an adult at risk may benefit from the support of an independent advocate. There are two distinct types of advocacy – instructed and non-instructed – and it is important that people involved in the Safeguarding Adults process are aware of which type of advocate is representing the person and supporting them to express their views. Instructed advocates take their instructions from the person they are representing. For example, they will only attend meetings or express views with the permission of that person. Non-instructed advocates work with people who lack capacity to make decisions about how the advocate should represent them. Non-instructed advocates independently decide how best to represent the person. Advocates should be invited to the strategy meeting or case conference, either accompanying the adult at risk or attending on their behalf, to represent the person's views and wishes. Instructed advocates would attend only with the permission of the adult at risk.

Independent mental capacity advocates (IMCAs)

IMCAs provide one type of non-instructed advocacy. Their role was established by the Mental Capacity Act 2005 to provide a statutory safeguard mainly for people who lack capacity to make important decisions and who do not have family or friends who can represent them to do so. IMCAs have a statutory role in the Safeguarding Adults process.

There is a legal requirement to make a decision about instructing an IMCA for an adult at risk who is the focus of Safeguarding Adults processes where they lack capacity to make decisions about their safety. IMCA instruction may be unnecessary if the adult at risk has adequate alternative independent representation. This could be from another advocate, or from family or friends. It is good practice for the local authority lead to make a decision about the need for IMCA instruction and, if required, to make the instruction to the local IMCA provider. Before making an instruction to an IMCA for Safeguarding Adults, it is necessary to assess the person as lacking capacity for consenting to at least one protective measure which is either being considered or has been put in place. Examples of protective measures may include (but are not limited to):

- Restrictions on contact with certain people
- Temporary or permanent moves of accommodation
- The police interviewing the person or collecting forensic evidence which may support a prosecution
- Increased support or supervision
- An application to the Court of Protection
- Restrictions on accessing specific services and/or places
- Access to counselling or psychology with the aim of reducing the risk of further abuse.

Court of Protection

The Court of Protection deals with decisions and orders affecting people who lack capacity. The court can make major decisions about health and welfare, as well as property and financial affairs.

The court has powers to:

Decide whether a person has capacity to make a particular decision for themselves.

- Make declarations, decisions or orders on financial and welfare matters affecting people who lack capacity to make such decisions.
- Appoint deputies to make decisions for people lacking capacity to make those decisions.
- Determine DoLs matters where certification is not permitted.
- Decide whether a lasting power of attorney or an enduring power of attorney is valid.
- Remove deputies or attorneys who fail to carry out their duties.

In most cases decisions about personal welfare will be able to be made legally without making an application to the court, as long as the decisions are made in accordance with the core principles set out in the Mental Capacity Act 2005 and the best interests checklist and any disagreements can be resolved informally.

However, it may be necessary and desirable to make an application to the court in a safeguarding situation where there are:

- Particularly difficult decisions to be made
- Disagreements that cannot be resolved by any other means
- On-going decisions needed about the personal welfare of a person who lacks capacity to make such decisions for themselves
- Matters relating to property and/or financial issues that need to be resolved
- Serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration
- Concerns that a person should be moved from a place where they are believed to be at risk
- Concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed Safeguarding Adults actions may amount to a deprivation of liberty outside of a care home, supported living setting or hospital.

Office of the Public Guardian (OPG)

The OPG was established under the Mental Capacity Act to support the Public Guardian and to protect people lacking capacity by:

- setting up and managing separate registers of lasting powers of attorney, of enduring powers of attorney and of court-appointed deputies
- supervising deputies
- sending Court of Protection visitors to visit people who lack capacity and also those for whom it has formal powers to act on their behalf
- receiving reports from attorneys acting under lasting powers of attorney and deputies
- providing reports to the Court of Protection the OPG may be involved in Safeguarding Vulnerable Adults in a number of ways, including:
 - promoting and raising awareness of legal safeguards and remedies, for example, lasting powers of attorney and the services of the OPG and the Court of Protection
 - receiving reports of abuse relating to vulnerable adults ('whistle blowing')
 - responding to requests to search the register of deputies and attorneys (provided free of charge to local authorities and registered health bodies)
 - investigating reported concerns, on behalf of the Public Guardian, about the actions of a deputy or registered attorney, or someone acting under a single order from the court
- Working in partnership with other agencies, including adult care social services and the police.

Investigations undertaken by the OPG

The OPG can carry out an investigation into the actions of a deputy, of a registered attorney (lasting powers of attorney or enduring powers of attorney) or someone authorised by the Court of Protection to carry out a transaction for someone who lacks capacity, and report to the Public Guardian or the court.

How the investigation is carried out will depend on the particular circumstances, but will typically involve contact with people and agencies that have contact with the person.

Family and friends and other relevant people who are not implicated in the allegation of abuse often have an important part to play in the Safeguarding Adults process and provide valuable support to the individual and to manage the risk. If appropriate and possible, and where the adult at risk has mental capacity and gives their consent and there are no evidential constraints; family and friends should be consulted. If the adult does not have mental capacity, family and friends must be consulted under the Mental Capacity Act 2005.

Vital interest

If the adult at risk has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information under Safeguarding Adults procedures with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult at risk is not being unduly influenced or intimidated, and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult at risk that this action is being taken unless doing so would increase the risk of harm.

Best interest

If an adult at risk lacks capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, professionals have a duty to act in their best interests under the Mental Capacity Act 2005. This would automatically trigger a Safeguarding Adults referral.

Public interest

If the adult at risk has the mental capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, practitioners have a duty to share the information with relevant professionals to prevent harm to others. This will automatically trigger a Safeguarding Adults referral.

Personal decisions

The adult at risk will have views about what is an acceptable level of risk to them and about balancing the risks in order to maintain the lifestyle or contacts they wish. There may be a balance to be struck between the benefits of achieving safety and the loss of contact with someone whom they value. A person with mental capacity may choose to live in a situation which is seen as unsafe by professionals, if the alternatives they are being offered are unacceptable to them. They do not, however, have a right to make decisions about the

protection other people may need where they may also be at risk from the same person, service or setting. Adults at risk need to be able to make informed choices from the information they are given. In order to do this they may need support in a variety of ways such as the help of a family member or friend (as long as they are not the person alleged to have caused the harm), an advocate or IMCA, a language interpreter or other communication assistance or aid.

Strategy meetings, Investigations and Case Conferences

The local authority Adult Social Care Department can decide that there is a need for a strategy meeting. It should be anticipated that the Designated Safeguarding Lead from Dulwich Almshouse Charity will be invited to attend. At the meeting the following should be discussed;

- The wishes of the adult at risk
- Whether an investigation will take place, and if so, how it should be conducted and by whom
- A risk assessment
- An interim protection plan
- A clear record of the decisions
- A record of what information is shared
- An investigation plan with timescales
- A communication strategy
- Whether a child (under 18 years) may be at risk - if so there will be a referral to Children's social care.

The strategy discussion or meeting should take place before any investigation; the exception to this is if a police investigation is required to gather evidence. Dulwich Almshouse Charity should not begin an investigation prior to a decision by the multi-agency strategy meeting or discussion.

Outcomes of strategy meeting

There are a wide range of possible outcomes that can come from a strategy meeting, these include;

- That the police are going to investigate - The alerter and the Designated Safeguarding Lead are likely to be interviewed. (If the concerns relate to a staff member or volunteer then they will also be interviewed by the police and this could be under caution.)
- That the local authority is going to investigate - Again the alerter and the Designated Safeguarding Lead are likely to be interviewed.
- That Dulwich Almshouse Charity will lead its own internal investigation - under such circumstances the local authority will require a range of assurances regarding the protection of adults and the robustness of the process being agreed. There will also be an expectation of full, open and transparent feedback to the local authority.

12. Investigation

Guidance on investigations can be found in the London Multi Agency Adult Safeguarding Policy and Procedures (August 2016).

13. Case Conference

Following any investigation, a case conference can be convened by the local authority.

The aim of a case conference is to:

- consider the information contained in the investigating officer's report(s)
- consider the evidence and, if substantiated, plan what action is indicated
- plan further action if the allegation is not substantiated
- plan further action if the investigation is inconclusive
- consider what legal or statutory action or redress is indicated
- make a decision about the levels of current risks and a judgement about any likely future risks
- agree a protection plan (if any)
- agree how the protection plan will be reviewed and monitored.

Possible outcomes for the adult at risk

- Increased monitoring
- Removal from property/support, advice, services
- Assessment/services
- Application to Court of Protection
- Application to change appointeeship
- Referral to advocacy service
- Referral to counselling services
- Guardianship/use of Mental Health Act 2007
- Review of self-directed support
- Restriction/management of access
- Referral to MARAC (London based domestic violence units)
- No further action
- Other

Possible outcomes for the person alleged to have caused harm

- Criminal prosecution/formal caution
- Police action
- Assessment/services
- Removal from property/support, advice, services
- Management of access to adult at risk
- Referral to the Disclosure and Barring Service.
- Disciplinary action
- Continued monitoring
- Counselling/training
- Referral to court-mandated treatment
- Action under Mental Health Act 2007
- Exoneration
- No further action
- Other

Checklist for preparing to make a local authority referral

Details of the referrer

Name, address and telephone number
 Relationship to the adult at risk
 Name of the person raising the alert if different

Details of the adult at risk

Name(s), address and telephone number
 Date of birth, or age
 Details of any other members of the household including children
 Information about the primary care needs of the adult, that is, disability or illness
 Funding authority, if relevant
 Ethnic origin and religion
 Gender (including transgender and sexuality)
 Communication needs of the adult at risk due to sensory or other impairments including any interpreter or communication requirements
 Whether the adult at risk knows about the referral
 Whether the adult at risk has consented to the referral and, if not, on what grounds the decision was made to refer
 What is known of the person's mental capacity and their views about the abuse or neglect and what they want done about it (if that is known at this stage)?
 Details of how to gain access to the person and who can be contacted if there are difficulties

Information about the abuse, neglect or physical harm

How and when did the concern come to light?
 When did the alleged abuse occur?
 Where did the alleged abuse take place?
 What are the details of the alleged abuse?
 What impact is this having on the adult at risk?
 What is the adult at risk saying about the abuse?
 Are there details of any witnesses?
 Is there any potential risk to anyone visiting the adult at risk to find out what is happening?
 Is a child (under 18 years) at risk?

Details of the person causing the harm (if known)

Name, age and gender
 What is their relationship to the adult at risk?
 Are they the adult at risk's main carer?
 Are they living with the adult at risk?
 Are they a member of staff, paid carer or volunteer?
 What is their role?
 Are they employed through a personal budget?
 Which organisation are they employed by?
 Are there other people at risk from the person causing the harm?

Any immediate actions that have been taken

Were emergency services contacted? If so, which?
 What action was taken?
 What is the crime number if a report has been made to the police?
 Details of any immediate plan that has been put in place to protect the adult at risk from further harm
 Have children's services been informed if a child (under 8 years) is a risk?

