1 Policy Statement

1.1 St Mungo’s has an ethical and a legal duty to act to prevent abuse. St Mungo’s also has a duty to act in the best interests of all clients.

1.2 St Mungo’s is committed to preventing, identifying, investigating, and responding to cases of abuse or suspected abuse of clients in our services.
1.3 All St Mungo’s clients have needs related to care and support and it is recognised that by the nature of the services St Mungo’s provides, it can have influence over clients and that it needs to ensure that this responsibility is not abused at any time.

1.4 St Mungo’s is committed to a recovery and personalisation ethos which in the context of safeguarding involves an outcome-focused approach which is multi-disciplinary, client-centred and responsive to change to manage short and long-term safety concerns.

1.5 St Mungo’s will contribute to effective inter-agency working and effective multi-disciplinary assessments and joint working partnerships, including with the Police, local authorities, the Care Quality Commission and the NHS.


1.7 The Care Act 2014 states the six principles of safeguarding, which St Mungo’s must follow:

- 1. Empowerment - presumption of person led decisions and informed consent
- 2. Prevention - it is better to take action before harm occurs
- 3. Proportionality - proportionate and least intrusive response appropriate to the risk presented
- 4. Protection - support and representation for those in greatest need
- 5. Partnerships - local solutions through services working with their communities
- 6. Accountability - accountability and transparency in delivering safeguarding"

2 Scope

2.1 This procedure is to be followed by all staff, volunteers, locums, trustees and students on placement and details the process required when there is alleged or suspected abuse of an adult who is:

- A client of a St Mungo’s service.
- Related or in contact with a client of a St Mungo’s service.
- In contact with a member of St Mungo’s staff, volunteers, locums, trustees and students on placement as part of their work.

3 Definitions

3.1 People with care and support needs
This term replaces ‘vulnerable adult’ or ‘adult at risk’ in the Care Act 2014. However, the level of need is not relevant, and the adult does not need to have eligible needs for care and support, or be receiving any particular service from the local authority, in order for the safeguarding duties to apply.
3.2 Mental capacity

All decisions taken in the Safeguarding Adults process must comply with the Mental Capacity Act 2005:

3.2.1 Principle 1: A presumption of capacity
Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.

3.2.2 Principle 2: Individuals being supported to make their own decisions
A person must be given all practicable help before anyone treats them as not being able to make their own decisions. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.

3.2.3 Principle 3: Unwise decisions
People have the right to make what others might regard as an unwise or eccentric decision. You cannot treat them as lacking capacity for that reason.

3.2.4 Principle 4: Best interests
If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests.

3.2.5 Principle 5: Less restrictive option
Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person’s rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be proportional to the particular circumstances of the case.

3.2.6 The test of capacity in this case is to find out if the client has the mental capacity (at the time an enquiry would be made) to make informed decisions:

- About an enquiry and subsequent actions
- About their own safety - harm and prevention in the long and short term

3.2.7 Mental capacity is time and decision specific. This means that a client may be able to make some decisions but not others at a particular time. Their ability to make a decision may also fluctuate over time, or with the consumption of drugs or alcohol.

3.2.8 A person is not able to make a decision if they are unable to do any of the following:

- Understand the information relevant to the decision.
- Retain that information long enough for them to make the decision.
- Evaluate that information as part of the process of making the decision.
- Communicate their decision (whether by talking, using sign language or any other means).

3.2.9 Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress.

3.2.10 The mental capacity of the client and their ability to give their informed consent to an enquiry being made and action being taken under these procedures is a significant, but not the only factor in deciding what action to take.

3.2.11 Where a client has the capacity to give informed consent, his/her wishes will be respected as far as possible.
3.3 Informed consent

It is essential in safeguarding to consider whether the client 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:

3.3.1 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. There are limits (defined in common law) to what a person can give consent to, so even if there is appears to be consent, you should still seek guidance internally and/or from the Local Authority Adults Safeguarding Team.

3.3.2 Enquiry into the safeguarding issue and subsequent actions (e.g. a protection plan) going ahead in response to a concern that has been raised.

3.3.3 To decide whether consent was given with capacity, consider:

- If the decision was made without duress.
- The client’s ability to make the decision.

3.4 Abuse

“Abuse is a violation of an individual’s human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a person with care and support needs is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it” (Department of Health, 2013)

3.5 Wellbeing

This principle is enshrined in the Care Act 2014 and has a broad definition including personal dignity, physical and mental health and protection from abuse and neglect. Care and support (where it is required) must take into account the individual’s views, wishes, feelings and beliefs.

4 Responsibilities for implementation

4.1 All staff, volunteers, locums, trustees and students on placement

- Report any knowledge or suspicions of safeguarding or radicalisation concerns to one of the following: line manager or regional head, St Mungo’s safeguarding lead or deputy lead, the safeguarding adults team at the local authority which commissions the service or the service’s HR partner (if a colleague or volunteer is suspected).
- Contribute to whatever actions are needed to safeguard and promote the client’s welfare.
- Be alert to indicators of abuse or neglect.
- Be alert to the safety concerns which individual abusers, or potential abusers, may pose to adults with care and support needs.
- Share and help to analyse information so that an assessment can be made of the client’s needs and circumstances.
- Communicate with and participate fully in all meetings as necessary, with the client, staff, volunteers, St Mungo’s safeguarding leads and external agencies e.g. local authority, Care Quality Commission, Police and other providers.
• Ensure safeguarding (both adults and children) is discussed regularly in client meetings.
• Ensure safeguarding adults issues are discussed as part of client meetings and keywork sessions.
• Undergo checks by the Disclosure and Barring Service.
• Work with clients to prevent or minimise circumstances which can lead to abuse, including isolation, unhealthy relationships, access to financial services.
• Be aware of individual and organisational liability under the Criminal Justice and Courts Act 2015 regarding wilful neglect or ill-treatment of clients in mental health services, registered care services and other services which provide a high level of support to clients.
• Empower clients to have open conversations about safeguarding, equalities and radicalisation, while challenging unacceptable views/attitudes/behaviours
• Offer clients multiple opportunities to provide feedback: email, phone, face-to-face and written surveys, quality audit feedback, participation in external reviews, staff appraisal feedback, client satisfaction survey, the complaints process.

4.2 All managers must
• Be responsible for ensuring this procedure is implemented and reporting structures are used and followed within the service they manage.
• Ensure all staff have an appropriate level of legal literacy, by completing training in current best practise and legislation.
• Ensure any leaflets and posters for relevant external agencies are put on display and regularly restocked.
• Highlight and discuss the organisational and local safeguarding procedures with all new members of staff as part of the induction.
• Ensure safeguarding and client protection issues are standing items on team meeting agenda and discussed during supervision sessions.
• Be familiar with the Local Safeguarding Adults Board’s procedures for reporting safeguarding concerns, fulfilling information and other requests from the Board and the process for challenging lack of action or disagreement with the local authority (often called the escalation or dissent procedure).
• Ensure all reporting and recording of safeguarding issues produced is accurate, timely and client-centred.
• Ensure they are aware of the service’s local contact for Prevent – who may work for the Local Authority or the Police, and know how to refer concerns about radicalisation to the appropriate Prevent Channel.

4.3 I.T team
• Produce and implement staff and client I.T. policies so that staff and clients can use IT safely, securely and legally, with regard to safeguarding and Prevent duties.

4.4 Volunteer Services team
• Produce volunteer handbook which includes guidance on safeguarding and professional boundaries
• Produce written guidance to staff who manage volunteers on local induction and volunteer supervision
• Deliver volunteer management training to staff
• Deliver safeguarding training appropriate to volunteers in client-facing roles

4.5 Quality and Continuous Improvement team
• Produce policies and procedures for staff which are legally compliant, reflect best practice in the sector and updated as often as required and every 3 years as a minimum.
• Ensure staff are informed of new guidance or changes to existing policies and procedures through organisational methods e.g. all–staff, weekly Bulletin, staff intranet, emails to all managers

4.6 Safeguarding Lead and Deputy Lead
• Review safeguarding incident reports and provide advice and guidance, as required
• Support staff to make referrals to appropriate agencies with regard to concerns about safeguarding, including radicalisation, as required
• Support staff to work constructively with partners, including local authorities, police, NHS and other providers.
• Ensure internal safeguarding and professional boundaries (both face-to-face and e-learning) is comprehensive and compliant with our safeguarding and Prevent duties.

4.7 St Mungo’s Organisational Leads
Board Lead: Robert Napier, Chair
Safeguarding Lead: Dominic Williamson, Executive Director of Strategy and Policy
Safeguarding Deputy Lead and Information Governance Lead: Claire Tuffin, Deputy Director of Strategy and Policy
Caldicott lead: Andrew Casey, Health Strategy, Policy and Networks Manager

5 Types of abuse
5.1 Physical abuse
Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, fabricating the symptoms of, or deliberately inducing, illness.

5.2 Sexual abuse
This is the involvement of a person in sexual activities for the gratification of the abusers and which the victim:

5.2.1 Does not want and has not consented to.

5.2.2 Does not understand and is not able to consent to.

5.2.3 Has been coerced into because the abuser/s is in a position of trust, power or authority.

5.2.4 Or which are against the law.

5.2.5 This includes sexual exploitation, in which the victim receives something e.g. money, alcohol, accommodation, in return for sexual activity, but where consent has not taken place.

5.3 Emotional and psychological abuse
This is behaviour that has a harmful effect on the adult’s emotional health and development or any other form of mental cruelty that results in:

5.3.1 Mental distress.
5.3.2 Humiliating someone in private or public.

5.3.3 The denial of basic human and civil rights such as self-expression, privacy and dignity.

5.3.4 The negation of the adult’s choices, independent wishes and self-esteem.

5.3.5 Behaviour that causes isolation or over-dependence and has a harmful effect on an adult’s emotional health, development or wellbeing.

5.3.6 For information about domestic abuse, including guidance on Multi-Agency Risk Assessment Conferences (MARAC) and the Domestic Violence Disclosure Scheme, see Domestic Abuse (B23).

5.4 Financial and material abuse

The use of a person’s property, assets, income, funds or any resources without their informed consent or authorisation. This may be by ‘friends’ or associates also referred to as ‘mate crime’.

Examples:

5.4.1 The withholding of money.

5.4.2 The unsanctioned use of a person’s money or property, including taking over or ‘hijacking’ a person’s home and tenancy.

5.4.3 Disposal or sale of possessions by another party.

5.4.4 The entry of a person into contracts or transactions (e.g.: loans, gifts) that are not understood and which are to their disadvantage and/or which have been as a result of coercion of some kind.

5.4.5 Staff must take steps to ensure clients’ property and finances are secure. For guidance, see B06 Handling clients’ money and valuables and B04 Accessing benefits and money advice. If local authorities feel clients’ property is at risk, they are bound by law to take reasonable steps to prevent or mitigate loss or damage. (Care Act 2014, s47)

5.5 Neglect and Acts of Omission

Neglect is the failure of any person who has responsibility for the charge, care or custody of a client to provide the amount and type of care that a reasonable person would be expected to provide. Examples:

5.5.1 Depriving someone of everyday essentials like food, clothes, warmth and hygiene needs.

5.5.2 Depriving someone of a service.

5.5.3 Failure to intervene in behaviour which is dangerous to the adult or others.

5.6 Discriminatory abuse

Examples:

5.6.1 When values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals

5.6.2 Exploitation of a person’s vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society e.g. education, health, justice, civic status and access to services and protection
5.7 **Organisational abuse**

5.7.1 This is the mistreatment or abuse of a client by a regime or individuals within an institution.

5.7.2 It occurs when routines, systems and norms of an institution compel individuals to sacrifice their own preferred lifestyle and cultural diversity to the needs of the institution.

5.7.3 It can occur through repeated acts of poor or inadequate care and neglect, or poor professional practice.

5.7.4 Registered care services are bound by the Duty of Candour from the Health and Social Care Act 2008, which requires services ‘must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity’.

5.7.5 This procedure does not apply to clients while they are in prison; however prisons are still obliged to cooperate with Safeguarding Adults Boards.

5.8 **Elder abuse**

5.8.1 Both older men and women can be abused by both carers and those they care for.

5.8.2 The abuser is usually well known to the victim - a partner, relative, friend or neighbour, paid or volunteer carer, a health or social worker, or other professional.

5.8.3 Often, the people who abuse older people are exploiting a special relationship of trust.

5.9 **Modern Slavery**

5.9.1 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. Types of slavery can include sexual exploitation (mostly women and children), forced labour, domestic servitude and criminal exploitation, e.g. being forced to work in a cannabis farm or pick-pocketing.

5.9.2 If you think a person is in immediate danger you should call 999 and ask for the police. If you suspect slavery is happening and there is no immediate threat to life, report the issue as safeguarding. The Modern Slavery helpline can also be used to report if you suspect slavery is happening - 0800 0121 700.

5.9.3 Human trafficking is part of modern slavery. The Police are the lead agency in managing responses to adults who are the victims of human trafficking. The National Referral Mechanism is a framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services.

5.9.4 Make sure clients are aware of the dangers of forced labour and their rights around UK employment, benefits and immigration law.

5.9.5 Warn clients that if an opportunity sounds ‘too good to be true’, it probably is – especially offers of employment linked to accommodation.

5.9.6 Inform clients never to hand over their passport or other identity documents to anyone other than those from official authorities.

5.9.7 Encourage clients to report anyone approaches them with offers of employment or other suspicious behaviour.
5.9.8 Traffickers and slave masters see services that support vulnerable individuals as prime locations to target people for exploitation.

5.9.9 Resources available at [Homeless Link – Trafficking and Forced Labour](#).

5.10 Allegations against carers who are relatives or friends

In cases where unintentional harm has occurred this may be due to lack of knowledge, support or the carer’s own physical or mental needs make them unable to care adequately for the client. The carer may also have care and support needs and should be referred to the local authority for a carer’s assessment.

5.11 Hate crime

Something is a hate incident if the victim or anyone else thinks it was motivated by prejudice based on one of the following characteristics. This includes perceived, as well as actual characteristics e.g. homophobic verbal abuse directed at someone, regardless of whether or not s/he is gay. All police forces record hate incidents based on these 5 characteristics and some police forces also record hate incidents based on age.

- Race (including nationality)
- Religion
- Transgender identity
- Sexual orientation
- Disability

Examples of hate incidents:

- verbal abuse e.g. name-calling, offensive jokes
- bullying or intimidation
- threats of violence
- hoax calls, abusive phone or text messages
- online abuse e.g. on Facebook or Twitter
- displaying or distributing discriminatory literature or posters
- graffiti
- malicious complaints

A hate crime is a criminal offence carried out because of prejudice based on the five characteristics above and can result in a tougher sentence on the offender, if they are prosecuted. E.g.

- assault
- criminal damage
- harassment
- murder
- sexual assault
- theft
- fraud
- hate mail

Hate incidents can escalate into hate crimes and there may be other victims, outside of St Mungo’s, so it is always worth reporting hate incidents to the Police, as well as hate crimes.

To record internally, use the incident reporting function on Opal with the relevant nature of incident e.g. verbal abuse, physical assault, harassment & bullying and then also select for safeguarding adults.

5.12 **Exploitation by radicalisers who promote violence**

Adults with care and support needs may be susceptible to exploitation into violent extremism by radicalisers who attempt to attract people to their cause using persuasion or charisma. The aim is to inspire new recruits and embed their extreme views.

Please see B37 S3 Preventing Radicalisation and Extremism for more detailed guidance. Call the Anti-Terrorist hotline on 0800 789 321 if you require further guidance.

5.13 **Peer abuse**

This is any form of abuse of one adult with care and support needs by another adult with care and support needs, both of whom are clients within a care setting.

5.14 **Abuse by children**

If a child or children is/are causing harm to an adult with care and support needs, this should be dealt with under the Safeguarding Adults procedure, but local authority children’s social care should be informed.

5.15 **Self-neglect**

5.15.1 This includes neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

5.15.2. If the client’s accommodation or environment is being severely neglected by the provider, this may constitute organisational abuse or neglect, as above.

5.15.3 Positively addressing self-neglect requires balancing the rights of the individual with a duty of care, and improvement will often be gradual. Addressing related issues such as such as isolation, fluctuating capacity, low self-esteem, and exploring longer-term goals and developing interests and activities is required.

5.16 **Self harm**

Self-harm is not a safeguarding issue on its own, although it may be a reaction to being abused – if this is the case, report the cause (i.e the abuse) as safeguarding and include details of the self-harm under impact on the client. See B45 Working with clients who self-harm for more information.

5.17 **Forced marriage**

5.17.1 A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage. It is a crime in the UK.

5.17.2 The Foreign Office’s Forced Marriage Unit can advise on tools available to tackle forced marriage, including legal remedies, overseas assistance and how to approach victims.

Call: 020 7008 0151 (Mon-Fri: 09.00-17.00)

Email: fmu@fco.gov.uk or for outreach work: fmuoutreach@fco.gov.uk

Web: www.gov.uk/forced-marriage

Address: Forced Marriage Unit, Foreign & Commonwealth Office, King Charles Street, London, SW1A 2AH
For all out-of-hours emergencies, please telephone 020 7008 1500 and ask to speak to the Global Response Centre.

5.18 Recognising abuse
5.18.1 It is often difficult to recognise abuse and exploitation.

5.18.2 Staff should be alert to:

- Changes in a client’s disposition or demeanour.
- Overhearing indications of abuse or exploitation from a client.
- Being informed directly or indirectly by other clients, visitors, member of the public, carer or other professional.

5.18.3 If indicators of abuse appear incrementally over time (and there is no disclosure of abuse by the client), it can be less clear that the client is being abused or at risk of abuse. In these cases, discuss the signs with your line manager, safeguarding leads or professionals at partner organisations who work with the client. Sharing relevant information promptly is a crucial part of harm reduction and managing and responding to safety concerns.

5.18.4 See B37S1 for a detailed list of indicators of abuse.

6 Responding to a disclosure of abuse
6.1 Listen.

6.2 Assure the adult making the allegation that they will be taken seriously.

6.3 Do not be judgmental, express disgust or jump to conclusions.

6.4 Explain that:

6.4.1 You have a duty to report to your line manager (or their manager if they are implicated in the abuse).

6.4.2 Concerns raised will have to be shared with your manager and external agencies (including the Police).

6.4.3 You will take steps to protect them from further abuse.

6.5 Ask open questions e.g. tell me what happened?

6.6 Do NOT contaminate evidence and witnesses by:

6.6.1 Discussing the allegation of abuse with the alleged perpetrator or anyone other than the relevant manager (see below).

6.6.2 Moving or destroying articles that could be used in evidence.

6.6.3 Consult B48 – Preventing and Responding to Sexual Assault, if relevant.

6.7 Ensure the victim is safe/not in immediate danger.

6.8 Contact the emergency services e.g. Police, ambulance, if there is a threat to life, serious injury, or if a crime has been committed.

6.9 Secure the scene, if appropriate, to ensure that no forensic evidence is lost.

6.10 Consider whether there is a concern to the safety of other clients.

6.11 If the service manager is absent, contact the On-call manager or Regional Head.
7 **If there are concerns that abuse may be occurring**

7.1 Staff members should discuss this with the service manager and agree actions, which may include:

7.1.1 Speak with the client to establish whether there is reason to suspect abuse.

7.1.2 Take action to protect other clients.

7.1.3 Complete an Incident Report Form (B07S1).

7.1.4 Review the client's Safety and Wellbeing Plan.

7.1.5 Seek advice from the regional head or group manager or St Mungo’s safeguarding lead or deputy lead, if necessary.

7.1.6 If it is suspected that a client is being abused by another client in the same service, both clients' Safety and Wellbeing Plans must be reviewed.

7.1.7 Do not discuss concerns or suspicions with any person suspected to be causing the abuse as you could increase the concerns to clients’ safety and could prejudice any later enquiry.

8 **Medical treatment and examination**

8.1 In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means (for example, accidentally or intentional self harm). Medical or specialist advice should be sought.

8.2 If medical treatment is needed, an immediate referral should be made to the person's GP, Accident and Emergency (A&E) or a relevant specialist health team. If forensic evidence needs to be collected, the Police should always be contacted and they will normally arrange for a Police surgeon (forensic medical examiner) to be involved.

8.3 Consent of the client should be sought. Where the person does not have capacity to consent to medical examination, a decision should be made by staff in consultation with the medical professional who would carry out the examination, on the basis of whether it is in the person’s best interest for a possibly intrusive medical examination to be conducted.

9 **Abuse or allegations of abuse by a member of staff or volunteer against a client**

9.1 All St Mungo’s staff and volunteers must abide by the organisation’s code of conduct. Abuse of a client is gross misconduct, as well as illegal under the Criminal Justice and Courts Act 2015.

9.2 The Whistle-Blowing procedure (A04) underlines the responsibility of staff to report staff actions which are abusive of clients, or which are unethical, and explains the process of reporting issues of concern to the Care Quality Commission or local authority. [Staff can report concerns using whistleblowing@mungos.org](mailto:whistleblowing@mungos.org)

9.3 Incident management following an allegation of abuse against a staff member:

9.3.1 Inform the Safeguarding Lead and Safeguarding Deputy Lead.

9.3.2 Inform the relevant HR partner for the service.

9.3.3 Contact the Police and Social Services as soon as possible and within 24 hours, if the allegation is criminal.
9.3.4 The manager tasked with investigating the allegation should be approved by the Safeguarding Lead and Deputy Lead to ensure an objective investigation.

9.3.5 If the client concerned has spoken to other clients, before or as well as speaking to staff regarding the allegations, staff will need to inform the clients concerned that the allegation has been taken seriously and an investigation is taking place. However, this must be done with sensitivity and with due regard to confidentiality. This will help to minimise rumours and maintain the stability and positive environment of the service.

9.3.6 Service management should also keep relevant staff members informed but, again with due regard to the sensitivity and confidentiality of the situation.

9.3.7 The service manager (or their line manager, if they are suspected) should decide if there is an on-going possibility of further abuse or of pressure being brought to bear on the person making the allegation. If it is felt that this is possible, the staff member should be either suspended or reassigned to other duties while an enquiry takes place.

9.3.8 Operational decisions affecting a client who has made an allegation, e.g. exclusions, warnings, evictions, should be discussed with Safeguarding Lead and Deputy Lead.

9.3.9 All recommendations following an investigation to be reviewed by the Safeguarding Lead and Deputy Safeguarding Lead.

9.3.10 Support should be offered to both the client and the staff member (from the Employee Assistance Programme, and the union, if appropriate) during the investigation.

9.3.11 Seek advice promptly from HR and the Safeguarding Lead and Deputy Lead, if you have any questions on any of the above actions.

9.4 All allegations about volunteers should be dealt with through volunteer services procedures. Contact the Head of Volunteer Services, in addition to the Safeguarding Lead and Deputy Safeguarding Leads for advice on relevant actions.

10 If the client does not want action to be taken

10.1 The client may not wish any action to be taken to stop the abuse from occurring. However, staff have a duty to act to protect clients from abuse.

10.2 Action must be taken by staff where:

10.2.1 A crime has been committed.

10.2.2 There is a possibility that a crime could be committed.

10.2.3 The allegation involves a member of staff or paid carer.

10.2.4 There is a possibility of harm to other adults or children.

10.2.5 The alleged perpetrator is also an adult with care and support needs.

10.2.6 There are concerns that a client does not have mental capacity.

10.2.7 There are concerns that the client may be under influence or duress.

10.3 Explain that staff have a duty to act.
10.4 Remind the client that his/her rights are being infringed.
10.5 Try to address any concerns the client may have about disclosure.
10.6 Explain the disadvantages of allowing abuse to continue and the possible safety concerns to the client.
10.7 Explain possible options that might be taken to ensure the client’s safety e.g. transfer to another service, the loan of an alarm, depositing cash for safekeeping (in cases of financial abuse).

11 Recording and raising a concern
11.1 Accurate records should be made at the time of the disclosure or discovery giving details of the incident and/or the grounds for suspecting abuse. Use the incident reporting function on Opal (see B07 Incident Reporting for guidance) and mandatory reporting processes by the service’s commissioner (e.g. Local Authority, Care Quality Commission).

11.2 The record of the report of suspected abuse should be passed to the relevant manager within 12 hours of the disclosure of abuse being made.

11.3 You must include:

- As much detail as possible of the allegation or the grounds for suspecting abuse.
- Date and time of the incident.
- People involved.
- Details of any observed injuries.
- Appearance and behaviour of the victim, including any injuries.
- Victim’s account of events, as far as possible in their words. Use speech marks to indicate speech recorded verbatim
- Names of any witnesses.
- If you were present, record exactly what you saw.

11.4 Raising a safeguarding concern
11.4.1 The service manager or staff member in consultation with the service manager will alert the local Social Services Safeguarding Adults Team. The Regional Head may be consulted in this regard.

11.4.2 Where the client is already known to local Social Services, the relevant Care Manager or Care Co-ordinator will be notified as well to expedite the process.

11.5 Factors which must be included in reporting to the Safeguarding Adults Team are:

- The vulnerability of the client
- The nature and extent of the abuse.
- The period during which the abuse has been happening.
- Its impact on the victim.
- The impact on others.
- The likelihood of repeated or increasingly serious acts.
- Whether a child (under 18 years) is involved (See B46 Safeguarding Children).

11.6 The local authority has the following legal duties (from April 2015) under the Care Act 2014:

11.6.1 To promote adults’ wellbeing in the area of protection from abuse and neglect (section 1).
11.6.2 To make or arrange any enquiries necessary to decide if action should be taken and if so, what action should be taken and by whom if the local authority “has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)

(a) Has needs for care and support (whether or not the authority is meeting any of those needs),

(b) Is experiencing, or is at risk of, abuse or neglect, and

(c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.” (Section 42).

11.7 Anonymous information or information from people who do not want to be identified should also be recorded.

11.8 Information should be stored so that it is not accessible by anyone implicated in the safeguarding allegation.

11.9 The client’s wishes are also to be clearly recorded especially where s/he does not wish action to be taken.

11.10 All communication in relation to a safeguarding concern should be recorded and retained.

11.11 Enquiries related to St Mungo’s clients who have care and support needs are categorised as ‘Statutory Safeguarding Enquiries’. For clients with low support needs only, the local authority is can use their discretion to make ‘Non Statutory Safeguarding Enquiries’.

11.12 There is a possibility that a local authority will ask St Mungo’s to make enquiries.

11.12.1 The manager of the client’s service should clarify with the local authority what is expected, as this could range from a conversation with the client to a formal multi-agency meeting.

11.12.2 The purpose of an enquiry is to decide if the local authority, St Mungo’s or any other organisation or person needs to take action to protect the client.

11.12.3 The client should be involved from the beginning of the enquiry

11.12.4 The manager should record the concern, client’s views, any immediate action taken and the reason for those actions.

12. Formal communication with a person raising a concern

12.1. Following the report of a safeguarding concern, staff are to write to the person who has raised the concern, informing them of what action will be taken as a result. Provide general information only about how the matter will be investigated, within the limits of confidentiality.

12.2. Information to be sent can be checked with a manager, organisational Safeguarding Lead or Information Security.

12.3. Once the investigation has been concluded, write again to the person who raised the concern to advise them of the outcome, again providing general information only, within the limits of confidentiality.
Managing abuse allegations where the victim and abuser are clients in the same service

13.1 In cases where a client is allegedly being abused by another client the safety of the victim is paramount.

13.2 Where the alleged abuser and victim are clients of the same service, the same processes are followed but the service manager will need to consider whether the service can manage the situation with both parties onsite.

13.3 If this is not feasible, it may be necessary to arrange the transfer of one client while the situation is being investigated.

13.4 Decide if the alleged perpetrator needs to be represented during the enquiry (e.g.: by a relative, social worker or solicitor) to avoid a potential conflict of interest.

13.5 Decide if the matter is likely to come to the attention of the Police. If so, be aware of PACE regulations (Police and Criminal Evidence Act 1984) relating to the provision of an appropriate adult to accompany the client being investigated. (See B18 Working with the Police)

Sharing information

14.1 If you have any questions about the sharing of information related to safeguarding, contact the Quality team on infosec@mungos.org

14.2 Sharing with staff of St Mungo’s

14.2.1 Information given to an individual member of staff belongs to St Mungo’s and not to the individual staff member.

14.2.2 Information will be shared internally on a need-to-know basis.

14.2.3 Information will only be shared in the best interests of the victim.

14.2.4 Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult.

14.2.5 Staff reporting concerns at work (‘whistleblowing’) are entitled to protection under the Public Interest Disclosure Act 1998.

14.2.6 The Safeguarding Lead and Deputy Lead will be notified and kept informed on the progress of the enquiry.

14.3 Sharing with the alleged victim

14.4 The client will be updated as to the progress of the enquiry of the allegation and the next steps.

14.5 This should be done as soon as is reasonable so that the victim is reassured that action is being taken.

14.6 Where there is no legal requirement to obtain written consent before sharing information, it still is good practice to do so and explain what information may be shared and under what circumstances, with other people or organisations.

14.7 Sharing with the alleged perpetrator
14.8 If the alleged perpetrator is a client, and an enquiry is underway, guidance should be sought from the Information Security team as to what information can be disclosed.

14.9 If the alleged perpetrator is a staff member, locum, agency worker, volunteer or student on placement, guidance must be sought from an HR partner and the Information Security team as to what information should be communicated.

14.10 **Sharing with other clients**

Information will not be shared with other clients who are not involved in the safeguarding concern.

14.11 **Client consent to sharing information with other agencies**

Prior to sharing information with other agencies, the client’s consent should be requested. This will have been done at the point of the client taking up the service/booking in, when the client signs a Confidentiality Contract (B02S5). However, it should be further explained that it may be necessary to share information when a crime has been committed or there are concerns about others’ safety.

15 **What to do if a safeguarding enquiry is closed with no further action**

15.1 At times, a safeguarding enquiry may be closed with no further action. If this happens, take the following steps:

15.1.1 Ask for full explanation on why the safeguarding enquiry has been closed with no further action being taken.

15.1.2 Review the information in the enquiry for completeness and clarity. Was there something important which was omitted and were concerns about the clients’ safety explicitly stated?

15.1.3 Did the Safeguarding Team have a full and proper understanding of the safety concerns involved?

15.1.4 Pass any further relevant information to the team such as information missing from the original enquiry or additional information which is now available.

15.1.5 Review the Safeguarding Team’s practice and decision against relevant local procedures (often called threshold and/or criteria documents). These are usually published online with the rest of the local authority’s procedures or staff should request a copy. Are they working in accordance with these procedures or is there a gap between what their procedures require and what they have done?

15.2 If the above steps are taken and there is no change, contact the local authority’s lead for Safeguarding Adults, or if there is no one in that position, another manager within the organisation. If the disagreement remains unresolved, a complaint can be made to the relevant local authority complaints officer.

15.3 For further support on escalating enquiries closed with no further action, please see B08S18 - Guidance for Advocating for Clients.

15.4 If the enquiry is rejected on the grounds that a client has the capacity to make unwise decisions, consider the following questions:

- Might the person have been coerced or subject to duress?
- Are there concerns about anyone else’s safety?
- Has the person had a mental capacity assessment regarding the particular safeguarding issue?
- Has the person recently been diagnosed, e.g. with a mental health need?
- Have the person’s circumstances deteriorated or their needs increased?
- Does the person have fluctuating or complex needs?
- Is there a sudden change in the person’s behaviour indicating an escalating problem?
- Has the Clients Safety and Wellbeing plan been updated regarding the particular safeguarding issue?
- Might the alleged abuser be experiencing harm, or might they have care and support needs?

16 Supporting a client who makes repeated allegations

16.1 A client who makes repeated allegations that have been investigated and are unfounded should be treated without prejudice.

16.2 Each allegation must be responded to under these procedures. See section 9 for guidance regarding allegations against staff.

16.3 A Safety and Wellbeing Plan must be completed in full and measures taken to protect staff and others and a case conference convened, where appropriate.

16.4 Each incident must be recorded.

16.5 Responding to family members, friends and neighbours who make repeated allegations

Allegations of abuse made by family members, friends and neighbours should be investigated without prejudice. However, where repeated allegations are made and there is no foundation to the allegations and further enquiry is not in the best interests of the client, refer to the A07 Complaints, Suggestions and Compliments Procedure, for details on vexatious complainants.

17 What happens once an enquiry is made?

17.1 The relevant Safeguarding Adults Manager at the local authority may decide to hold a strategy discussion or meeting involving all agencies which are supporting the client.

17.2 The purpose will be to agree a multi-agency plan to investigate the allegations and assess the concerns to the safety of the person who is being harmed, and address any immediate needs to coordinate the collection of information about the abuse or neglect. This may involve continuing the enquiry, or triggering a referral to other processes, such as a criminal enquiry.

17.3 Local authorities have a duty under the Care Act 2014 to establish a Safeguarding Adults Board to help and protect adults in its area who are or are at risk of experiencing abuse or neglect and are unable to protect themselves against it. The Board may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective, including making whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case and, if so, what and by whom. St Mungo’s must cooperate with any request from a safeguarding board e.g. supply information, but Safeguarding Boards must be mindful of the burden of such requests on organisations.
17.4 A continuing enquiry may result in a case conference and a protection plan which will be regularly reviewed.

17.5 Possible outcomes for the client could include:
- Assessment of care and support needs
- Review of care and support needs
- Transfer to a different accommodation service
- Application to Court of Protection
- Application to change of appointeeship
- Referral to advocacy service
- Referral to counselling services
- Guardianship/use of Mental Health Act 1983 (amended by Mental Health Act 2005)
- Review of self-directed support.
- Restriction/management of access to source of safety concern
- Referral to Multi Agency Risk Assessment Conference (see B23 Domestic Abuse)
- Referral to training services
- Management of access to finances

17.6 Possible outcomes related to the source of the safety concern
- Assessment of care and support needs
- Review of care and support needs
- Referral to counselling services
- Disciplinary action (for staff)
- Police action
- Management of access to the client
- Management of access to finances

17.7 Where there is a multidisciplinary meeting called by the local authority safeguarding team:
- The Regional Head and/or Service Manager should attend unless implicated.
- The Safeguarding Lead or Deputy Lead may attend.
- The Safeguarding Lead/Deputy Lead and Regional Director should be notified of any multidisciplinary meetings and kept informed of any issues or outcomes arising from the meeting.

17.7.4 When an enquiry indicates that abuse has occurred, the manager with responsibility for the service to which the client is connected should meet with his or her line manager to agree the action(s) to be taken to prevent re-occurrence.

18 Closing a concern

18.1 A concern is closed when relevant action has been taken to address the abuse, even if the abuse is ongoing. It will typically be closed after the process of reporting, external referral, case conferences and creating an action plan has taken place.

18.2 Recording on Opal and in the local safeguarding log should summarise the action taken and the closing of the concern, noting if there are ongoing actions or issues and who will be responsible for addressing these.

18.3 After the concern is closed ongoing support arising from the alert should be recorded under the relevant action headings (e.g. health, external services).
18.4 A new concern should then be completed if circumstances change or a new incident occurs, even if it is a continuation of the previous abuse. The new form should refer to the previous case.

18.5 If the allegation is unfounded then the issue should be recorded in the clients' records. It may be that the client has made the allegation because they didn't like the worker or was unhappy with something the worker did. They may need support around expressing their needs and/or dissatisfaction in more appropriate ways. If the allegation was made about their keyworker, it may be more appropriate for the manager to address this part of the action plan and consider a change of keyworker.

18.6 Closing a concern relates to procedure, recording and review, and prompts the manager to consider each case and reflect on practice. It is not intended to signify that a solution has been reached or that the abuse has ended.

19 **Supporting clients who discuss safeguarding concerns about other people**

Clients who raise concerns related to safeguarding should be supported by discussing their concerns with them, the options which are open to them and the implications of each course of action. Staff must not promise to keep information confidential.

20 **Training and learning**

20.1 All managers, staff, locums, volunteers and students on placement working in services must complete mandatory e-learning training on safeguarding provided by St Mungo’s and attend training around boundaries with clients as part of their induction.

20.2 Safeguarding training is provided by Learning & Development and should be renewed every three years.

20.3 Commissioners may specify more frequent renewal of the training they provide and this must be complied with.

20.4 Staff must also access safeguarding training offered by local authorities or other specialist providers, as required the type of service in which they work. E.g. families, women with complex needs, CQC registered care.

20.5 Managers should attend appropriate training related to the recruitment of staff, as well as appropriate training in the management of safeguarding issues. Managers working in care services must complete training in the requirements of the Mental Capacity Act 2005 and the principles of deprivation of liberty.

20.6 All attendance at safeguarding training must be notified to the Learning & Development department so that details of attendance can be noted on staff records.

20.7 Persistent failure to complete safeguarding training and relevant updates will be treated as a capability and disciplinary issue.

21 **Monitoring**

21.1 The Regional Director will review safeguarding cases with the Service Manager on a six monthly basis as part of the Local Operational Review Meeting.

21.2 All medium-high rated incident reports which are marked as safeguarding will be reviewed by one of the organisational Safeguarding Leads.
21.3 The Safeguarding Lead for the Board will meet with the organisational Safeguarding Leads on a six monthly basis and will be provided with a safeguarding summary which will include numbers of safeguarding cases, very serious cases, and lessons learned.

21.4 An annual safeguarding review will be provided to the Board and the Organisational Learning Group (the Safeguarding Lead for the Board will be provided with a draft copy in advance).

22 Diversity implications
Services provided should be appropriate to the client and not discriminate because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The primary focus/point of decision making should be as close as possible to the client, and individuals must be supported to make choices. Clients should be offered advocacy services as appropriate to their needs. Clients should be given information, advice and support in a form that they can understand and have their views included in all forums that are making decisions about their lives. All decisions taken by professionals about a person’s life should be timely, reasonable, justified, proportionate and ethical.

23 List of relevant procedures and documents
- St Mungo’s Code of Conduct (applies to staff and volunteers)
- Whistleblowing (A04)
- Handling clients’ money and valuables (B06)
- Keyworking, Action Planning and Client Safety (B08)
- Records, Recording and Access to Records (B12)
- Preventing and Responding to Violence (B14)
- Responding to Bullying and Harassment of Clients (B15)
- Sanctions and Appeals (B17)
- Working with the Police (B18)
- Visitors (B20)
- Domestic Abuse (B23)
- Working with Pregnant Clients and Clients with Children (B24)
- Leaving accommodation, Abandonment and Storage of Belongings (B26)
- Working with Clients who Self harm (B45)
- Safeguarding Children (B46)
- Preventing and Responding to Sexual Assault (B48)
- Induction checklists for new client-facing staff and new line managers
- Supervision standard agenda and notes proforma
- Disciplinary policy and procedure
- Capability procedure
- Learning and Development in St Mungo’s policy
- Volunteer Policy
- Volunteer Handbook
- Staff Resource Pack for Volunteer Management
The following documents were consulted in the review of this policy and procedure:

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<td>2.</td>
<td>The Protection of Freedoms Act 2012 N.B. St Mungo’s is not bound by this legislation, since it applies to public authorities, but nonetheless acts within its principles.</td>
<td><a href="http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted">http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted</a></td>
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This policy and procedure was developed in consultation with:

- All staff from Services Directorate
- Internal Auditor
- HR Director
- Outside In
- St Mungo’s Safeguarding Lead and Deputy Lead
- External specialist consultant – Michael Mandelstam