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1 Policy statement

- 1.1 St Mungo's has ethical and legal duties to act to prevent abuse; and 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 and neglect of clients in our services.
- 1.3 The nature of the services that St Mungo's provides means that staff can have influence over clients. A proportion of St Mungo's clients have needs related to care and support; St Mungo's needs to ensure that this influence is not abused.
- 1.4 St Mungo's is committed to a recovery and personalisation ethos which, in the context of safeguarding, involves an outcome focussed approach that is multidisciplinary, 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, effective multidisciplinary assessments and joint working partnerships, including with the Police, local authorities, the Care Quality Commission and the NHS.
- 1.6 St Mungo's Adult Safeguarding procedure is informed by relevant legislation that St Mungo's is required to comply with in the context of safeguarding. St Mungo's is not bound by The Protection of Freedoms Act 2012, since it applies to public authorities, but acts within its principles.
- 1.7 St Mungo's must follow the six principles of safeguarding that underpin all adult safeguarding work, as set out in the Care Act 2014. These are:

Empowerment - presumption of person led decisions and informed consent.

Prevention - strategies are developed to prevent abuse and harm from occurring.

Proportionality - a proportionate and least intrusive response is made, balanced with the level of risk presented.

Protection - support and representation for those in greatest need.

Partnerships - local solutions through services working together within their communities.

Accountability - accountability and transparency in delivering safeguarding.

2 Scope

This procedure is to be followed by all staff, volunteers, locums, agency workers, trustees and students on placement. It applies when there is alleged or suspected abuse of an adult who is:

- A client of a St Mungo's service;
- related to, or in contact with, a client of a St Mungo's service; or
- in contact with a member of St Mungo's staff, volunteer, locum, agency worker, trustee or student on placement as part of the work of that individual.

This procedure does not apply to St Mungo's clients who are accessing our services whilst they are in prison; however St Mungo's Criminal Justice services should adhere to prison processes for safeguarding.

3 Diversity implications

- 3.1 Services provided should be appropriate to the client and not discriminate in relation to any of the nine protected characteristics defined in the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation).
- 3.2 The primary focus/point of all decision making should be as close as possible to the client's wishes and they must be supported to make their own choices. Clients should be offered advocacy services as appropriate to their needs.
- 3.3 Clients should be given information, advice and support in a format that they can understand. Clients should 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.

4 Definitions

4.1 Adult Safeguarding

Adult Safeguarding is a legal framework for protecting the rights of an adult with care and support needs, to live in safety, free from abuse and neglect. Adult safeguarding is about people and organisations working together to prevent and minimise both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

A local authority must act when it has 'reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse or neglect, and
- Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.' (Section 42 Care Act 2014)

Within the scope of this definition are:

- All adults who meet the above criteria, regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities.
- Adults who manage their own care and support through personal or health budgets.
- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support.
- Adults who fund their own care and support.

4.2 Adults with care and support needs

This term replaces the previously used terms 'vulnerable adult' and 'adult at risk'. 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.

4.3 Abuse

Abuse is an intentional violation of an individual's human and civil rights by any other person or persons and may consist of a single act or repeated acts. Abuse may be

physical, verbal or psychological and can occur in any relationship. Abuse may result in significant harm to, or exploitation of, the person subjected to it.

4.4 **Adult safeguarding concern**

The term used to describe when there is, or might be, an incident of abuse or neglect and it replaces the previously used term of 'alert'. A safeguarding concern can be raised by anyone and can be:

- An active disclosure of abuse by the adult, where the adult tells a member of staff that they are experiencing abuse and/or neglect.
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example noticing unexplained injuries.
- An allegation of abuse by a third party, e.g. family/friend or neighbour who have observed abuse or neglect or have been told of it by the adult.
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public.
- An observation of the behaviour of the adult at risk or of the behaviour of another.
- A complaint or concern raised by an adult or a third party who does not perceive that it is abuse or neglect.
- Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits.

4.5 See B37 S9 for a full glossary of terms and acronyms relating to Adult Safeguarding.

5 **Mental capacity and consent**

5.1 The Mental Capacity Act 2005 applies to people aged 16 or above. The presumption is that those aged over 16 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. All interventions need to take into account the ability of the client to make informed choices about the way they want to live and the risks they want to take. All decisions taken in the safeguarding process must comply with the five principles outlined in the Mental Capacity Act 2005:

- **Principle 1: A presumption of capacity**
Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- **Principle 2: Individuals being supported to make their own decisions**
Adults must be given all practicable help before they are deemed as not being able to make their own decisions. If lack of capacity is established, it is still important to involve the individual as far as possible in making decisions.
- **Principle 3: Unwise decisions**
People have the right to make what others might regard as an unwise or eccentric decision. You must not treat someone as lacking capacity for that reason.
- **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 their best interests.
- **Principle 5: Less restrictive option**
Someone making a decision or acting on behalf of a person who lacks capacity must consider a decision or act that would interfere the least 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.

- 5.2 The purpose of a mental capacity assessment in the context of safeguarding is to find out if the relevant client has the mental capacity (at the time an enquiry would be made) to make informed decisions:
- about an enquiry and subsequent actions; and/or
 - about their own safety.
- 5.3 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. 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.
- 5.4 **Step one** of the capacity assessment considers whether the person has an impairment in the functioning of their mind or brain (permanent or temporary) and whether this is as a result of an illness, or external factors such as alcohol or drug use.
- 5.5 **Step two** of the capacity assessment states that a person is seen to be unable 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).
- 5.6 Every effort should be made to find ways of communicating with someone before deciding they lack capacity to make a decision based solely on their inability to communicate.
- 5.7 The assessment must be made on the balance of probabilities – is it more likely than not, that the person lacks capacity? You should make a record of why you have come to your conclusion where a person is deemed to either have or lack capacity for the particular decision.
- 5.8 The mental capacity of the client, and their ability to give their informed consent to any enquiry being made or action being taken relating to safeguarding, is a significant factor, but not the only factor, in deciding what action to take.
- 5.9 Safeguarding concerns can be raised for clients who have capacity. Where a client has the capacity to give informed consent, their wishes will be respected as far as possible.
- 5.10 See B49 Assessing Mental Capacity and the Mental Capacity Act and B21 Deprivation of Liberty Safeguards.

6 Informed consent

- 6.1 It is essential in safeguarding to consider whether the client is capable of making a decision to give informed consent to share information and raise a safeguarding concern. 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 or coercion, 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 appears to

be consent, you should use your professional judgement and seek guidance internally and/or from the Local Authority Adults Safeguarding Team.

- Making enquiries into the safeguarding issue, and subsequent agreed actions (e.g. a protection plan) to be taken going forward, in response to a concern that has been raised.

6.2 Where there is something that cannot be legally consented to or the risk to safety is too great, the concern should be reported to the Local Authority Adults Safeguarding Team without consent.

7 Wellbeing

Section 1 Care Act 2014 outlines the general duty of local authorities to promote an individual's wellbeing. Where care and support is required, St Mungo's will prioritise the client's wellbeing and consider their views, wishes, feelings and beliefs.

Wellbeing is a broad concept and is described as relating to the following areas:

- Personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control over day to day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation
- the adult's contribution to society.

8 Responsibilities for implementation

8.1 All staff, volunteers, locums, trustees and students on placement must

- Report any knowledge or suspicions of safeguarding or radicalisation concerns **within four hours** to their line manager, on-call manager (out of hours) or Service Head if neither are available and/or are implicated.
- Where a colleague or volunteer is suspected, report as above and additionally to the service's HR partner.
- Local external reporting processes may apply depending on contractual agreements. This should be checked and followed at a local level.
- Contribute to whatever actions are needed to safeguard and promote the client's wellbeing.
- Be alert to indicators of abuse or neglect.
- Be alert to the risks 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, St Mungo's safeguarding leads and external agencies e.g. local authority, Care Quality Commission, Police.
- Ensure safeguarding (both adults and children) is discussed regularly in staff meetings.
- 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.
- Ensure clients are provided with a copy of B37 S13 Safeguarding Leaflet for Clients and/or that they are readily available for clients within your project or service.
- Empower clients to have open conversations about safeguarding, equalities and radicalisation, while challenging unacceptable views/attitudes/behaviours.
- Ensure the client's Opal safeguarding log is updated as/when needed. All Services should record client safeguarding concerns on Opal whether they use Opal as a recording system or not. See B37 S15 Opal Safeguarding Log Guidance.
- Offer clients multiple opportunities to provide feedback: email, phone, face to face and written surveys, quality audit feedback, participation in external reviews, house/resident meetings, staff appraisal feedback, client satisfaction survey, the complaints process. See A02 Complaints, Suggestions and Comments.

8.2 All Managers must

- Ensure this procedure is implemented and reporting structures are adhered to.
- Ensure all staff have an appropriate level of knowledge of safeguarding, by completing training in current best practice and legislation, especially where and how it differs from practice around safeguarding children.
- Ensure relevant leaflets and information is displayed, restocked and updated whenever necessary, including complaints leaflets and posters, contact details for the local police team and local authority safeguarding adults team.
- Ensure all clients are given safeguarding information. See B37 S12 Safeguarding Fact Sheet for Clients and B37 S13 Safeguarding Leaflet for Clients.
- Highlight and discuss the organisational and local safeguarding procedures with all new members of staff as part of their induction; see Induction Policy.
- Ensure safeguarding is a standing item on team meeting agendas, and discussed during supervision and case callover sessions.
- Be familiar with the local Safeguarding Adults Board's procedures for reporting safeguarding concerns and the process for challenging lack of action or disagreement with the local authority (often called the escalation or dissent procedure).
- Be familiar with local appeals processes and St Mungo's escalation process. See B08 S11 Guidance Document, Advocating for Clients.
- Ensure all reporting and recording of safeguarding concerns is accurate, timely and client centred and recorded appropriately.
- Ensure regular checks are carried out of the Service's Opal safeguarding log to manage/monitor the progress of concerns. All Services should record safeguarding concerns on Opal whether they use Opal as a recording system or not.
- Ensure awareness 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. See B37 S3 Preventing Radicalisation and Extremism.

8.3 IT team

- Produce and implement staff and client IT policies so that staff and clients can use IT safely, securely and legally, with regard to safeguarding and Prevent duties.

8.4 Volunteer Services team will

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- Produce a 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.

8.5 Quality and Continuous Improvement team

- Produce safeguarding policy and procedures for staff that are legally compliant, reflect best practice in the sector and update them as often as required and once a year as a minimum.
- Ensure staff are informed of new guidance or changes to existing policies and procedures via the Weekly Bulletin, staff intranet and/or Managers Digest.
- Facilitate face to face Safeguarding and Professional Boundaries training.
- Manage both the quality and safeguarding inbox in order to respond to and support with queries relating to safeguarding.
- Review safeguarding incident reports and provide advice and guidance, as required.
- Manage the complaints inbox and raise any concerns that relate to safeguarding to relevant Managers and the Safeguarding Lead or Deputy Lead where necessary.

8.6 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.

8.7 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.

9 Types of abuse

9.1 Physical abuse

An intentional act or infliction of physical force or violence that causes or could result in bodily harm, typically in the form of physical discomfort, impairment, injury or pain. Physical abuse may also relate to any malpractice involving an individual's physical wellbeing.

Types of physical abuse can include:

- hitting or slapping with hands or objects
- punching, kicking, hair pulling, biting, pushing, shaking, rough handling
- scalding and burning
- physical punishments
- inappropriate or unlawful use of restraint
- unauthorised restraint or restricting movement (e.g. tying someone to a chair)

- involuntary isolation or confinement
- making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- misuse of medication (e.g. over sedation)
- forcible feeding, poisoning or withholding food.

9.2 Sexual abuse

Sexual abuse involves forcing or enticing an adult to take part in sexual activities, possibly involving violence, for the gratification of the abuser(s), which can be:

- rape, attempted rape or sexual assault
- using any body part or object to penetrate
- sexual touching of any part of an adult's body, whether they're clothed or not
- any sexual activity including masturbation of either or both parties, penetration or attempted penetration that the person does not consent to or lacks the capacity to consent to
- inappropriate looking, sexual teasing or innuendo or sexual harassment
- sexual photography or forced use of pornography or witnessing of sexual acts
- indecent exposure/flashing.

Sexual exploitation involves exploitative situations, contexts and relationships where the adult receives 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. They may be made to feel frightened of the consequences if they do not participate (coercion) or the person who is exploiting them may stand to gain financially.

9.3 Domestic abuse

Domestic abuse includes any incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, (including sexual violence), to those aged 16 or over, in the majority of cases by a partner or ex-partner, but also by a family member or carer. Domestic abuse can happen to anyone, regardless of gender identity or sexuality.

Domestic abuse can include, but is not limited to, the following:

- Coercive control (a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence)
- Psychological and/or emotional abuse
- Physical or sexual abuse
- Financial or economic abuse
- Harassment and stalking
- Online or digital abuse.

Domestic abuse can seriously harm children and young people and witnessing domestic abuse is child abuse. Children in the same household as an adult survivor of domestic abuse is considered to be at high likelihood of serious harm which meets the threshold for a referral to Children's Social Care. This referral should be completed by the referring agency at the same time as the Multi-Agency Risk Assessment Conference (MARAC) referral. See B23S6 Quick Guide Responding to Domestic Abuse.

Domestic abuse also includes so called 'honour' based violence (HBV), female genital mutilation (FGM) and forced marriage. If an adult safeguarding concern is raised about HBV, FGM or forced marriage, Police should be contacted as urgent action may need to be taken and they (in co-ordination with other relevant specialised organisations) have the necessary expertise to help manage the risk.

Coercive or controlling behaviour is a core part of domestic abuse. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

For information about domestic abuse, who can help, click [here](#). For guidance on MARAC, see B23 Domestic Abuse.

9.4 **Emotional or psychological abuse**

This can be any form of mental cruelty or the persistent emotional maltreatment of an adult that has a harmful effect on their emotional health, development or wellbeing. Emotional or psychological abuse can include:

- preventing someone accessing services, educational and social opportunities, meaningful occupation or activities or seeing friends
- removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- preventing someone from meeting their religious and cultural needs
- preventing the expression of choice and opinion
- failure to respect privacy or dignity
- intimidation, coercion, harassment, humiliation, bullying or verbal abuse
- threats of harm or abandonment
- cyberbullying.

9.5 **Financial or 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'. Types of financial or material abuse can include:

- theft or withholding of money, benefits or possessions
- employees taking a loan from a person using the service
- disposal or sale of possessions by another party
- undue pressure, duress, threat or influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- denying assistance to manage/monitor financial affairs or access benefits
- misuse of personal allowance in a care home
- someone moving into a person's home and living rent free without any agreement including 'cuckooing'
- false representation, using another person's bank account, cards or documents
- exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.

Staff must take steps to ensure clients' finances are secure. For guidance, see B06 Handling clients' money and valuables. 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. (Section 47 Care Act 2014).

Financial or material abuse encompasses **economic abuse**. Economic abuse is when someone interferes (through control, exploitation or sabotage) with their partner's ability to acquire, use and/or maintain economic resources. Economic resources include: money, housing, transportation, and utilities such as heating or items such as food or clothing.

9.6 **Neglect and acts of omission**

Neglect is the persistent failure to meet any person's basic needs that is likely to result in the serious impairment of the person's health or development. Neglect may occur during pregnancy as a result of maternal substance use. Types can include:

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Refusal of access to visitors
- Failure to intervene in behaviour which is dangerous to the adult or others.
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person or depriving someone of a service
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity.

9.7 **Self-neglect**

This includes neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. See B51 Working with Clients who Hoard.

Self-neglect should not lead to judgemental approaches to another person's standards of cleanliness or tidiness. All people will have differing values and comfort levels. Self-neglect concerns a person whose ability to manage their surroundings, their personal care, finances and/or basic daily living skills is so compromised that this is directly threatening their health and safety or the health and safety of others around them.

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.

Types of self-neglect can include:

- lack of self care to an extent that it threatens personal health and safety
- neglecting to care for one's personal hygiene, health or surroundings
- inability to avoid self harm. See B45 Working with Clients who Self Injure
- failure to seek help or access services to meet health and social care needs
- inability or unwillingness to manage one's personal affairs.

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

9.8 Organisational or institutional abuse

The mistreatment or abuse by a regime or individuals within an institution. 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. It can occur through repeated acts of poor or inadequate care and neglect, or poor professional practice.

Types of organisational abuse can include:

- Discouraging visits or the involvement of relatives or friends
- Run down or overcrowded establishments
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraint(s)
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not offering choice or promoting independence
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Failure to respond to complaints.

9.9 Modern slavery

Types of modern slavery can include:

- Human trafficking
- Forced labour
- Domestic servitude
- Criminal exploitation e.g. being forced to work in a cannabis farm or pick-pocketing
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to.

'County Lines' is the police term for urban gangs supplying drugs to suburban areas, market and coastal towns, using dedicated mobile phone lines or 'deal lines' to supply drugs and/or enable others to supply. Heroin, cocaine and crack cocaine are the most common drugs being supplied and ordered. Exploitation is a key element of the county lines offending model and it is an emerging theme, affecting children and young people and 'vulnerable' people. See B46 S11 Child Criminal Exploitation and County Lines.

If you have concerns that a client is involved in county lines or any other type of criminal exploitation, contact your local police by dialling **101**. If you think a client is in immediate danger you should call **999**.

If you suspect modern 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 012 1700** or complete an online form [here](#).

Human trafficking involves recruitment, harbouring or transporting people into a situation of exploitation through the use of violence, deception or coercion and forced to work against their will. The Police are the lead agency in managing responses to adults who are the victims of human trafficking and modern slavery. The National Referral Mechanism (NRM)

is a framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services.

Ensure clients are aware of the dangers of forced labour and their rights around UK employment, benefits and immigration law and warn clients that if an opportunity sounds 'too good to be true', it probably is, especially offers of employment linked to accommodation. Inform clients never to hand over their passport or other identity documents to anyone other than those from official authorities, if this is required under suspicious circumstances.

Traffickers and slave masters see services that support vulnerable individuals as prime locations to target people for exploitation. Resources available [here](#).

To read St Mungo's annual modern slavery statement, click [here](#).

9.10 **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 needs make them unable to care adequately for the client. The carer may also have care and support needs in which case they should be referred to the local authority for a carer's assessment.

9.11 **Hate crime**

The Crown Prosecution Service (CPS) defines 'hate crime' as an incident where the victim or anyone else thinks it was motivated by prejudice based on one of the following characteristics:

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

All Police forces record hate incidents based on the above characteristics and some Police forces also record hate incidents based on age.

Hate crimes include perceived, as well as actual characteristics (e.g. homophobic verbal abuse directed at someone, regardless of whether or not they identify as being gay).

Types of hate incident can be:

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

A hate crime is a criminal offence and can result in a tougher sentence on the offender, if they are prosecuted for assault or sexual assault, criminal damage, harassment, murder, theft, fraud or 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 both hate incidents and hate crimes to the Police.

To report externally, click [here](#). To report and 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 safeguarding adults.

9.12 Radicalisation

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.

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.

9.13 Discriminatory abuse

The unequal treatment of an individual based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010), which excludes them from opportunities in society e.g. education, health, justice, civic status and access to services and protection. Types of discriminatory abuse may include:

- verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- denying access to communication aids, not allowing access to an interpreter, signer or lip reader
- harassment or deliberate exclusion on the grounds of a protected characteristic
- denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- substandard service provision relating to a protected characteristic.

9.14 Elder abuse

This is a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. Elder abuse can affect any gender.

Typically 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. Often, the 'expectation of trust' that an older person may rightly establish with another person, may be subsequently violated which may lead to the experience or risk of experiencing elder abuse.

See B37 S1 Categories and Indicators of Adult Abuse.

9.15 Forced marriage

Hundreds of people in the UK (particularly girls and young women), some as young as nine, are forced into marriage each year. A 'forced' marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. It is a crime in the UK.

Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas or a British national being taken abroad. It is a crime in the UK.

In 2004, the Government's definition of domestic abuse was extended to include acts perpetrated by extended family members as well as intimate partners. Consequently, acts such as forced marriage and so-called 'honour crimes' (which can include abduction and homicide) now come under the definition of domestic abuse. See section 9.3 Domestic Abuse.

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: fmufco.gov.uk or for outreach work: fmuoutreach@fco.gov.uk. Web: www.gov.uk/forced-marriage.

For all out of hours emergencies, please telephone **020 7008 1500** and ask to speak to the Global Response Centre.

10 Recognising abuse

- 10.1 It is often difficult to recognise abuse and exploitation. 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.
- 10.2 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, contact safeguarding@mungos.org, or contact the 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.
- 10.3 It is important to be aware of reactions and/or the impact that abuse may have on individuals who are experiencing or at risk of experiencing abuse or neglect. Self harm is not a safeguarding issue on its own, but 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 Injure.
- 10.4 See B37 S1 Categories and Indicators of Adult Abuse for a detailed list of indicators.
- 10.5 See B23 Domestic Abuse for indicators of domestic abuse.

11 Responding to a disclosure of abuse

- 11.1 Listen.
- 11.2 Assure the person disclosing the abuse that they will be taken seriously.
- 11.3 Do not be judgmental, express disgust or jump to conclusions.
- 11.4 Explain that:
- you have a duty to report to your line manager (or their manager if they are implicated in the abuse)
 - concerns raised will have to be shared with them and external agencies (including the Police where needed)
 - you will listen to what they want to happen next and will try to incorporate this as best you can
 - you will take steps to protect them from further abuse.
- 11.5 Ask open questions e.g. tell me what happened?
- 11.6 Ensure the victim is safe/not in immediate danger and consider whether there is a risk to the safety of other clients.

- 11.7 Contact the emergency services (e.g. Police, ambulance), if there is a threat to life, serious injury, or if a crime has been committed which is considered an indictable offence. See B18 Working with the Police.
- 11.8 Secure the scene, if appropriate to ensure that no forensic evidence is lost. **Do not** contaminate evidence and witnesses by:
- discussing the allegation of abuse with the alleged perpetrator or anyone other than the relevant Manager
 - moving or destroying articles that could be used in evidence.
- Refer to B48 Preventing and Responding to Sexual Assault, where relevant.
- 11.9 If the Service Manager is absent, contact the on call Manager or Service Head.
- 11.10 If your concerns relate to domestic abuse, see B23 S6 Quick Guide to Responding to Domestic Abuse.

12 If you are concerned that abuse may be occurring

Staff members should discuss this with the Service Manager and agree actions, which may include:

- Speak with the client to establish whether there is reason to suspect abuse.
- Take action to protect other clients.
- Seek advice from your line Manager, the Service Head, Quality and Continuous Improvement team (safeguarding@mungos.org) or St Mungo's Safeguarding Lead or Deputy Lead if necessary.
- Raise your concerns with your local authority.
- Complete the Safeguarding Log on Opal. See B37 S15 Opal Safeguarding Log Guidance.
- Complete an Incident Report Form, B07 S1.
- Review and update the client's Safety and Wellbeing Plan.
- If it is suspected that a client is being abused by another client in the same service, both clients' Safety and Wellbeing Plans should be reviewed and updated.
- Do not discuss concerns or suspicions with any person suspected to be causing the abuse as you could increase the risk to clients and could prejudice any later investigation.

13 Medical treatment and examination

- 13.1 In cases of physical abuse it may be unclear whether injuries have been caused by abuse or some other means (for example, accidental or intentional self harm). Medical or specialist advice should be sought.
- 13.2 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.
- 13.3 Consent of the client should be sought. Where the client 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.

14 Allegations of abuse against a member of staff or volunteer towards a client

- 14.1 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.
- 14.2 St Mungo's Whistleblowing 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.
- 14.3 Incident management following an allegation of abuse against a staff member or volunteer:
- Inform the Safeguarding Lead and Safeguarding Deputy Lead.
 - Inform the relevant HR Partner for the service.
 - Contact the Police immediately if there are any suggestions that the allegation of abuse is an indictable offence.
 - Complete an incident report **within 24 hours** of becoming aware of the concern. Ensure that details of the incident are not shared with anyone other than the Service Manager, Deputy and/or Service Head, unless it relates to one of them, in which case it must first be notified to their line manager.
 - The Manager tasked with investigating the allegation should be approved by the Safeguarding Lead and Deputy Lead to ensure an objective investigation is conducted.
 - 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.
 - Service management should also keep relevant staff members informed but, again with due regard to the sensitivity and confidentiality of the situation.
 - The Service Manager (or their line manager, if they are suspected) should decide if there is an ongoing risk 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.
 - Operational decisions affecting a client who has made an allegation, e.g. exclusions, warnings, evictions, should be discussed with Safeguarding Lead and Deputy Lead.
 - All recommendations following an investigation should be reviewed by the Safeguarding Lead and Deputy Safeguarding Lead.
 - 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.
 - Seek advice promptly from the relevant HR Partner and the Safeguarding Lead or Deputy Lead, if you have any questions on any of the above actions.
- 14.4 Where an allegation has been made about a volunteer, contact the Head of Volunteer Services as well as the Safeguarding Lead or Deputy Safeguarding Lead for advice.

15 Managing abuse allegations where the victim and abuser are clients in the same service

- 15.1 In cases where a client is allegedly being abused by another client the safety of the victim is paramount.
- 15.2 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 on site.
- 15.3 If this is not feasible, it may be necessary to arrange the transfer of one client while the situation is being investigated.
- 15.4 Decide if the alleged perpetrator needs to be represented during the enquiry (by a relative, social worker or solicitor) to avoid a potential conflict of interest.
- 15.5 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.

16 If the client does not want action to be taken

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

Action must be taken by staff where:

- A crime that is an indictable offence has been committed. See B18 Working with the Police.
 - There is a possibility that a crime could be committed.
 - The allegation involves a member of staff or paid carer.
 - There is a possibility of harm to other adults or children.
 - The alleged perpetrator is also an adult with care and support needs.
 - There are concerns that a client does not have mental capacity.
 - There are concerns that the client may be under influence or under duress.
- 16.2 Explain to the client that staff have a duty to report.
- 16.3 Remind the client that their rights are being infringed.
- 16.4 Try to address any concerns the client may have about disclosure and reassure them by explaining the process to them.
- 16.5 Explain the disadvantages of allowing abuse to continue and the possible safety concerns to the client.
- 16.6 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).

17 Recording and raising a safeguarding concern

- 17.1 Accurate records should be made at the time of the disclosure or discovery detailing the incident and/or the grounds for suspecting abuse.
- 17.2 You must inform the relevant Manager **within 4 hours** of the concern being raised. Additionally, a copy of the record of the report of suspected abuse should also be sent (if

the record is being made by a staff member who is not a manager). If the suspected abuse concerns the Service Manager or Deputy Manager, a copy of the record of the report of suspected abuse must be sent to their Manager.

- 17.3 Complete an incident report **within 24 hours** using the Incident Reporting function on Opal (see B07 Incident Reporting for guidance) and follow mandatory reporting processes set out by the service's commissioner (e.g. Local authority, Care Quality Commission).
- 17.4 Recording and raising a concern can be undertaken by all staff, with guidance from their line manager, or if the line manager is implicated, with guidance from the Service Head or Safeguarding Lead or Deputy Lead.
- 17.5 When recording the concern, you must include:
- Full names (including aliases and spelling variations), date of birth and gender
 - Address
 - Date and time of the incident
 - As much detail as possible of the allegation or the grounds for suspecting abuse
 - 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. Ensure the information included is factual and objective and professional language is used.
- 17.6 Where the client is already known to local Social Services, the relevant Care Manager or Care Co-ordinator should be notified as well to expedite the process.
- 17.7 If staff are unsure whether to raise a safeguarding concern or not, they may want to seek advice from the Quality team by emailing safeguarding@mungos.org.
- 17.8 Factors that must be included when reporting to the Safeguarding Adults Team are:
- The vulnerability of the client
 - The nature and extent of the abuse and likely consequences
 - The period during which the abuse has been happening
 - The impact on the victim and the impact on others
 - The likelihood of repeated or increasingly serious acts and any escalation in abuse that appears to be happening
 - Any actions taken and/or plan to keep client safe
 - What our client would like to happen next (if appropriate)
 - What we would like the Safeguarding team to do
 - Whether a child (under 18 years) is involved. See B46 Safeguarding Children.

See B37 S7 Safeguarding Referral Content Guide.

- 17.9 Anonymous information or information from people who do not want to be identified should also be recorded.
- 17.10 Information should be stored so that it is not accessible by anyone implicated in the safeguarding allegation.
- 17.11 The client's wishes are also to be clearly recorded especially where they do not wish action to be taken.

- 17.12 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'.
- 17.13 There is a possibility that a local authority will ask St Mungo's to make enquiries.
- 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.
 - 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.
 - The client should be involved from the beginning of the enquiry
 - The manager should record the concern, client's views, any immediate action taken and the reason for those actions.
- 17.14 All safeguarding concerns should be logged on the client's Opal safeguarding log **within 48 hours** of a concern being raised with the local authority Safeguarding Adults teams. See B37 S15 Opal Safeguarding Log Guidance.

18 What happens once an enquiry is made?

- 18.1 The local authority has the following legal duties under the Care Act 2014:
- To promote adults' wellbeing in the area of protection from abuse and neglect (section 1).
 - 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).
- Section 42 of the Care Act states that safeguarding duties apply to an adult who:**
- has needs for care and support (whether or not the authority is meeting any of those needs);
 - is experiencing, or is at risk of, abuse or neglect; and
 - 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, the Care Act 2014).
- 18.2 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.
- 18.3 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 may trigger a referral to other agencies or processes, such as a criminal investigation by the Police.
- 18.4 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 have a duty to be mindful of the burden of such requests on organisations.

- 18.5 A continuing enquiry may result in a case conference and a protection plan, which would usually be regularly reviewed.
- 18.6 Possible outcomes of a section 42 enquiry 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 an 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 the alleged perpetrator or the source of the safety concern e.g. where there is a safety risk related to hoarding
 - Referral to Multi Agency Risk Assessment Conference. See B23 Domestic Abuse
 - Referral to training services
 - Putting a plan in place to manage the individual's access to their finances.
- 18.7 Possible outcomes related to the alleged perpetrator or 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 who are alleged to be perpetrating abuse or putting the client at risk of abuse)
 - Police action
 - Monitoring interactions with the client and/or management of the frequency of visits to the client
- 18.8 Where there is a multidisciplinary meeting called by the local authority safeguarding team:
- The Service Head and/or Service Manager should attend unless implicated.
 - The Safeguarding Lead or Deputy Lead may attend.
 - The Safeguarding Lead/Deputy Lead and Service Director should be notified of any multidisciplinary meetings and kept informed of any issues or outcomes arising from the meeting.
- 18.9 When an enquiry indicates that abuse has occurred, the Manager with responsibility for the service to which the client is connected should meet with their line Manager to agree the action(s) to be taken to prevent reoccurrence.

19 Supporting a client who makes repeated allegations

- 19.1 Where a client makes repeated allegations, each new allegation should be investigated as if it is the first one.
- 19.2 Each allegation must be responded to in line with this procedure.
- 19.3 Each incident must be recorded in line with section 17.

- 19.4 The concern should be recorded on the client's Opal safeguarding log.
- 19.5 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.

19.6 Supporting clients who discuss safeguarding concerns about other people

Clients who raise concerns related to safeguarding should be supported by being encouraged to discuss their concerns with staff. Staff should explain the client's options and the implications of each course of action. Staff must not promise to keep information confidential.

19.7 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 investigation is not in the best interests of the client, see A02 Complaints, Suggestions and Comments for details on persistent complainants.

20 Closing an adult safeguarding concern

- 20.1 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.
- 20.2 After the concern is closed, ongoing support arising from the concern should be recorded under the relevant action headings on the client's Safety and Wellbeing Plan (e.g. health, external services).
- 20.3 A new concern should then be raised 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.
- 20.4 If the allegation is unfounded then the issue should be recorded in the client's record.
- 20.5 Where the allegation is unfounded and the client who made the allegation did not 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.
- 20.6 Closing a case 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.
- 20.7 The Service Manager or Deputy Manager is responsible for ensuring all relevant safeguarding concern records have been closed as part of their fortnightly check of the service's Opal safeguarding log.

21 What to do if a safeguarding concern is closed with no further action

- 21.1 At times, a safeguarding concern may be closed with no further action. If this happens, and it is felt that further action is needed, take the following steps:
- Ask for a full written explanation as to why the safeguarding concern has been closed with no further action being taken.

- Review the information in the concern for completeness and clarity. Was there something important which was omitted and were concerns about the client's safety and/or impact on client's wellbeing explicitly stated?
- Did the local authority Safeguarding Team have a full and proper understanding of the safety concerns involved?
- Pass any further relevant information to the local authority Safeguarding Adults team such as information missing from the original enquiry or additional information which is now available.
- Compare the case with the definition of the local authority's safeguarding duty under and clearly detail how and why the concern you have raised meets the criteria under Section 42 of the Care Act (see section 18 for more information).
- Review the local authority Safeguarding Team's practice and decision against the procedures for that local authority (often called threshold and/or criteria documents). They are usually published online. If not, staff should request a copy. Are they working in accordance with these procedures or is there is a gap between what their procedures require and what they have done?

21.2 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.

21.3 For further support on escalating concerns closed with no further action, see B08 S11 Guidance Document, Advocating for Clients.

21.4 Where the client is assessed to lack capacity a 'best interest' decision should be made – see B49 Assessing Mental Capacity and the Mental Capacity Act. It is important to note that a safeguarding alert can be raised if someone has capacity or if someone does not have capacity and should not be used as a reason not to act where the criteria for safeguarding is met.

21.5 If the concern is rejected on the grounds that a client has the capacity to make unwise decisions or has not given consent, 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 that may affect their decision making or pose an additional risk to safety?
- 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 perpetrator be experiencing harm, or might they too have care and support needs?

21.6 If there are repeated instances where enquiries are closed with no further action and all attempts to escalate have been exhausted, contact safeguarding@mungos.org for further support.

22 Sharing information

22.1 Safeguarding concerns can be raised from a number of sources including;

- St Mungo's staff
- Agency/Locum staff
- The victim
- A member of the public
- External agency

22.2 If you have any questions about the sharing of information related to safeguarding, contact the Information Security team at infosec@mungos.org or the Quality and Continuous Improvement team at quality@mungos.org.

22.3 Sharing information with staff of St Mungo's

- Information given to an individual member of staff belongs to St Mungo's and not to the individual staff member.
- Information will be shared internally on a need to know basis.
- Information will only be shared in the best interests of the client.
- 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.
- Staff reporting concerns at work are entitled to protection under the Public Interest Disclosure Act 1998. See A04 Whistleblowing.
- The Quality and Continuous Improvement team will notify the Safeguarding Lead and Deputy Lead of more serious safeguarding cases.

22.4 Sharing information with the alleged victim

- The client will be updated as to the progress of the enquiry and the next steps. This should be done as soon as is reasonably possible so that the victim is reassured that action is being taken.
- Where there is no legal requirement to obtain written consent before sharing information, it still is good practice to, where possible, seek consent before sharing. Unless, in doing so, would increase the risk to the individual or others.

22.5 Sharing information with the alleged perpetrator

- It is rare that information is shared with an alleged perpetrator.
- Where the alleged perpetrator is a client, and an enquiry is underway, guidance **must** be sought from the Information Security team as to what information can/cannot be disclosed or communicated.
- Where 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 can/cannot be disclosed or communicated.

22.6 Sharing information with other clients

- Information **will not** be shared with other clients who are not involved in the safeguarding concern, unless it is required as part of the safeguarding enquiries plan to keep the individual(s) safe. This should always be agreed with the local authority Safeguarding Adults Team and St Mungo's Information Security team.

22.7 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 joining the service/booking in, when the client signs a Privacy Notice and Consent Form.
- Where there are cases of domestic abuse, staff must not confirm or deny any information about a client to a third party unless it is shared in line with an agreed information sharing process, for example a MARAC information sharing protocol. See B23 Domestic Abuse.
- 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.
- Where a client does not want to share information with other agencies and/or does not want action to be taken, consider:
 1. whether an indictable offence (serious crime) has been committed, or could be prevented. See B18 Working with the Police;
 2. the level of risk to the client and/or to others;
 3. whether a Mental Capacity Assessment should be conducted. See B49 Assessing Mental Capacity and the Mental Capacity Act;
 4. the level of risk, whether it is too high not to share;
 5. whether gaining consent would increase the risk to the client or others.

23 Formal communication with a person raising a concern external to a St Mungo's service

- 23.1 Following the report of a safeguarding concern from a member of the public or external agency, 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.
- 23.2 Once the investigation has 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.
- 23.3 Seek guidance from a Manager, Information Security, organisational Safeguarding Lead or Deputy Lead, if needed.

24 Training and learning

- 24.1 All managers, staff, locums, volunteers, agency workers and students on placement working in services, must complete e-learning training on safeguarding and professional boundaries, provided by St Mungo's as part of their induction.
- 24.2 Mandatory face to face Safeguarding and Professional Boundaries training is provided by the Quality and Continuous Improvement team and should be renewed every three years.
- 24.3 Commissioners may specify more frequent renewal of the training they provide and this must be complied with.

- 24.4 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.
- 24.5 Managers should attend and encourage their staff to attend the Domestic Abuse training and/or complete the Domestic Abuse e-learning.
- 24.6 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.
- 24.7 All attendance at safeguarding training must be recorded.
- 24.8 Persistent failure to complete safeguarding training and relevant updates will be treated as a capability and disciplinary issue.

25 Monitoring

- 25.1 All incident reports that are marked as safeguarding should therefore be marked as 'medium' or 'high'. See B07 Incident Reporting.
- 25.2 All incident reports that are marked as safeguarding will be reviewed by the Quality and Continuous Improvement team. One of the organisational Safeguarding Leads may also be required to review certain incident reports that are marked as safeguarding.
- 25.3 All safeguarding concerns raised with the local authority should be logged on Opal. Service Managers and Deputy Managers are responsible or may delegate responsibility to monitor the safeguarding log every two weeks. See B37 S15 Opal Safeguarding Log Guidance.
- 25.4 The Safeguarding Lead for the Board will receive a monthly summary of the most serious safeguarding cases from the Safeguarding Leads.
- 25.5 A Safeguarding Committee will meet annually to review key lessons learned with regard to safeguarding.
- 25.6 An annual safeguarding review will be provided to the Service Committee and the Organisational Learning Group.

26 Associated Documents

- B37 S1 Categories and Indicators of Adult Abuse
- B37 S2 Safeguarding Adults Contact List for Services
- B37 S3 Preventing Radicalisation and Extremism
- B37 S4 Multi-Agency Public Protection Arrangements (MAPPA)
- B37 S5 Quick Guide to Safeguarding Adults
- B37 S6 Safeguarding Responsibility Chart
- B37 S7 Content Guide to Raising Adult Safeguarding
- B37 S8 Understanding Who Safeguarding Adult Duties Apply To
- B37 S9 Glossary of Terms and Acronyms
- B37 S10 Safeguarding Adults Quick Guide for Contractors
- B37 S11 Three Step Guide to Adult Safeguarding
- B37 S12 Safeguarding Fact Sheet for Clients

- B37 S13 Safeguarding Leaflet for Clients
- B37 S14 Streetlink Quick Guide to Safeguarding
- B37 S15 Opal Safeguarding Log Guidance

27 Relevant procedures and documents

- St Mungo's Code of Conduct (applies to staff and volunteers)
- A02 Complaints, Suggestions and Comments
- A04 Whistleblowing
- B06 Handling clients' money and valuables
- B08 Keyworking, Action Planning and Client Safety
- B15 Responding to Bullying and Harassment of Clients
- B17 Responding to Challenging Behaviour (Accommodation Services)
- B17A Responding to Challenging Behaviour (Non Accommodation Services)
- B18 Working with the Police
- B20 Visitors
- B21 Deprivation of Liberty Safeguards
- B23 Domestic Abuse
- B24 Working with Pregnant Clients and Clients with Children
- B26 Leaving Accommodation, Abandonment and Storage of Belongings
- B45 Working with Clients who Self Injure
- B46 Safeguarding Children
- B48 Preventing and Responding to Sexual Assault
- B49 Assessing Mental Capacity and the Mental Capacity Act
- B51 Working with Clients who Hoard
- J06 Information Sharing Procedure
- Induction checklists for St Mungo's staff
- Support and Supervision pro forma
- Disciplinary policy and procedure
- Capability procedure
- Learning and Development in St Mungo's policy
- Volunteer Policy
- Volunteer Handbook
- Staff Resource Pack for Volunteer Management
- IT Systems Acceptable Use policy
- Client IT Acceptable Use policy and Service Level Agreement

<p>The following documents were consulted in the review of this policy and procedure:</p>
<p>1. 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. http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted</p>
<p>2. Public Interest Disclosures Act 1998 http://www.legislation.gov.uk/ukpga/1998/23/contents</p>

3. Health and Social Care Act 2012
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
4. The Care Act 2014
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
5. Statement of Government Policy on Adult Safeguarding (Department of Health, 2013)
<https://www.gov.uk/government/publications/adult-safeguarding-statement-of-government-policy-10-may-2013>
6. General Data Protection Regulation 2018
<https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>
7. Equality Act 2010
<http://www.legislation.gov.uk/ukpga/2010/15/contents>
8. Mental Capacity Act 2005
<http://www.legislation.gov.uk/ukpga/2005/9/contents>
9. Health and Social Care Act 2008
<http://www.legislation.gov.uk/ukpga/2008/14/contents>
10. Modern Slavery
11. <https://www.gov.uk/government/collections/modern-slavery>
12. Hestia Housing Safeguarding Triangle
13. Safeguarding Guidance for Charities
<https://www.gov.uk/government/news/new-digital-portal-to-strengthen-safeguarding-guidance-for-charities>
14. Safeguarding Adults and the Law - Michael Mandelstam 2018
15. National Council for Voluntary Organisations – Safeguarding
<https://knowhow.ncvo.org.uk/safeguarding>
16. CHSAB Self-Neglect (including Chronic Hoarding) Protocol August 2016
17. The London Multi Agency Safeguarding Policy and Procedure 2019
<https://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-final-.pdf>
18. Social Care Institute for excellence – Safeguarding and charities
<https://www.scie.org.uk/safeguarding/charities>
19. Social Care Institute for excellence – Safeguarding Adults
<https://www.scie.org.uk/safeguarding/adults/>

This policy and procedure was developed in consultation with:

- Staff and Managers from a range of client facing services: *Real Lettings, Short stay services, Advice Services, Registered Care Services, Mixed Hostels, Women only Hostels, Housing First, NSNO and Reconnection Services.*
- Central Services Support teams: *Information Security, Communications, the Complex Needs, Learning and Development, Diversity Networks, Women’s Strategy Manager, Business Excellence, Quality and Continuous Improvement, Property Services, Streetlink and Client Involvement.*
- The Hostel Matrix Lead
- Outside In
- The Organisational Safeguarding Group