

<b>Position/Person Responsible</b>	Head of Therapy and Business Development
<b>Issue date</b>	June 2020
<b>Ratifying Committee</b>	Quality Assurance Committee
<b>Ratification Date</b>	July 2020
<b>Expiry Date</b>	July 2023

## 1. POLICY STATEMENT

**This Policy should be read in conjunction with Kent and Medway Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance (April 2016).**

### 1.1 Principles and Scope

**Safeguarding adults means<sup>1</sup>:**

- Protecting the rights of adults to live in safety, free from abuse and neglect.
- People and organisations working together to prevent and stop both the risks and experience of abuse and neglect.
- People and organisations making sure that the adult's wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action.
- Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or wellbeing.

**Six key principles underpin all adult safeguarding work<sup>2</sup>:**

- Empowerment – people being supported and encouraged to make their own decisions and have the ability to become stronger and more confident to control their own life.
- Prevention – it is better to take action before harm occurs.
- Proportionality – the least intrusive response appropriate to the risk presented.
- Partnership- Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- Protection – Support and representation for those greatest in need.
- Accountability – accountability and transparency in delivering safeguarding (Duty of Candour).

**This Policy deals with the process required when there has been a disclosure of alleged or suspected abuse or neglect of a Kenward Trust Service User by a member of its staff,**

<sup>1</sup> Statement on CQC's roles and responsibilities for safeguarding children and adults, June 2015.

<sup>2</sup> Care and Support Statutory Guidance, Section 14, June 2014.

**another Service User, or any other persons.** The Policy details the actions to be taken when dealing with people over the age of 18.

**In cases where there is a suspicion that a child or young person under the age of 18 may be at risk of harm, please refer to Kenward Trust Safeguarding Children and Young People Policy.**

**This Policy applies to all staff carrying out an activity on behalf of The Kenward Trust (the “Trust”) including staff and volunteers.**

## 1.2 Purpose

**The purpose of this Policy is to ensure that the Trust:**

- Provides appropriate advice and support so that all adults at risk, who are suspected of being abused, will be protected.
- Works within government legislation and guidelines in relation to the protection of adults at risk from abuse.
- Recognises and minimises the situations in which the abuse of adults at risk might occur.
- Staff and volunteers have a full understanding of safeguarding adult procedures and know how to respond should an adult protection issue arise.
- Provides assurance to The Board on the effectiveness and quality of the safeguarding arrangements in place
- Meets its statutory requirements to safeguard and promote the welfare of children and young people (Children’s Act 1989 and 2004) and adults (The Care Act 2014) by ensuring that all practitioners have access to policies and guidance describing their responsibilities and legal duties.
- Demonstrates how committed they are as a service provider to safeguard adults at high risk of significant harm, abuse or neglect

## 1.3 Safeguarding Leads

**The Kenward Trust Safeguarding Lead:**

- Nicola Boniface – Manager of Therapeutic Services

**Deputy Safeguarding Lead:**

- Alison Pert, Head of Residential Services

## 4. DEFINITIONS

### 4.1. Adult at Risk

**An adult (a person aged 18 or over) who has needs for care and support and is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect<sup>3</sup>.**

By the nature of their presenting circumstances, all adult Trust Service Users may be defined as

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<sup>3</sup> Criteria outlined in Section 42 of the Care Act 2014.

adults at risk, primarily because of their substance misuse concerns. However, other factors, including, for example, age, homelessness, disability, medical conditions or pregnancy, may increase their vulnerability.

### The Mental Capacity Act

The Mental Capacity Act 2005 (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

People who may lack capacity include those with:

- dementia
- a severe learning disability
- a brain injury
- a mental health illness
- a stroke
- substance or alcohol misuse
- confusion, drowsiness or unconsciousness because of an illness or treatment for an illness.

Just because a person has one of these health conditions doesn't necessarily mean they lack the capacity to make a specific decision.

Five important principles underpin the Mental Capacity Act:

- It is important to assume that a person has the capacity to make a decision themselves, unless proven otherwise
- Wherever possible, people should be supported to make their own decisions. A person should not be treated as lacking the capacity to make a decision just because they make what seems like an unwise decision.
- If a decision is made on behalf of someone who doesn't have capacity, it must be made in their best interests.
- Any treatment or care provided to someone who lacks capacity should be the least restrictive possible of their basic rights and freedoms.

The MCA also allows people to express their preferences for care and treatment, and to appoint a trusted person to make a decision on their behalf, should they lack capacity in the future.

### Deprivation of Liberty

The Human Rights Act (HRA) tells us that no one can be “deprived of their liberty” except in certain situations and only when very specific procedures are in place which must be used. This is to protect people from being deprived of their liberty without anyone looking at the circumstances and approving the actions. Assessing whether a ‘Deprivation of Liberty’ has taken place is therefore an essential right as no one should ever be restricted to an extent greater than is necessary and proportionate to the risks involved.

The Supreme Court looked at the question of deprivation of liberty in 2014. They summed it up in what they called an ‘acid test’ for those lacking capacity to consent to, or refuse their care arrangements:

- Is the person free to leave?
- Is the person subject to complete or continuous supervision and control?

They said it didn't matter why these things were happening and whether they were really positive for the person, the facts were simply the facts and it should mean the same thing for all people whether they have a disability or not.

If this acid test was met and the person could not consent to it because they lacked mental

capacity, it would need an independent person to look at it and approve it in order to allow it to continue. (Adass, 2017)

The deprivation of liberty safeguards were introduced to provide a legal framework around the deprivation of liberty. Specifically, they were introduced to prevent breaches of the European Convention on Human Rights (ECHR). Further guidance can be found on the Care Quality Commission website.

At Kenward, all residents would be classed as “informal” status - they reside at Kenward voluntarily. It would be exceptional for anyone to lack capacity due to robust admission criteria and residents are able to leave if they decide that they no longer wish to be a resident.

Kenward are not equipped to meet the needs of residents with significant mental health issues. Therefore if a resident experienced an acute onset of confusion and lacked capacity, they would be transferred to a setting that was able to meet their needs.

## 4.2. Abuse

**Abuse is a violation of an individual’s human and civil rights by any other person or persons<sup>4</sup>.**

Abuse of a Service User may consist of a single act or repeated acts. It may occur as a result of failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual. It may be perpetrated as the result of ignorance, negligence or deliberate intent.

## 5. TYPES AND INDICATORS OF ABUSE

The following categories of abuse are not mutually exclusive and a Service User may be subjected to more than one type of abuse at the same time. **The indicators are the main signs and symptoms that may suggest that some form of abuse might have taken place, but caution is suggested against establishing adult abuse merely due to the presence of one or more of these indicators without further detailed enquiry.**

### 5.1. Physical Abuse

- Hitting, slapping, scratching
- Pushing or rough handling
- Assault and battery
- Restraining without justifiable reasons
- Misuse of medication
- Inappropriate sanctions, including deprivation of food, clothing, warmth and health care needs

#### 5.1.1 Physical Abuse Indicators

- A history of unexplained falls or minor injuries
- Unexplained bruising in well-protected areas of the body
- Unexplained bruising or injuries of any sort

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<sup>4</sup> Definition referred to in ‘No Secrets’ Department of Health, March 2000

- Burn marks of unusual type

## 5.2. Sexual Abuse

- Sexual activity which an adult Service User has not consented to or has been pressured into
- Sexual activity which takes place when the adult Service User is unaware of the consequences or risks involved
- Rape or attempted rape
- Sexual assault and harassment
- Non-contact abuse, e.g. voyeurism, pornography
- Inappropriate looking or touching, sexual photography, indecent exposure, sexual teasing or innuendo

### 5.2.1 Sexual Abuse Indicators

- Unexplained changes in the demeanour and behaviour of the adult
- Tendency to withdraw and spend time in isolation
- Expression of explicit sexual behaviour and/or language by the adult which is out of character
- Irregular and disturbed sleep pattern.
- Bruising or bleeding in the rectal or genital areas.
- Torn or stained underclothing, especially with blood or semen.

## 5.3 Psychological Abuse

- Emotional abuse
- Verbal abuse
- Humiliation and ridicule
- Threats of punishment, abandonment, intimidation or exclusion from services
- Isolation or withdrawal from services or supportive networks
- Deliberate denial of religious or cultural needs

### 5.3.1 Psychological Abuse Indicators

- Inability to sleep or tendency to spend long periods in bed
- Loss of appetite or overeating at inappropriate times
- Anxiety, confusion or general resignation
- Tendency towards social withdrawal and isolation
- Service User appearing fearful and showing signs of loss of self esteem
- Service User uncharacteristically becoming manipulative, uncooperative and aggressive
- Cyberbullying and isolation

## 5.4 Financial Abuse

- Misuse or theft of money
- Fraud and extortion of material assets
- Misuse or appropriation of property, possessions or benefits
- Exploitation, pressure in connection with wills, property or inheritance

### 5.4.1 Financial Abuse Indicators

- Unexplained inability to pay for household shopping or bills etc.
- Withdrawal of large sums of money which cannot be explained
- Personal possessions go missing from home

- Living conditions substandard and unsatisfactory in contrast to adult's apparent financial position
- Unusual and extraordinary interest and involvement by the family, carer or friend in Service User's assets

## 5.5. Neglect and Acts of Omission

- Ignoring medical or physical care needs
- Failure to access care or equipment for functional independence
- Failure to give prescribed medication
- Failure to provide access to appropriate health, social care or educational services
- Neglect of accommodation – heating, lighting etc.
- Failure to give privacy and dignity
- Professional neglect

### 5.5.1 Indicators of Neglect

- Inadequate heating, lighting, food or fluids
- Poor physical condition of the Service User
- Unkempt clothing and appearance
- Failure to give prescribed medication or obtain appropriate medical care
- Apparently unexplained weight loss
- Failure to provide appropriate privacy and dignity
- Carers reluctant to accept contact from health or social care professionals
- Refusal to arrange access to visitors
- Inappropriate or inadequate clothing
- Sensory deprivation

## 5.6 Diversity Abuse

**The Kenward Trust adheres to the Equality Act 2010, which sets out the nine protected characteristics which protect an individual from discrimination based on:**

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy of maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

**The Kenward Trust will not tolerate any discrimination based on these nine protected characteristics or which involves:**

- Harassment and slurs which are degrading
- Hate crime

### 5.6.1 Diversity Abuse Indicators

- Tendency to withdrawal and isolation
- Fearfulness and anxiety
- Being refused access to services or being excluded inappropriately

- Loss of self-esteem
- Resistance or refusal to access services that are required to meet need
- Expressions of anger and frustration

### 5.7 Domestic Abuse

This is typically an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is, or has been an intimate partner or family member.

### 5.8 Radicalisation

Refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. This includes all forms of extremism including Islamic and the far right. This can be by an individual (radicaliser) or group that encourages others to develop or adopt beliefs and views supportive of terrorism and forms of extremism leading to terrorism. Individuals may be vulnerable to radicalisation due to issues such as mental health problems, learning difficulties and social isolation. They may be approached by potential radicalisers or seek out radicalising material themselves (self-radicalisation).

Radicalisation can occur in a variety of locations, both in person and online through exposure to materials such as literature and videos that are used by radicalisers to encourage or reinforce individuals to adopt a violent ideology. Some of this material may explicitly encourage violence. Other materials may take no avowed position on violence but make claims to which violence is subsequently presented as the only solution. (taken from Prevent Strategy Home Office 2011).

Where there are concerns that an adult at risk is being subject to radicalisation then the person or agency identifying these concerns should make a referral to the Channel multi-agency process. The purpose of Channel is to identify and provide support to individuals at risk of being drawn into terrorism through the Prevent strategy. Prevent has 3 key components:

Prevent has three key objectives:

- Respond to the ideological challenge of terrorism
- Support vulnerable people and prevent people from being drawn into terrorism
- Work with key sectors and institutions to address the risks

### 5.9 Gang related abuse and cuckooing

The activities of gangs dealing drugs is having an increasingly significant impact on young people and adults with care and support needs due to the expansion of gang activity from metropolitan areas into locations across the country (county lines). The National Crime Agency states:

“County Lines’ is a national issue involving the use of mobile phone ‘lines’ by groups to extend their drug dealing business into new locations outside of their home areas. This issue affects the majority of forces. A ‘county lines’ enterprise almost always involves exploitation of vulnerable

persons; this can involve both children and adults who require safeguarding. The assessment has identified the need for a multi-agency approach at a national, regional and local level.” (NCA Intelligence Assessment, county lines, gangs and safeguarding, 2015)

Gangs will seek to obtain a base from which to deal drugs from in the locality where they are operating from. Establishing these bases is achieved in a number of ways, most commonly by exploiting local drug users. This is achieved either by paying them in drugs, by building up a drug debt or by using threats and/or violence to coerce them; this practice is commonly known as ‘cuckooing’. In other cases, group members have entered into relationships with vulnerable females to use their properties. (NCA 2015).

### 5.10 Modern Slavery and human trafficking

According to the International Organization for Migration (IOM), millions of people, primarily women and children, are subjected to human trafficking and this is a violation of human rights and dignity. This is described by the UK National Crime Agency as:

“Modern Slavery is the term used within the UK and is defined within the Modern Slavery Act 2015. The Act categorises offences of Slavery, Servitude and Forced or Compulsory Labour and Human Trafficking (the definitions of which comes from the Palermo Protocol). These crimes include holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after. Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country. It is possible to be a victim even if consent has been given to be moved.”

There are three main elements:

- a) The movement—recruitment, transportation, transfer, harbouring or receipt of people
- b) The control—threat, use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or giving of payments or benefits to a person in control of the victim
- c) The purpose—exploitation of a person, which includes prostitution and other sexual exploitation, forced labour, slavery or similar practices, and the removal of organs.

In the first instance the point of contact for all human trafficking crimes must be the local police force. If you have information about human trafficking or hold urgent information that requires an immediate response dial 999. If you hold information that could lead to the identification, discovery and recovery of victims in the UK, you can also contact the charity Crime stoppers anonymously on 0800 555 111.

Full details on how to make a referral can be found within the Kent and Medway Protocols for Adults who are at risk of Sexual Exploitation, Modern Slavery and Human Trafficking.

The Independent Anti-Slavery Commissioner’s (IASC) office, in collaboration with the Rights Lab at the University of Nottingham, has launched an online toolkit to help local organisations and agencies work together to tackle modern slavery. This toolkit includes a Local Authorities’ referral pathway for Adult Victims of Modern Slavery, available [here](#)

### 5.11 Self Neglect

The Kent and Medway Multi-Agency Policy and Procedures to Support People that Self-Neglect or Demonstrate Hoarding Behaviour define self-neglect as:

- a) Either unable, or unwilling to provide adequate care for themselves

- b) Not engaging with a network of support
- c) Unable to or unwilling to obtain necessary care to meet their needs
- d) Unable to make reasonable, informed or mentally capacitated decisions due to mental disorder (including hoarding behaviours), illness or an acquired brain injury
- e) Unable to protect themselves adequately against potential exploitation or abuse
- f) Refusing essential support without which their health and safety needs cannot be met. The individual may lack the insight to recognise this.

Section 14.17 of the Care and Support Statutory Guidance states: "It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support."

### 5.12 Mate crime

Mate Crime occurs when someone 'makes friends' with a person and goes on to abuse or exploit that relationship. The founding intention of the relationship is likely to be criminal. The relationship is likely to be of some duration and, if unchecked, may lead to a repeat and worsening abuse. Mate crime can happen to anyone, but it is most commonly associated with children and adults with learning disabilities

### 5.13 Child sexual exploitation (CSE)

This is a form of child abuse which involves receiving something in exchange for sexual activity. Local Safeguarding Children Boards (LSCBs) are responsible for ensuring that appropriate local procedures are in place and all frontline practitioners must be aware of the procedures and how they relate to their own area of responsibility. The Kent and Medway Safeguarding Children Procedures provide further information.

CSE may present in adult safeguarding when an adult discloses that they experienced CSE. The disclosure could be part of an existing Safeguarding Enquiry or may result in a new alert being raised.

### 5.14 Stalking and Harassment

The Protection from Harassment Act 1997 as amended by The Protection of Freedoms Act 2012 made stalking a criminal offence. Stalking is not legally defined, but the following are types of behaviour that may be displayed in a stalking offence:

- Following a person
- Watching or spying on them.
- Publishing anything purporting to relate to or from a person.
- Monitoring a person's use of the internet, email or other form of electronic communication.
- Loitering in any public or private place in the vicinity of a specific person.
- Interfering with a person's property.
- Contacting, or attempting to contact a person, by any means.

The effect of such behaviour is to curtail a person's freedom, leaving them feeling that they constantly have to be careful. When carried out repeatedly, it may cause significant alarm, harassment or distress to the victim.

### 5.15 Organisational Abuse

Organisational abuse refers to abusive and poor care and/or clinical practices that may develop when an adult is living or staying in a care setting, hospital or is receiving care and support from a service provider. This can be especially so when care standards and practices fall below an acceptable level as detailed in contractual specifications or fall below the Fundamental Standards for Quality and Care, as set out under the Care Act 2000.

## 6. PATTERNS OF ABUSE/ABUSING

Patterns of abuse and abusing vary and reflect different dynamics.

These include:

- Serial abusing in which the perpetrator seeks out and 'grooms' vulnerable individuals. Sexual abuse usually falls into this pattern, as do some forms of financial abuse.
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations.
- Opportunistic abuse such as theft occurring because money has been left around.
- Situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour.
- Neglect of a Service User's needs because those around him or her are not able to be responsible for their care.
- Misappropriation of benefits and/or use of the Service User's money by other members of the household.
- Fraud or intimidation in connection with wills property or other assets.

## 7. PREDISPOSING FACTORS WHICH MAY LEAD TO ADULT ABUSE

The following factors may be relevant to any Service User:

- An unequal power relationship (physical, emotional or financial) exists between the abused and the abuser.
- Service Users with needs that exceed the ability of their significant others to care for them.
- Adults living with other family members who are financially dependent on them.
- A personal or family history of violent behaviour, substance misuse or mental illness.
- Emotional and social isolation of the Service User's significant others.
- Minimal or no communication between a Service User and their significant others either through choice, incapacity or poor relationships.

- Financial difficulties.
- Insufficient support for significant others.

## 8. TRUST STRATEGIES FOR MINIMISING RISK

**The Trust has an ethical and professional responsibility to ensure that measures are in place to protect the safety and wellbeing of all Service Users. The organisation aims to fulfil this responsibility through:**

- Awareness of the signs and symptoms of abuse and appropriate procedures for responding to these.
- A robust recruitment and induction procedure to all posts.
- Ongoing development and management of staff.
- A policy and procedural framework, which is constantly reviewed.
- An acknowledgement of the rights of Service Users and encouragement of their involvement in service development.

The Kent and Medway Safeguarding Adults Board (October 2019) have an expectation that commissioned and grant-funded services must have in place a range of processes to enable them to meet their duty of care to safeguard their service users. In addition to providing high quality and safe care, service providers are expected to:

- a) Have an up-to-date clear internal adult safeguarding policy and procedure consistent with the local Multi Agency Safeguarding Adults Policy and ensure all staff are aware of, and can act on, concerns and allegations in accordance with the policy.
- b) Have clear governance arrangements in place to prevent abuse or neglect.
- c) Have robust reporting mechanisms from the point of care to the senior management/ Board and from the management/ Board to the point of care to proactively monitor the risk of abuse and neglect in the care setting.
- d) Adopt robust recruitment and employment practices, with checkable references, checkable ID, and appropriate DBS checks in place at the commencement of employment.
- e) Ensure all staff receive training on the nature of abuse and neglect, recognising the signs and how to report concerns.
- f) Ensure all staff receive training in the Mental Capacity Act, Deprivation of Liberty Safeguards, and the Prevent Agenda commensurate with their roles and responsibilities.
- g) Have a whistle blowing policy to enable staff to raise concerns outside their own chain of line management, including outside their organisation to the local authority where necessary.
- h) Have robust mechanisms for service users, relatives and visitors to raise concerns including how to make a complaint and the contact number for the local safeguarding adults' team.
- i) Ensure where necessary, all service users are supported by an advocate.
- j) Ensure staff governed by professional regulation, understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.

- k) Ensure all Job Descriptions include a clear statement on the responsibility to prevent abuse and neglect and to report concerns. This statement must be commensurate with the responsibilities of the post.
- l) Ensure that disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect.
- m) Correct abuse or neglect in their organisation and protect the adult from further harm as soon as possible. The local authority must be informed as well as the CQC and also the CCG where the latter is the commissioner.
- n) Respond to allegations of abuse, neglect or misconduct, including having robust processes in place to investigate the actions of members of staff.
- o) Lead (at the request of the local authority) a section 42 enquiry providing any additional support the adult may need. This may be when the safeguarding enquiry relates to the conduct or actions of a staff member. Information relating to the action taken and what the outcome is must be made available to the local authority in line with s67 or s68 Care Act 2014.
- p) Fully cooperate with section 42 safeguarding enquiries being made by or on behalf of the local authority and to provide access to premises, staff and service users and relatives (including people funding their own care). Records should also be made available any independent advocate supporting the adult.
- q) Report allegations against staff to the Safeguarding Adults Lead in their organisation i.e. named nurse for statutory health organisations.
- r) Ensure that the person who is alleged to have caused harm is appropriately informed and supported during the process and that information, advice and support is provided to the adult(s) harmed or their representative.
- s) Recognise transition between children and adult services in relation to safeguarding.

## 8.1. Recruitment and Induction

In order to provide high quality services that protect the safety and wellbeing of Service Users; The Kenward Trust must recruit highly skilled, qualified and competent staff. The Trust has developed recruitment and selection procedures, based on its Equality and Diversity Policies, which aim to ensure that all applicants for a given post are fairly assessed and that the best possible candidate is appointed.

These recruitment procedures include the following elements:

- Applicants for all posts are required to complete the standard application form.
- Job descriptions and person specifications are developed for all posts advertised.
- Candidates are short listed by at least two people, on the basis of meeting the requirements of the job description and person specification.
- Short listed candidates are required to produce proof of qualifications which they have mentioned in their application.
- Interviews follow standard formats so that all candidates are asked the same core questions and undertake the same occupational tests.
- All job offers are conditional on the receipt by Kenward Trust of at least two satisfactory references.

- For all posts, information will be sought from the DBS (Disclosure and Barring Service).
- Successful applications will be required to undertake a formal induction to the post which will involve meeting key staff, attending appropriate meetings and attending core training sessions.

## 8.2. Staff Management and Development

On taking up their post, all staff, paid and unpaid, undertake a period of structured induction which enables them to familiarise themselves with their new role, the service where they are based and the organisation as a whole, as well as any other organisations and individuals with whom they will have close contact, as appropriate.

Safeguarding awareness training is part of the induction programme. Safeguarding is also a mandatory module for those undertaking the Care Certificate. Kenward is committed to ensuring that all staff are effectively trained in adult and child safeguarding and complete the appropriate level of training in accordance with their role and responsibilities.

In addition, throughout their time with the Trust, all staff are required to receive Line Management and, in the case of those working directly with Service Users, Clinical Supervision, on a regular basis, as well as Annual Work Performance Appraisals and six-monthly reviews.

All staff are also encouraged continuously to monitor and review their own training and development needs, in consultation with their Line Manager, with a view to improving their existing skills and developing new ones in line with the changing demands and responsibilities of their work. A central record of a training profile for each staff member and aims to ensure that training undertaken by Kenward Trust staff addresses the needs of services and the organisation as a whole as well as of individuals.

## 8.3. Policies and Procedures

**All Trust staff are required to abide by a number of organisational policies and the procedures and practices that flow from them.** Key among these, which link with this Safeguarding Policy are:

- Confidentiality and Information Sharing Policy, ensuring Service User confidentiality except in exceptional circumstances, which are described in detail in the policy.
- Health and Safety Policy which aims to ensure the health, safety and welfare of both staff and Service Users working in or visiting Kenward Trust premises.
- An Equality and diversity policy which commits the organisation and its entire staff to equality of opportunity in the delivery of services as well as in the employment of staff.
- A Policy on Alcohol and Drugs, which prohibits Kenward Trust staff from coming to work under the influence of alcohol, illicit drugs or prescribed drugs over prescribed quantities.
- A Disciplinary / Conduct procedure which can be invoked in the case of staff breaching policy or other aspects of discipline and a corresponding procedure for staff who wish to pursue a formal grievance against the organisation.
- A whistleblowing policy and procedure ensuring any recognised concern from a staff member is escalated and dealt with appropriately.

## 8.4 Service User Rights and Involvement

The Trust recognises that Service Users have certain rights, for example the right to receive high quality services regardless of their gender, race, age, disability or membership of any other

potentially discriminated against group and the right to see notes made about them by Kenward Trust staff.

They also have certain responsibilities, in particular to abide by organisational rules such as not using drugs on Kenward Trust premises and treating other Service Users and staff with respect.

Kenward Trust has a complaints procedure which Service Users who are unhappy about any aspect of the service they have received, or who feel the organisation has infringed their rights, may choose to invoke. Copies of the complaints procedure are available from all Kenward Trust offices.

Kenward Trust encourages Service User feedback about services. Kenward Trusts service user involvement strategy clearly defines how service users are actively engaged in the planning, delivery and evaluation of services. Service users are encouraged to complete quality assurance questionnaires throughout their length of stay in a Kenward service.

Service User groups are supported and encouraged to enable Service Users to talk about issues which concern them. Self-advocacy schemes are available to support Service Users to disclose abuse and to talk about other issues which concern them. Advocacy schemes are available to speak up or take action on behalf of adults at risk when necessary.

Where possible, Service Users share in any decisions that affect their lives and the organisation continues to improve and extend the methods by which it involves Service User's comments and opinions in the planning, development and delivery of services.

## **9. RESPONDING TO DISCLOSURES OF ADULT ABUSE**

Although staff are encouraged to be alert to the signs and signals which may indicate that a Service User is being abused or is abusing someone else, many incidents will only come to light because the Service User discloses this information. The person to whom this disclosure is made will not necessarily be the person to take forward any investigation of the matter. If someone tells you about abuse, your role is to respond sensitively to the Service User and pass the information on to your Line Manager. If you are concerned about their response or if you believe them to be implicated in the abuse you should report your concerns to a Trust Safeguarding Lead or another member of the Senior Management Team.

Disclosure may take place many years after a traumatic event or when someone has left a setting in which they were afraid. This delay should not, in itself, cast doubt on its truthfulness.

### **9.1 When a Service User discloses that he/she is being abused**

If a Service User discloses that he or she has been abused in some way, the member of staff should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the Service User to talk freely
- Reassure the Service User, but do not make promises which may not be possible to keep
- Do not promise confidentiality, as it might be necessary to refer the case to another agency
- Reassure the Service User that what has happened is not their fault
- Stress that it was right to tell someone

- Listen, rather than ask direct questions
- Ask open questions rather than leading questions
- Do not criticise the perpetrator
- Explain what has to be done next and who has to be told

## 9.2 When a Service User discloses that he/she is abusing another Adult

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the discloser to talk freely
- Do not promise confidentiality, as it might be necessary to refer the case to another agency
- Stress that it was right to tell someone
- Listen, rather than ask direct questions
- Ask open questions rather than leading questions
- Do not criticise
- Explain what has to be done next and who has to be told

## 9.3 When a Third Party Makes an Allegation

A third party may give information to a member of Kenward Trust staff regarding a Service User. Where this occurs:

- The individual disclosing the information should be encouraged to advise a statutory agency.
- The Key Worker of the relevant Service User should be advised.
- The incident must be followed up in Line Management (and in Clinical Supervision, if appropriate) by the person to whom the allegation was made and by the Key Worker.
- The Key Worker may, following discussion with his/her Line Manager and Clinical Supervisor, decide to raise the issue with the Service User.

# 10. PROCEDURE FOLLOWING A DISCLOSURE OR ALLEGATION

Once a disclosure or allegation has been made, the member of staff to whom it was made must discuss the allegation with his/her Line Manager. The Line Manager will decide on the most appropriate course of action using their professional judgement and consulting with professional colleagues where required, initially without disclosing the identities of the parties involved.

In making a decision, the immediacy of the risk and to whom and why the information is disclosed must be considered and explored.

**The options available to the Line Manager are:**

- 1. No cause for concern. No action taken.**
- 2. Further clarification is needed.**
- 3. Consultation is needed with Social Services.**

#### 4. There is immediate concern and necessity to make a referral to Social Services.

##### 10.1 There is no cause for concern.

No action taken. Case monitored with clear records kept.

##### 10.2 Further clarification is needed

If further clarification is needed this must be discussed with the Service User or any person who has information about the situation in order to obtain information necessary to take further action. This should occur in line with the Trust's Confidentiality and Information Sharing Policy.

##### 10.3 Consultation is needed with Social Services.

**The Line Manager will contact the relevant Social Services Agency for consultation and advice, initially without disclosing the identity of the parties involved.** Contact should be made to the relevant Adult Social Services Agency where the alleged abuse happened (e.g. Kent or Medway Social Services). The Line Manager will inform a Trust Safeguarding Lead or, in their absence, a member of the Senior Management Team, of this action.

**Kent Social Services Tel 03000 41 61 61 (08:30 – 17:00 hours)**

**Medway Social Services Tel 01634 334466 (08:30 – 17:00 hours)**

**Out of hours and in an Emergency (Kent and Medway) Tel 03000 41 91 91**

**[Online referral to Kent County Council use the KASAF Document on the Kent website](#)**

**[Online referral to Medway Council use the SAF document on the Medway website](#)**

##### 10.4 There is Immediate Cause for Concern and Referral

**The Line Manager will discuss the situation with a Trust Safeguarding Lead or, in their absence, a member of the Senior Management Team who will give authorisation for a referral to Social Services to be made.**

In the event of the initial allegation concerning the Line Manager, the staff member or volunteer should make direct contact with a Trust Safeguarding Lead or member of the Senior Management Team.

If further action is required this should be discussed with the Service User or any person who has information about the situation in order to obtain information necessary to take further action with regards to referral. This should occur in line with the Trust's Confidentiality and Information Sharing Policy.

**Referrals to Kent Social Services are made by completing a KASAF (Kent Adult Safeguarding Alert Form).** Referrals to Medway Social Services are made by completing an SAF (Safeguarding Alert Form). The forms and guidance on making a referral are to be found in the Multi-agency Safeguarding Adults Policy, Protocols and Guidance for Kent and Medway (Revised April 2016) document which can be found at:

**<http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adultt->**

[protection/adult-protection-forms-and-policies/national-adult-protection-legislation](#)

In those Trust Services regulated by the Care Quality Commission, once a referral is made externally, the Line Manager, Safeguarding Lead or member of Senior Management Team must notify the Care Quality Commission that a referral has been made and complete the relevant CQC notification form. Care providers are required by law to notify the CQC of serious incidents that occur to people in their care, including the death of a child or adult using their service, abuse or allegations of abuse in relation to a child or adult using their service, or any incident that is reported to, or investigated by, the police<sup>5</sup>.

Care Quality Commission Tel 03000 61 61 61, Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

## 11. ALLEGATIONS INVOLVING A MEMBER OF STAFF

Allegations of abuse against members of staff can create particular tensions between and within agencies.

**It is critical that suspicions / allegations of abuse are investigated in strict confidence, thus enabling information to be given freely and fully in a way that will protect the rights of the member of staff.**

If a Service User makes a complaint of abuse against a member of staff, the person receiving the complaint must take it seriously and immediately inform a Trust Safeguarding Lead and the Chief Executive.

**Any member of staff who has reason to suspect that a Service User may have been abused by another member of staff must immediately inform a Trust Safeguarding Lead and the Chief Executive. A record of the concerns must be made, including a note of anyone else who witnessed the incident or allegation.**

(If the concerns are about the Safeguarding Lead, the Chief Executive must be informed. If the concerns are about the Chief Executive, the Chairman of the Board of Trustees must be contacted.)

**The Safeguarding Lead will not investigate the allegation itself, or take written or detailed statements, but he/she will assess whether it is necessary to refer to Social Services in accordance with the Multi-Agency Safeguarding Vulnerable Adults Adult Protection Policy for Kent and Medway (2016) (Revised October 2019)**

If the Safeguarding Lead decides that the allegation warrants further action, he/she must make a referral direct to Social Services following consultation with the Chief Executive. If the allegations constitute a serious criminal offence, it will be necessary to contact Social Services before informing the member of staff.

If it is decided that it is not necessary to refer to Police or Social Services, the Safeguarding Lead will advise Human Resources if an internal investigation is necessary.

**It may be necessary to suspend the member of staff for their own, and others' safety, while an investigation is carried out.**

<sup>5</sup> Statement on CQC's roles and responsibilities for safeguarding children and adults, June 2015

Any serious allegations or disclosures will be reported to relevant commissioning or regulatory bodies.

## 12. CONCERNS RAISED IN RELATION TO TERRORISM AND RADICALISATION

Concerns raised should be communicated to the Operational Managers, Line Managers, Safeguarding Leads and are to be reported according to agreed procedure within this document.

If you are concerned about possible terrorist activity or risk of radicalisation and there is no immediate threat, you can call 03000 41 41 41 or call the police on 101 or 0800 789 32

Further information can be found at

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/community-safety-and-crime-policies/contest/prevent>.

<https://www.met.police.uk.tua/tell-us-about/ath/possible-terrorist-activity>

**PREVENT** is the strand of the counter terrorism work-stream that aims to stop people becoming terrorists or supporting terrorism.

<https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales>

### Monitoring Compliance and Effectiveness of Policy

Outcome Measure	Method	Who will undertake the monitoring	Frequency	Process for reviewing results
That staff undertake training as required by guidance	Audit of training compliance	Line Managers	Bi-annually or quarterly	QAC
That staff raise concerns regarding adults (And young people) at risk of abuse or neglect via appropriate routes	Analysis of referral trends	SMT/Line Managers	Bi-annually or quarterly	QAC

## References

Adult Directors of Social Services – ADASS (2017) Quick Guide to Deprivation of Liberty Safeguards

Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents>

Care and Support Statutory Guidance issued under the Care Act 2014. Department of Health (October 2014)

Department of Health (March 2000). No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, London: Department of Health.

Mental Capacity 2005 Act (amended 2019) – Legislation.gov.uk

National Crime Agency Intelligence Assessment, county lines, gangs and safeguarding, 2015

Available at:

<http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation>

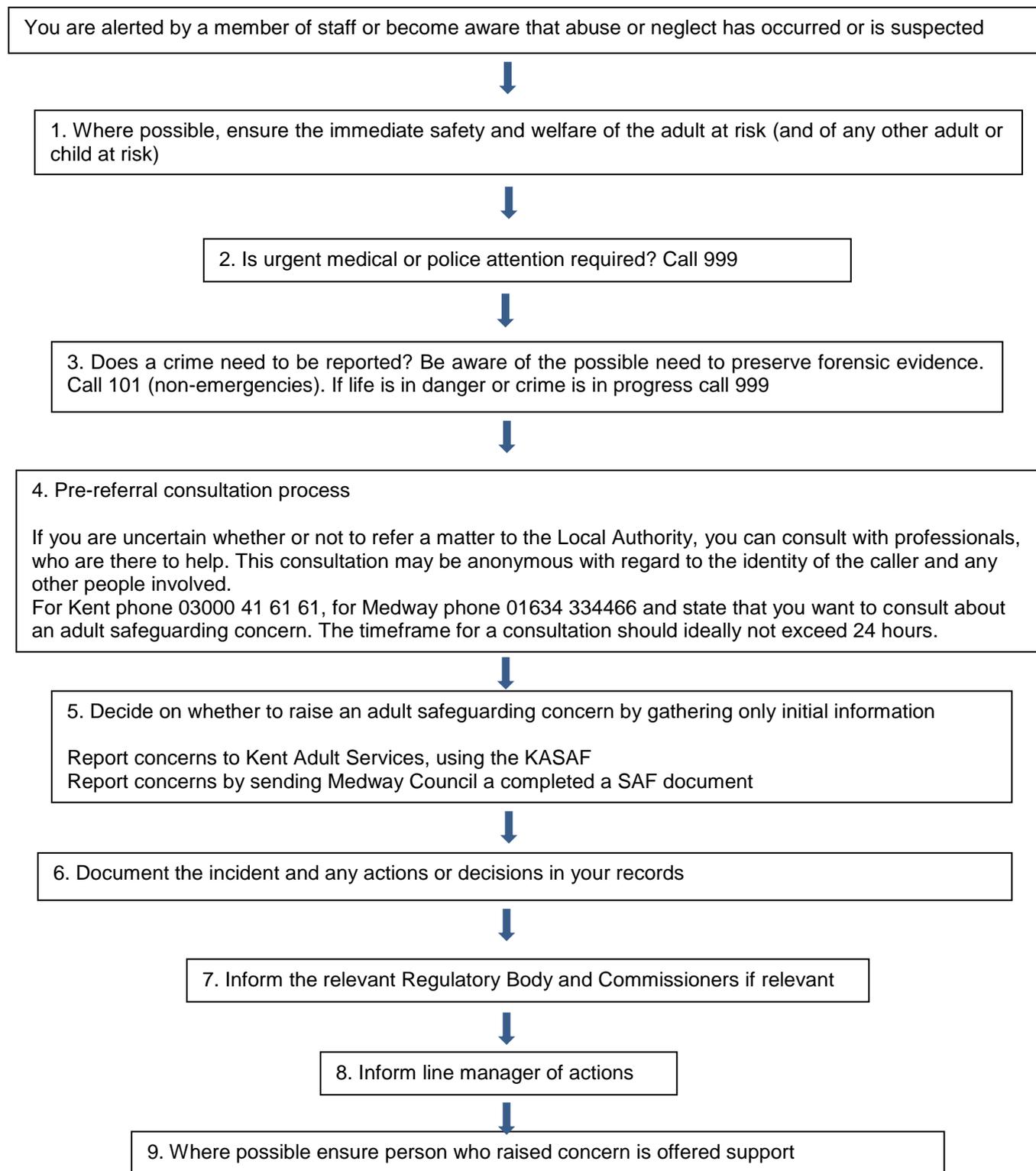
Multi Agency Safeguarding Vulnerable Adults Adult Protection Policy Protocols and Guidance for Kent and Medway (Revised Oct 2019) Kent County Council Social Care Health and Wellbeing Directorate, Medway Children and Adults Directorate, Clinical Commissioning Groups and Health Trusts in Kent and Medway, Kent Police.

NHS England and NHS Improvement Safeguarding Policy – Version 2 – 1<sup>st</sup> March 2019

Statement on CQC's roles and responsibilities for safeguarding children and adults, June 2015.

Appendix 1 – Flowchart for Abuse that has been disclosed, witnessed or suspected

An alert begins a process of gathering facts, assessment of the concern and adult’s needs and wishes; and a risk assessment to decide if a statutory or non-statutory enquiry should take place and within any organisation, an employee or volunteer must alert their line manager or designated officer to any safeguarding adult concerns or allegations:



Reference: Kent and Medway Safeguarding Adults (2019)