



MOVING ON

A safe home and a fresh start

Safeguarding Adult's Policy

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Contents page

1. Purpose
2. Introduction
3. Definition of adults and risk and abuse
4. Definition of Mental Capacity Act 2005
5. Definition of Safeguarding Principles
6. Definition of the Care Act 2014
7. Roles and responsibilities
- 8. Moving On's reporting procedure**
 - Adult at Risk: Flowchart
 - 8.1 Stage 1 Recognising Abuse (Suspected or Discovered)
 - 8.2 Stage 2 Report Immediately
 - 8.3 Stage 3 Action to Protect the Person from Harm
9. Continuously Assessing the Situation and Risks
10. ASB
11. Recording information
12. Information sharing
13. Reporting to your Local Authority
14. Monitoring, reviewing and learning
15. Employment of staff
16. Associated policies and procedures
17. Associated Legislations

Appendices:

- A. Moving On Internal Notification of Suspected Abuse
- B. Safeguarding Adults Risk Assessment Proforma
- C. Safeguarding Adults Feedback Form

1. Purpose

The purpose of this policy is to summarise Moving On's commitment to promoting the welfare of adults through the prevention and detection of abuse and harm by:

- Protecting them from neglect and maltreatment.
- Preventing the impairment of their mental or physical health.
- Ensuring they are protected from suffering, or at risk of suffering significant harm.

Everyone, whether Trustees, core staff, agency staff, staff on placement or temporary contracts, volunteers or contractors are required to adopt the highest practical standards and take reasonable steps to ensure that every child or young person with whom s/he works or has contact with, is able to be emotionally and physically safe.

Staff are expected to demonstrate Moving On's values which are – compassion, integrity, communication, dependability, fun, teamwork, understanding and forgiveness.

2. Introduction

Moving On's Trustees, core staff, agency staff, staff on placement or temporary contracts, volunteers and contractors are required, when they have any concerns, suspect or are alerted to any disclosed information about the suffering or abuse of an individual by an abuser, to refer the matter to Moving On's Safeguarding Lead using the agreed reporting procedures.

The policy statement is underpinned by 3 key assumptions:

- *Safeguarding is everyone's responsibility*
- *A person-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of the individual.*
- *All Moving On young people are considered vulnerable due to age, being homeless and with various support needs.*

3. Definition of adults and risk and abuse

Definition of an adult at risk

Who has needs for care and support, who is experiencing, or is at risk of abuse or neglect and as a result of those needs, is unable to protect him/her against the abuse or neglect or risk of it (Care and Support Act 2014).

An adult at risk may therefore be a person who, for example:

- has a physical disability and / or sensory impairment has a learning disability
- has mental health needs, including dementia or personality disorder is dependent on others to maintain their quality of life
- has a long-term illness or condition
- lacks the mental capacity to make particular decisions

- misuses alcohol or other substance to the extent it affects their ability to manage day-to-day living

NB. Moving On considers all their young people to be at risk based on their age, being homeless, isolation and vulnerability.

This list is not exhaustive. The Care Act also recognises people who are victims of sexual exploitation, domestic abuse and modern slavery. Being dependent on other people for important aspects of daily living makes a person very dependent on the other person's behaviour. Living an isolated life can also prevent other people noticing if things are wrong.

An adult with care and support needs who is being abused or neglected (or at risk of) may not necessarily be receiving "social care services" or they may fund these privately. They may not regard themselves as "vulnerable". These factors do NOT exclude them from protection through these procedures.

Abuse is 'the violation of an individual's human and civil rights by another person or persons'.

It is behaviour that either deliberately or unknowingly causes harm or endangers life or infringes on rights. It may be a single or repeated act. It may be deliberate neglect or lack of appropriate action. It can also be where the person is persuaded to do something to which s/he has not consented or cannot consent.

Abuse causes harm or distress to a person. It can often occur where there is an expectation of trust. Abuse is often a crime. For example, assault, rape, theft, fraud, domestic abuse, harassment/discrimination, anti-social behaviour, hate crime including disability hate crime, willful neglect or mistreatment.

To explain in a little more detail:

Abuse may be caused by an individual, a group or an organisation. Where it is an individual, most often it is someone the person already knows, such as a partner, a relative, a neighbour, a care worker, a social worker, a doctor, a nurse or a friend. It might also be an unpaid member of staff/volunteer.

The reasons underlying abuse are many. Some abuse is unintentional, for example, a Carer may not be getting enough help themselves and may unintentionally start to neglect the needs of a person they are caring for. Some abuse is deliberate, for example people abuse because they gain financially by abusing. Some people deliberately groom to gain trust before taking what they want. Some people physically abuse or bully as a way of trying to be in control of a situation or a person, others bully in order to feel that they are more powerful than the person they are abusing. Some people do not have the mental capacity to understand the impact of their behaviour on others.

The reason the abuse is happening is important as the way to stop the abuse will depend on the reason why it is happening.

Main types of abuse

- Physical - e.g. hitting, slapping, pushing, kicking, pinching, rough handling, deliberate or unintentional misuse of medication, inappropriate restraint or sanctions.
- Sexual - e.g. rape, indecent assault or sexual acts to which the adult at risk has not consented or was pressured into consenting. Sexual acts would include being made to watch sexual activity. This can also include Child Sexual Exploitation where there is an imbalance of power to coerce, manipulate or deceive a person under 18 into sexual activity, in exchange for something the victim needs or wants.
- Psychological / emotional - e.g. threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, bullying, cyber bullying, coercion, harassment, verbal abuse, isolation or withdrawal of help.
- Financial - e.g. theft, fraud, internet scamming, exploitation, duress or undue influence in connection with wills, property or inheritance or financial transactions, misuse / exploitation / misappropriation of property, possessions or benefits, misuse of power of attorney.
- Neglect - includes acts of omission e.g. ignoring medical or physical care needs, failing to provide access to appropriate health, social services, withholding of necessities of life such as medication, nutrition and heating.
- Discrimination and harassment - relating to someone's race, culture, ethnic origin, gender, age, sexual orientation, marital status, disability. This causes harm and constitutes hate crime.
- Domestic violence - including a mix of other types of abuse as well as 'honour' based violence.
- Self neglect - covers a wide range of behaviours including neglect of personal hygiene, health or surroundings and includes behaviours such as hoarding. I.e. if the impact of someone's decision has or is likely to have a substantial impact on their overall wellbeing and a significant risk of harm remains or is putting the safety of others at serious risk.
- Organisational – abusive practices, policies, processes within an organisation that are seen to be acceptable rather than abuse by an individual.
- Modern slavery - human trafficking, forced labour and domestic servitude happen on a daily basis. Individuals are often coerced and deceived into these situations and find themselves without the means to escape.

This could range from a one - off to ongoing poor practice. Examples in a supported housing context could be staff using a master key without due cause or consent, entering flats without permission or not waiting for a reply after knocking. Also breaches of confidentiality or restrictive practices in use of communal facilities. In the wider Organisation it could be staff who ignore and don't challenge discriminatory / bullying behaviour towards another resident or playing down anti social behaviour being experienced by a person considered at risk as unimportant or low level "nuisance".

Therefore, applying standard ASB procedures and enforcement action e.g. not recognising mate crime or seeking to evict someone with care and support needs without any consideration of their individual needs and without discussion with the Local Authority.

Other general examples of organisational abuse include disrespectful attitudes, neglecting to help someone, culture where it is acceptable / normal for staff to turn a blind eye if there are concerns. It would also include where an organisation ignores Whistleblowers or treats them unfairly.

- Abuse is often subtle rather than explicit.
- There should always be a response by staff, even to minor abuses although the response should be in proportion to the circumstances.
- Examples of other "housing" triggers could include anti-social behaviour, arrears, damage to property, change in a customer's behaviour or appearance, refusing staff access when usually permitted etc.

4. Definition of mental capacity (Mental Capacity Act 2005)

It is essential that we assess someone's mental capacity in order to make the right decisions about what actions to take when a concern comes to light. It is not possible to deal appropriately with any concern about suspected or abuse without doing so, given that people's wishes, feelings beliefs and values should be at the heart of all that we do, and the person should be involved in all decisions. The five principles of the Mental Capacity Act 2005 should underpin our practices.

Mental Capacity Act principles:

- 1) Everyone must be assumed to have capacity unless it is established otherwise
- 2) All practicable steps must be taken to help the person make the decision
- 3) Unwise decisions do not establish lack of capacity (everyone has the right to make "wrong" decisions)
- 4) If making a decision for or about a person who lacks capacity, then always act in their best interests
- 5) The least restrictive action should be taken

If should be assumed that a person has capacity unless there is a clear indication that there is a capacity issue. Having capacity means being able to make a decision about a particular matter at the time the decision needs to be made.

If someone clearly has capacity then they have the right to make decisions about what they want to happen and who they want involved, even if it is felt that the person is making "wrong" decisions (with the caveats about level of risk, others who may be at risk, duty of care etc.). Therefore, we can't just decide what we think should happen and who we should speak to, including automatically raising a concern with the local authority.

That said, we aren't expert or professional Mental Capacity assessors and aren't expected to be. What is expected though is that we make our best judgement about someone's mental capacity and are able to explain the reasons behind such judgements. In a housing context, this may be easier in some instances than others. For example, a member of staff who supports a person e.g. in supported housing / Independent Living and is therefore in regular contact will know the person, their background and likely to be aware of any changes in their mental capacity. They will therefore be better placed to make a judgement about that person's capacity.

Conversely, a member of staff who comes across a situation about possible or actual abuse or is told about a concern by another party and doesn't know the resident, will be less sure and able to make such a judgment.

It is about trying to ascertain if the person at risk knows their "own mind" and appears to know, understands what is happening to them and is able to make their own decisions and informed choices (even if their decisions are felt to be "unwise" or "wrong"). Crucially, it's about talking to the person (unless unsafe to do so) and their family/friends (unless implicated) and gaining as much information as possible about what they think, feel and want to happen.

The following provides guidance to help staff make a judgment about someone's capacity:

- Stage 1 – does the person have any kind of impairment? (This could include checking SNIX "special needs index" via the local authority to see if there are vulnerability indicators.)
- Stage 2 – when talking to the person, do you think the person understands what is being explained and discussed, and/or is able to retain the information, and/or is able to use / weigh up information, and/or

is able to communicate his/her views, wishes, feelings and beliefs?

If Stage 1 applies and we think someone struggles with Stage 2 then they are likely to lack capacity then always raise a concern with the Local Authority.

If it is felt that there may be a mental capacity issue but don't feel able to make a judgment about the person's understanding or are unsure about their level of capacity, then advice should always be sought from the Local Authority, explaining. Simply if in doubt then the concern must be raised.

Where it is found that a person does lack capacity, then the Local Authority must make sure that any decisions made for them must be in their best interests and be as least restrictive as possible to meet their needs.

In instances where any decisions taken for a person lacking capacity may involve them being deprived of their liberty (and or we are concerned this is already happening) then advice must be sought from the relevant team within the Local Authority. The issue of DOLS (Deprivation of Liberty Safeguards) is a very complex area and not one which we would ever expect staff to deal with without advice and guidance from the Local Authority.

Decisions regarding Mental Capacity should be held with the DSL and Adult Social Care. In circumstances where you are told "it is the persons choice to make the wrong decision" it may sometimes be necessary to consider challenging decisions if there are other underlying factors e.g. coercion, others put at risk, lack of a recent capacity assessment, health deterioration.

In summary, where abuse is suspected or is happening, and we consider someone may not have mental capacity, then a concern MUST always be raised with the Local Authority, explaining why we consider there are capacity issues. The Local Authority should provide guidance and make a decision about what should happen next.

5. Definition of safeguarding principles

Our safeguarding adults' policy aim to achieve positive outcomes for adults at risk, based on a culture of acceptable risk, including a person's right to make the "wrong" decision. To help make this happen, our policy and procedures are based on the six principles underpinning safeguarding:

- **Empowerment** – adults should be in control of their own lives and their consent is needed for decisions and actions designed to protect them. It is therefore vital that, if someone has mental capacity and is able to make their own decisions, they maintain control. The professional's role is to support their decision making at each stage of the process. This includes taking action only with consent unless there is clear justification to act contrary to the person's wishes, feelings, beliefs and values.
- **Protection** – procedures should provide a framework by which people can be supported to safeguard themselves from abuse or be protected where they are unable to make their own decisions about their safety (due to lack of mental capacity).
- **Prevention** –is imperative. Everyone has a role in preventing abuse from occurring e.g. to help promote awareness and support people to safeguard themselves. Clear procedures should be in place to minimise the risk of abuse.
- **Proportionality** – responses to concerns should be proportional to the assessed risk and the nature of the allegation / concern. Proportional decisions need to take into account the principles of empowerment and protection. Where a person lacks mental capacity, any decisions made on

their behalf must be made in the person's "*best interests*" and be least restrictive to their rights and freedoms.

- **Partnerships** – we must all work together to prevent and respond effectively to concerns. This includes working with the person to support their decision making, with other organisations, relatives, friends, Carers (formal and informal) and other representatives (e.g. advocates) to achieve positive outcomes for the person at risk.
- **Accountability** – decisions made must be clear and transparent. Decisions and rationale must be recorded and defensible with clear lines of accountability. This means that organisations, their staff and partners understand what is expected of them, that they act on their responsibilities and take collective accountability.

6. Definition of the Care Act 2014

One of the key changes in recent years (now enshrined in the Care Act 2014) is that when a concern comes to light, and actions need to be considered to protect a person from abuse, the person themselves should be kept at the centre. This is now referred to as "*making safeguarding personal*". This further reinforces the principles of safeguarding, particularly around empowerment, proportionality and partnerships.

In practical terms, this means:

- The person's views, wishes, feelings, values and beliefs should always be considered and acted on as much as possible.
- Decisions should be made *with* the person not *done to the person* and where possible with their consent. If consent is not given and needs to be overridden, then time should be taken to explain and reassure.
- Balancing up risks and a recognition that life is full of risks rather than risk avoidance.
- Helping people make informed choices and support them to manage any risks.
- Respecting that those with capacity have the right to make the "wrong" decisions unless certain circumstances apply (serious crime committed, staff are implicated, the person remains at serious risk of harm, the person lacks capacity, others are being put at risks, a child is involved, the person allegedly causing harm may also have care and support needs).

Consider the following to help ensure our approach does make it personal:

- Ask the person what they would like to happen, what outcome they want.
- Explain how you can help rather than what will happen.
- Go back to the beginning and get the full story if you can.
- Do as much as you can to involve the person right from the beginning.
- Think about your language, plain English, how best to explain, avoid jargon and professional- speak.
- Ask as many questions as possible and never presume.
- Respect and be understanding that the person's feelings and wishes may change informed choices.
- Explain about their right to have a person they trust to help speak up for them (including our staff if they want this help from us).
- Include their views and wishes in your record-keeping including if you are raising a concern with the local authority or others.

7. Roles and responsibilities

The Chief Executive (CEO) and Board of Trustees have overall strategic responsibility for the Safeguarding Policy and for ensuring that all adults involved in any way with the organisation are protected. The Trustees have nominated a Trustee Safeguarding Lead who will be responsible at a Director level for the implementation of Safeguarding Policy and Procedure.

The nominated Trustee Safeguarding Lead is the Vice Chair – Mark Farren.

Senior Managers have responsibility for the implementation of the policy and procedures. Managers must take responsibility for deciding what to do in situations.

All safeguarding concerns or issues must be directed to the Safeguarding Lead. The Designated Safeguarding Lead is Rachael Bruce; 07413175867 – Support Team Manager or CEO Peter Richards in her absence on 07904954920.

Staff's responsibilities

- All staff must report every concern to their line manager, CEO or Chair of the Board of Trustees as relevant.
- Always report to Police if a crime is suspected crime, including hate crime.
- Your duty is not to formally investigate. It is to gather information and evaluate the level of risk, as quickly as possible and if safe to do so, The Safeguarding Adults Risk Assessment Pro Forma (Appendix iii) can be used to help assess the risk.
- Ask the person at risk what they want to happen, if safe and appropriate to do so.
- Do not give the person assurances that you will maintain absolute confidentiality.
- Consider the person's mental capacity to give their consent but seek assistance if you are unsure.
- Would the person agree to us contacting the Local Authority (Social Care) to see if they can help and others too, such as the Police if a crime is suspected? If not, talk through why and see if we can reassure them, explain others might be at risk too etc.
- If person at risk won't consent, we don't need it to act. The Manager needs to decide what we can do to stop the abuse if possible (or if unsure then contact the CEO or the local authority safeguarding team for advice). In certain circumstances, the Manager will need to decide whether to override lack of consent e.g. if a person lacks capacity, if the level of risk is high or others are at risk.
- Concerns of abuse need to be raised with the Council or Police with the person's involvement, if safe to do so. Explain what is being done and why and reassure.
- Keep building up the picture through information-gathering, clarifying facts as much as possible (if safe to do so) and ongoing evaluation of the risks. Don't wait to refer on though, Safeguarding have access to information we do not.
- Share information on a need to know basis.
- NEVER tell or discuss directly with the person who may be causing the abuse unless this is agreed as part of a protection plan or specifically instructed e.g. to suspend member of staff who has been accused.
- Everyone must keep clear, concise written notes throughout about what they know/suspect, what they have been told / observed, decisions made and actions taken.

- Sign and Date all notes and amendments.
- Always inform a Manager, CEO or Chair of the Board of Trustees as relevant if an allegation is made against a member of staff. Never prejudge, always remain impartial and objective.
- The local authority's Commissioning Team must be informed of serious incidents that happen within Moving On's supported housing services, including all that involve staff.

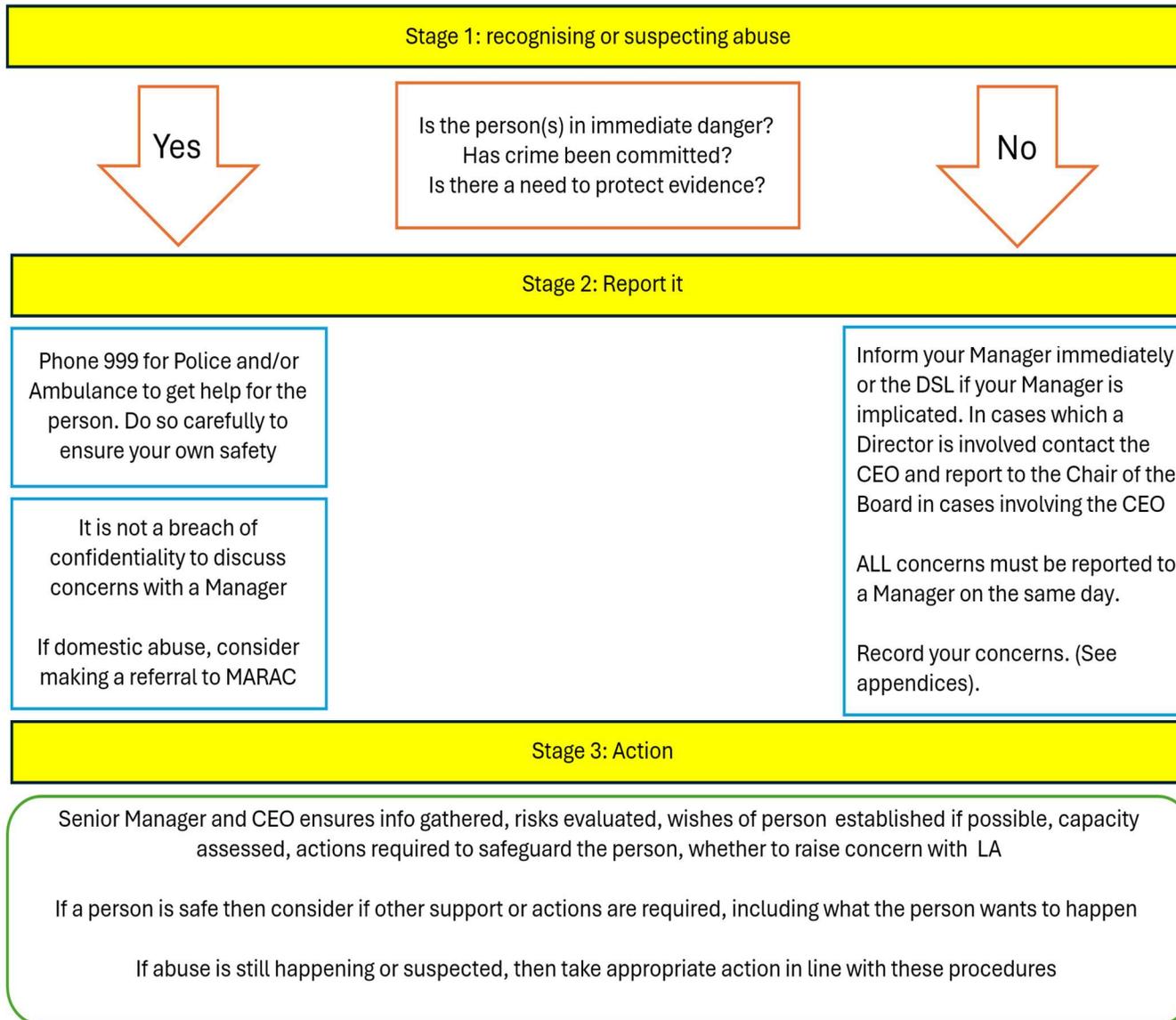
Contact emergency services (999) if a person is in immediate danger or requires medical attention.

If an incident happens outside of office hours and / or no senior members of staff is available for support, you should call Social Care Direct on 03000 26 79 79.

Remember to say an 'adult with needs for care and support' or a 'vulnerable adult' is involved.

An officer will listen carefully, give advice and make a safeguarding referral if necessary, even if you wish to remain anonymous. The officer will take prompt action if the adult is in immediate danger.

8. Moving On's reporting procedure



Moving On's reporting procedure continued

The aim of this procedure is to provide guidance for staff and managers, highlighting the key points and the main stages of dealing with any concerns about the abuse of an Adult at Risk. (Any general reference to abuse includes any form of abuse as described later within the procedure within the section "types of abuse".)

Every concern and each person affected by abuse are different, so every situation needs to be considered individually. These procedures focus on protection – taking prompt, proportional, effective and coordinated action to stop abuse where it is or may be occurring.

The key stages explain what staff and managers should do to protect an adult if we know or suspect that a person is being abused or at risk of being abused. However, helping to protect someone who is being abused or is at risk is only one element of safeguarding. Our role is also about helping to prevent abuse happening in the first place by having an understanding and promoting awareness. It is also about making sure we do things right and do the right things i.e. performance. Whether it is preventative or protection action we all have a part to play. Safeguarding is everyone's responsibility.

These procedures are about **adults** with care and support needs who at risk of abuse. Concerns about a child or young person (under 18) should be taken in line with Moving On's Safeguarding Children and under 18s Policy.

Aims

- To ensure that abuse does not go unnoticed or ignored.
- To protect adults who are, or could be at risk from abuse, by taking steps to stop the abuse, involving the person at risk.
- To help the person at risk to maintain control and ensure their voice is heard.
- To take decisions and actions that are proportional, based upon assessing situations and the level of risk; focused on achieving outcomes that the person wants, where possible.
- To ensure that staff and managers who need to deal with concerns of abuse are supported, both internally and externally.
- To work with other agencies, including Local Authorities, Health Providers, Police Authorities, other Community/Voluntary organisations, families, advocates etc. to help keep people safe.

8.1 Stage 1 - recognising abuse (suspected or discovered)

Frontline Staff need to refer to the 'roles and responsibilities section . They need to gather information, assess the risk, get as clear a picture as possible immediately, including the level of risk. This will depend on the situation and if it is safe to do so. Staff should not put themselves or the person who they think is being harmed at risk.

Is it an emergency situation? i.e. someone has been attacked or is at immediate risk and urgent assistance is needed to help the individual, protect property or protect evidence.

Make an initial assessment - even in an emergency, it will be necessary to make an immediate assessment of the situation in order to decide whether to contact emergency services (Police / Ambulance). If it is thought to be an emergency, then:

- Call an Ambulance / Police 999.
- Don't put yourself in danger.
- Don't contaminate the evidence.
- Once the emergency is over, follow the process for non-emergency situation.

Contacting the police - if the situation appears to involve a criminal act, staff should involve the Police. If the person is adamant they do not want this to happen, the Manager will need to decide if the lack of consent should be overridden.

It may not be absolutely clear if abuse is happening e.g.:

- **It may be suspected** - there is a suspicion that someone may be being abused but it is not known for certain.
- It may be alleged - **when someone tells us that an individual is being abused or the individual alleges he / she is being abused.**
- It may be confirmed abuse - **when there is clear evidence of abuse taking place e.g. when staff see something directly or receive factual information and it can't be anything else.**
- **It may be (alleged) historical abuse.** Let the person speak, gather information and follow the same procedures.

Even if it is unclear or uncertain, staff need to assess the situation, clarify what they think is happening as best they can and why (what are the clues, signs or indicators etc.), what background information do we have etc. This includes assessing the level of risk (the SA Risk assessment form can help make this judgment) ?

Talk to the person who is at risk, if you can, to find out what they think and what they want to happen. Do they know if anyone else is affected? Never as part of this process, discuss the situation

with the person who is suspected of being the abuser.

Seeking consent and overriding consent

The person should normally be involved in decisions about what steps to take, which information can be shared with and who else should be involved.

The written notes that staff / managers keep throughout the process should include discussions about consent and the person's wishes. In certain situations, even if the person's consent has not been given, it might be necessary to override this. Situations where consent may be overridden are listed in the box below:

- The level of risk to the individual is considered high
- Coercion is involved
- We do not feel that the support we can give will stop the abuse
- It is in the public interest e.g. others are at risk, including other in the household
- A child or young person is at risk
- The alleged person causing the harm has also got care and support needs
- The person at risk lacks capacity - assistance has to be sought as a best interests course of action will need to be taken

Seeking consent (likely not to apply in an emergency) - the person at risk would therefore be involved about what they want to happen and what outcomes they want UNLESS they do not have the mental capacity to do so or the risk is felt to be too high or you think a serious crime is being committed.

The level of risk will be based on a number of factors including the:

- Level of risk to the person, now and in the future i.e. can the abuse be stopped?
- Nature and extent of abuse.
- Length of time it has been occurring.
- Impact on the individual.
- Risk of repeated or increasingly serious acts involving this person.
Risk to others e.g. in the household, other people, etc.

Overriding consent is not a decision that should be taken lightly. Written records should be kept of the rationale for the decision taken. Inform the person if you do decide to override their wishes and, if safe to do so, explain why.

8.2 Stage 2 – reporting it immediately

Frontline staff - if anyone suspects or is aware of actual abuse, they must make their line manager aware **IMMEDIATELY** – no later than the same day. The line manager will ensure that the concern is forwarded to a Support Team Manager, Rachael Bruce, Designated Safeguarding Lead (DSL).

Concerns can be raised in one of the following ways:

- **Using the Moving On “Internal Notification of Suspected Abuse” form – see Appendix A.**
- (Blank versions of these forms are on the Shared drive. Keep the blank master on the system and use a copy. Do not save the confidential completed form to Shared drive but save the relevant confidential files to the individual’s case file).
- Managers must ensure that the “Moving On “Internal Notification of Suspected Abuse” is completed and report the concern to the DSL / CEO the same day. The DSL has the responsibility for ensuring the concern is being dealt with. If the DSL is not available, then the staff should contact the CEO. In the unlikely event that none of the above are available, then contact their Trustee lead or local authority safeguarding team for guidance.
- If the Manager is implicated or staff do not have the confidence that the Manager has acted appropriately, then they should contact the CEO or a Trustee.
- In the event that the CEO is implicated staff should contact the Chair or Vice Chair of the Board of Trustees.

Staff must gather as much information as they can to gain as clear a picture as possible including how much risk they think the person is at. Also, if they have been able to initially ascertain what the person at risk wants to happen. **Staff may use the Risk Assessment pro-forma to help assess risk - see Appendix B.**

Blank versions of these forms are on the Shared drive. Keep the blank master on the system and use a copy. Do not save the confidential completed form to S drive but save the relevant confidential files to the individual’s case file. If the pro-forma is not used, then full notes must still be written to record how the assessment of risk was reached.

It is not necessary to be 100% certain that abuse is taking place. Whilst it might turn out that there is not a problem, or the problem is not about abuse, it doesn’t matter. What matters is that concerns are always reported to a Manager. Never turning a blind eye is a very important part of Moving On’s safeguarding culture.

Staff do not need the person’s consent to speak to a Manager. This is not regarded as breaching confidentiality. Staff should never shoulder the burden of any concerns on their own. Staff should also record what they know and what they have done. A written record should always be made reporting the concern / alert to the Line Manager / CEO.

8.3 Stage 3 – Action to protect the person from harm

Managers ensure safeguarding concerns are followed up. Staff must never be left to deal with concerns of abuse (actual and suspected) on their own. This responsibility lies with the Designated Safeguarding Lead (Support Team Manager).

In deciding what to do, the decision of the DSL will be based upon their evaluation of the situation and the information known at that point, including an evaluation of the risk and ask **what the person themselves wants to happen** (noting that it may be necessary to override a person's wishes in certain circumstances, see 3.5 "Seeking Consent and Overriding Consent"). If this was the case, then reassurance and explanation should be given where possible to the person, so they are aware of what is happening and why. If consent is not given (and considered no grounds to override) then contact the local authority for advice. Also consider alternative courses of action e.g. advocacy, relative support, keeping in regular contact with the person etc.

NEVER discuss with the person who is alleged as causing the abuse unless part of an agreed plan. Managers must inform the DSL, CEO or Chair of the Board of Trustees as appropriate if a member of staff is implicated.

Managers will also decide what actions they themselves can take to minimise the risk of abuse or stop the alleged abuse. This will include decisions on information sharing with third parties. Delegation of these responsibilities should only be made to members of staff who have the requisite knowledge, experience and training as Safeguarding Managers. Any decision made must be proportionate and timely.

Managers will also decide what actions they can themselves take or organise directly to stop the abuse and who else should be contacted. This includes a decision whether to raise the concern with the local Council and / or to report / involve other key partners e.g. Police if a crime is suspected, GP or other health professionals. Managers should only delegate actions to staff who they consider have the appropriate skills and knowledge in this area and with their ongoing support and supervision. If so, then be clear on who and what needs to be done regarding raising the concern, what we can do in meantime and what action the Council intends to take. Clarify what other Agencies are going to do.

Whoever is involved, the Manager needs to be clear about what everyone is doing.

If the Local Authority refuse to review the case, and Moving On staff disagree with the decision, then the DSL should challenge the decision of the Local Authority, ask for full reasons for refusal and escalate if necessary.

Abuse is often subtle and hard to spot. The situation is seldom clear cut. Staff and Managers therefore have to use their discretion and make their best judgement. Initial judgements and decisions taken will need to be reconsidered, as and when understanding / more information is gathered, and risks are re-evaluated on an ongoing basis. Also, the person at risk may change their mind about how they feel and what they want to happen throughout the process so continuous discussion with the person should take place unless it is unsafe to do so.

To ensure that Managers are able to make the best judgements possible and be able to make informed and appropriate decisions throughout, managers should ensure staff continue to gather as much information as they can (where it is safe to do so), including about the level of risk.

The DSL will **Monitor and Review**, assessing whether the abuse has stopped or reduced. It is important that as an organisation, Moving On communicates and shares information with other agencies. If staff suspect that other agencies aren't doing the same, then the CEO must be notified.

9. Continuously assessing the situation and risks

This is a continuous process that will take place throughout all stages and is about trying to find out as much as possible including how much risk the person is in.

Assess the situation – find out as much as you can initially about what you think is happening. It is unlikely to be clear cut so gather as much information as possible to clarify as much as possible. Don't prejudge, make assumptions or be subjective. Be impartial and objective and fact-find. Keep building the picture as much as possible.

NEVER discuss directly with the person who is alleged to be the person causing the abuse unless this is part of an agreed protection plan or specifically instructed to do so. e.g. to suspend a member of staff. The risk to the person could increase if the person suspected of causing the harm becomes aware that concerns have been raised.

Assessing what is happening is also about assessing the risk. It may be obvious, or you may need help with this. Deciding on how much risk the person may be at again is unlikely to be clear cut and will be a best judgment decision, based on as much as you know (from gathering information and background checks).

If it is domestic abuse, the locality risk assessment can also be used. Any significant scores are eligible for a MARAC referral. But any major scores will require a conversation or consultation with an IDVA based on the vulnerability of Moving On young people.

Wherever possible, talk to the person at risk about the situation and what they want to happen. The focus being to listen, to reassure and offer help and to consider their wishes, feelings, beliefs and values.

10. Antisocial behaviour

Some people who are regarded to be at risk are likely to be less able to cope with what may traditionally be regarded as low-level harassment / antisocial behaviour. We must never underestimate the impact of low-level abuse on people with care and support needs (and their carers) and always treat this seriously.

Antisocial behavior against someone with a learning disability should be regarded as a disability hate crime. A more hidden type of abuse / hate crime and which is only now being more understood is **mate crime** i.e. where someone befriends a vulnerable person deliberately to take advantage of them. As the person may be isolated and alone, they are often grateful to have a new “friend” and not realise they are being exploited

We will also inform the local authority if action is being taken against a resident with care and / or support needs. For example, if possession action must be taken then liaison should take place with the Local Authority if there is an adult with care and support needs in the household or children in the family or other concerns about the household.

11. Recording of information

All details at each step need to be accurately recorded – this includes details of the concern / alert, information gathered, and assessment of risk, options discussed, agreed actions identified and taken.

When gathering information, it is vitally important for the protection of anyone at risk of harm / abuse / neglect to get as full a picture as possible and that the information is recorded, in writing.

Take full contact details of the person disclosing or raising the concern. Include details of how they can be contacted in a way that does not put anyone at further risk.

Record all of the information that is able to be gained easily, and without putting the person at further risk.

Details about the person who is / may be at risk of abuse:

- Full name, address, date of birth, current location.
- How they can be contacted safely.
- Whether they are aware the concern has been made raised.
- Whether or not they have given their consent to share information with other agencies.
- What outcomes do they want?
- Information about their mental capacity to make decisions about what is happening and what they want to happen.
- Their communication needs.
- Name and contact details of anyone acting in their best interests.
- The nature of the abuse or neglect, details of any disclosure, any observed incidents, who the witnesses are, any other evidence. Include times and dates/timescales where they are known.

- If a report has been made to the Police, the Police crime or incident logs number.
- Any actions that have been taken to protect the person (if anything).

Details about the person who is / may be causing harm:

- Full name, address, date of birth, current location.
- Their relationship to the person at risk of abuse or neglect.
- Have they themselves got any care and support needs?
- What their mental capacity to make decisions about stopping their actions is thought to be.
- Their communication needs.

General:

Your assessment of the level and imminence of risk.

- Assessment of risk reoccurring. Any other agencies known to be involved.
- Person's GP, if known.
- Name and contact details of anyone else who is significant to the situation, e.g. partners, children, relatives, carers.

Justifiable or Defensible Decisions: Responding to concerns or allegations requires decision-making and objective, professional judgements. Decisions need to be "defensible" which is about making sure that the reasons for decisions, as well as the decisions themselves, have been thought through, can be explained and are clearly recorded. Our decision-making must be able to demonstrate that:

- Reasonable steps were taken
- Reasonable assessments have been taken
- Information has been collated
- Decisions are recorded and communicated
- Procedures have been followed
- Our approach has been proactive, one of "professional curiosity", including persistence where necessary
- We have escalated matters where e.g. we don't consider we are getting the help we need, our concerns aren't being taken seriously, we are being shut out or the matter isn't being appropriately dealt with, either internally or externally

12. Information sharing

It is vital to share information to keep people safe. The duty of confidentiality does not stop you from sharing important information to keep people safe.

The GDPR General Data Protection Regulation does not stop you from sharing important information to keep people safe. Any personal information should be shared on the basis that it is:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- accurate and up to date
- shared securely and in a timely fashion
- not kept for longer than necessary for the original purpose

Confidentiality is an important principle that enables people who are or may be at risk of abuse feel safe in sharing their concerns. However, sharing information with the right people, at the right time is vital to make sure people get the help and support they need including reducing any risk from harm / abuse. In terms of possible abuse, staff can contact the Local Authority, or Police for advice without necessarily giving an individual's personal details e.g. if they are unsure whether raising a safeguarding concern is appropriate.

13. Reporting to your local authority

The Manager may decide to raise a concern with the Local Authority, who have the responsibility to consider all concerns brought to their attention about an adult at risk.

If a serious crime has been committed or is suspected, the matter should be reported to the Police.

Concerns should ALWAYS be made to the Local Authority in the following situations, if:

- It would help protect the person and the person wants this help.
- Access to other services would stop the abuse and the person wants that.
- The situation is complex, and/or the risk of harm is high.
- The person at risk does not have mental capacity or their capacity is diminished, or we are unsure about their capacity.
- The person feels unable to make a decision in their own best interest because they are under duress or coercion.
- There is a risk to a child / young person.
- There are failings that are company-wide.
- We know that a concern has been brought to the attention of another organisation and they are not doing anything about it (e.g. a care provider).

Where the concern involves a member of staff, Bank Worker, volunteer or member of the Board of Trustees, a Senior Manager must be notified.

If a person does not want us to contact the Local Authority / Police (and the above exceptions do not apply) then a Manager may want to seek advice from the Local Authority or Police. This should be able to be done anonymously at least in the first instance. Depending on the Local Authority this can be done in different ways e.g. direct contact to the Safeguarding team, discussion with the lead for Mental Capacity, the Police's Vulnerable Persons Unit or Public Protection Unit or by raising a concern for advice only, explaining we don't have the person's consent.

Contacting the Local Authority may also be done as part of information-gathering and information sharing which is part of building the picture.

If we don't have the person's consent to contact the Local Authority/Police, that person has capacity, and we don't feel we have grounds to over ride their consent, AND WE FEEL CONFIDENT THAT WE CAN DO THINGS THAT WILL STOP / MINIMISE THE ABUSE, then we can put actions into place and monitor the situation closely.

Although we are there to support the person to make their decisions and we need to help them in such a way that also accords with their wishes, we also have to be confident we are not leaving the person at further risk of serious abuse. If not, then we MUST raise a concern with the Local Authority to get more help. Managers must also notify the appropriate contact at the Local Authority about:

- All serious safeguarding incidents
- All safeguarding incidents concerning Moving On
- All other serious incidents (not just abuse).

Safeguarding adults reviews (SARS)

Safeguarding Adult Boards now have a statutory duty to organise a SAR for cases of abuse which has resulted in death or serious injury of a person with care and support needs. The cooperation and participation of relevant partner organisations, including housing is expected in any SAR. The purpose being is to learn lessons and identify areas for improvement in practice and joint working.

Significant incidents

Often require serious/significant incidents to be reported via a serious incident report. Speak to your line manager to agree the route to be taken. This would include all serious cases, all involving a member of staff and any serious *near misses*.

14. Monitoring, reviewing and learning

Individual cases - Managers must ensure effective logging for every case raised whatever the outcome. The Manager must be kept updated if any further occurrences or further concerns come to light. A reassessment of risk would have to be undertaken and records updated.

Albeit discussions should be had throughout, once concluded, the person at risk should be asked for completeness about how they felt things had been handled and if they feel safer as a result of actions taken. Staff who have been involved/ Managers should also reflect on individual cases to highlight what worked well and any learning. Details of which can be held with the case notes.

Teams – a log of each incident should be recorded for the Manager. This ensures managers have oversight of all concerns and the outcomes within their service. This helps:

- Ensure consistency and competency of practice
- Identify cases that are worthy of discussion at team meetings for learning / refresher training purposes
- Identify any common themes/patterns that need to be considered
- Provide key data as part of the Group-wide annual review.

Managers should facilitate discussion about experiences and learning points (positive and negative) within their own teams and to other Managers for dissemination via wider network of team meetings.

An annual overview of all cases should be collated by the CEO. The review will identify any key trends, lessons learned / areas for improvement across Moving On. This will also include good practice and positive experiences.

Managers must also review all serious / significant incidents, including *near misses* on a case by case basis, as and when these occur. Outcomes should be shared with the CEO. using the Safeguarding Adults Feedback form – see Appendix (iii). N.B. Blank versions of these forms are on the S drive. Keep the blank master on the system and use a copy. Do not save the confidential completed form to S drive but save the relevant confidential file.

Managers will disseminate wider sector updates, national and local policy changes.

15. Employment of staff

Referrals to DBS

Moving On will ensure that all members of its staff, and those undertaking work activities such as work experience placements, are suitably vetted through the Disclosure and Barring Service (DBS) prior to commencing employment and at regular intervals during the course of their employment. This allows us to make safe recruitment decisions and to continue to protect our staff and Young People.

The Disclosure and Barring Service (DBS) makes decisions about barring people from working with vulnerable people / children if they could harm or have harmed children and adults at risk. We have a legal duty to notify the DBS if we consider a member of staff (paid or unpaid), has harmed or demonstrated a risk of harm.

This includes those who have left prior to being dismissed or removed. The CEO must be notified who will then make the decision about referral to the DBS.

The organisation will deal sensitively but promptly with any person who becomes unsuitable in the course of their employment – including notifying the DBS should a safeguarding concern be investigated, disciplinary hearings prove allegations and / or employment be terminated.

Please refer to our Safer Recruitment policy for further information around DBS checks for both new employees / volunteers and existing employees / volunteers.

Induction

Staff and volunteers will also be expected to undertake a robust induction outlining elements such as:

- Reporting of annual leave and absences
- Introduction to the team and 'employee zone'
- Login details
- Pension
- Job description
- Probationary period
- Shadowing opportunities
- Training (including safeguarding)
- Supervisions and team meetings (inc the reporting of safeguarding concerns)

All to be completed within their 6-month probationary period.

Allegations against staff

If an allegation has been made about you, notify your Manager immediately. You may need to be suspended whilst investigation undertaken. Suspension does not imply any wrongdoing or prejudgment of guilt. It is purely to allow an objective and impartial investigation to take place.

If an allegation has been made about another member of staff (paid or unpaid or agency) within our

organisation - notify the DSL, CEO or chair of the Board of Trustees as appropriate immediately – they will undertake the appropriate action. If the allegation is about an independent capacity (e.g. contractors), this must always be reported to a Manager.

If the allegation is about the CEO contact the Chair / Deputy Chair of the Trustees. If the allegation is about your Manager – report it to the CEO.

This is also part of our Whistle blowing responsibilities. For further information, see Moving On's 'Whistle Blowing policy'. All allegations will be treated in confidence. Staff must never ignore, attempt to cover anything up, investigate or attempt to deal with it directly without contacting a Manager for advice.

Moving On will respect and support those who speak out about suspicions of abuse or other inappropriate / fraudulent behaviour. Staff will not be penalised if they make an allegation, even if it subsequently transpires to be unfounded, as long as they did so in good faith. (Any malicious allegations by staff against other members of staff not made in good faith may result in disciplinary proceedings).

16. Associated policies and procedures

The following Moving On policies and procedures are associated with this policy:

- Safeguarding Children's and U18s Policy and Procedure
- Safeguarding Policy Statement
- Code of Conduct
- GDPR General Data Protection Regulation
- Whistleblowing Policy – see employee handbook
- Disciplinary and Grievance – see employee handbook
- Health and Safety Policy
- Safer Recruitment Policy

This is not an exhaustive list. Other policies and procedures may also be applicable. These procedures also run alongside local area Multi-Agency Safeguarding Procedures.

17. Relevant Legislations

The following legislations are relevant to and have been referred to in this policy.

- Crime Justice and Courts Act (2000)-
an update was made in 2015 to draw attention to ill treatment carried out by a carer or provider. The intention of the Act is to ensure that the individual offence can apply to any individual perpetrator, not just those on the front line of care provision. However, it will only apply where the individual supervisor, director, etc. has directly committed ill-treatment or wilful neglect as they are not liable for the individual offence in respect of the acts or omissions of others they supervise or manage.
- Female Genital Mutilation Act (2003)-
2015 saw the act updated to make it an offence for any person in England, Wales or Northern Ireland (regardless of nationality or residence status) to

perform Female Genital Mutilation. If an adult discloses to you that a child has had FGM, this is a report of child abuse. The Serious Crime Act 2015 amends sections 1 to 3 of the 2003 Act so that it applies to UK nationals and habitual residents, including students, refugees and illegal immigrants who could not previously be protected/ prosecuted under the 2003 Act.

- Working Together to Safeguard Young Persons (2010,2013,2018,2023)
- The Sexual Offences Act (2003)-
Sexual Offences Act 2003 has been updated as the Police, Crime, Sentencing and Courts Act 2022 has extended the definition of Position of Trust within the Sexual Offences Act 2003 section to include anyone who coaches, teaches, trains, supervises or instructs a child under 18, on a regular basis, in a sport or a religion.
- Anti-Social Behaviour Act (2003)
- Domestic, Violence, Crime and Victims Act (2004)-
an amendment was made to the act in 2012 to Section 5, to include serious harm to a child or vulnerable adult.
- Forced Marriage Act (2007)- an update was made in 2014 to create a new separate offence of Forced Marriage as well as criminalising breaches of Forced Marriage Protection Orders (FMPOs). An addition was also made in 2022 (enacted in 2023) to make provision about the minimum age for marriage and civil partnership and for connect purposes.

APPENDIX A

Internal Notification of Suspected Abuse PRIVATE & CONFIDENTIAL

Name of vulnerable adult

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Age and date of birth	Ethnicity
Religion	First Language
Disability	Any special factors
Home address	(and phone no. if available)

Are you reporting your own concerns or passing on those of somebody else? Give details.

Brief description of what has prompted the concerns: include dates, times etc. of any specific incidents. Any physical signs? Behavioural signs? Indirect signs?

Have you spoken to vulnerable adult, If so, what was said

Has anybody been alleged to be the abuser? If so, give details.

Have you consulted anybody else? Give details.

Your name and position.

To whom reported and date of reporting.

Action taken by agency that received the report:

Signature

Today's date

APPENDIX B

SAFEGUARDING ADULTS RISK ASSESSMENT Proforma PRIVATE & CONFIDENTIAL

To be used in cases of suspected or confirmed abuse or harm.

The purpose of this form is to assist in establishing what level of risk a resident may be experiencing and to help you and your line manager decide what action needs to be taken, if any.

It should not be used with a tick box approach. **It is a guide** to help make a judgement about the risk someone may be facing. The form will also not “fit” every situation so will need to be tailored for each case. It is a “tool” to help staff formulate their judgements and not a definitive list. Other information can be included if you feel it is relevant in making an assessment of the risk.

At the stage that you are assessing risks, make your best judgement, based on observations, information from all relevant parties; background, information from other Agencies, if known etc. Only use **“unknown” or “cannot judge”** if you do not have any information at all and therefore cannot make ANY judgement at all. DO NOT use “unknown” rather than making a judgement.

Make notes in each box about why you made that judgement (key points to back up your assessment). DO NOT just tick as that doesn’t explain the rationale behind the assessment or give any information about key issues.

Name of member of staff completing this form:

Date:

1. THE RESIDENT / ALLEGED VICTIM

Name:	
DoB:	
Address:	
Current location:	
How can they be contacted safely?	
Any communication needs?	
Contact name/details of anyone acting in their best interests:	

2. ABOUT THE VICTIM

Risk Indicator	High	Medium	Low	Unknown
Friends and family?				
Comments				
Any confusion?				
Comments				
Mental health problems?				
Comments				
Overall ability of the young person?				
Comments				
Overall general health?				
Comments				
Ability to communicate?				
Comments				
Financial situation?				
Comments				
In control of own finances?				

2. ABOUT THE VICTIM

Risk Indicator	High	Medium	Low	Unknown
Comments				
Any history of abuse/neglect/exploitation?				
Comments				
Any history of alcohol or drug abuse?				
Comments				
Any sensory impairments?				
Comments				

3. ABOUT ALLEGED / SUSPECTED ABUSER

Risk Indicator	High	Medium	Low	Unknown
Do they rely on the person e.g. for money, housing etc?				
Comments				
Any confusion?				
Comments				
Any history of mental health problems?				
Comments				

3. ABOUT ALLEGED / SUSPECTED ABUSER

Risk Indicator	High	Medium	Low	Unknown
Any alcohol or drug problem?				
Comments				
Overall general health?				
Comments				
Any indications of being stressed/unable to cope?				
Comments				
Any contact with other young people?				
Comments				
What do they do for the victim?				
Comments				

4. WHO DO THEY DELIVER A SERVICE FOR?

5. TYPE OF ABUSE or HARM SUSPECTED/ALLEGED/CONFIRMED

Please state what has happened under the appropriate heading

Physical

Psychological

Financial / Material

Sexual

Discrimination

Neglect

6. WHAT OTHER EVIDENCE IS THERE TO SUPPORT YOUR SUSPICIONS?

7. WHAT DEGREE OF HARM or RISK OF HARM IS THERE?

	Severe	Moderate	Little	Can't Judge
Physical				
Comments				
Emotional				
Comments				

8. DO YOU THINK IT IS LIKELY TO HAPPEN AGAIN?

	Yes	No
Why?		

9. DO YOU THINK THIS HAS HAPPENED BEFORE AND IF SO, GIVE DETAILS

--

10. HAS A DOCTOR/OTHER MEDICAL PROFESSIONAL EXAMINED THE RESIDENT?

	Yes		No	
If so what was the outcome?				

11. WHAT OTHER AGENCIES ARE INVOLVED WITH THE RESIDENT?

--

12. DO THEY SHARE YOUR SUSPICIONS?

Yes		No		No Involvement		Not Discussed	

13. WHAT DOES THE PERSON YOU ARE SUPPORTING (THE VICTIM) THINK OF THE SITUATION?

- What do they want to happen/ what outcomes do they want?
- Is the person's next of kin/relatives aware? Does the person want them to know? If they are aware, what do they think of the situation/ what do they want to happen?

14. SO, BASED ON YOUR ASSESSMENT OF THE SITUATION, WHAT DO YOU CONSIDER IS THE LEVEL OF RISK?

High		Medium		Low	

ACTION

What action do you think is appropriate at this point?

If you decide to make an alert/referral/contact other Agencies, is the person aware this is being done?

Has the person given their consent?

If not what are their reasons:

Do you think the person has capacity to make decisions about their safety?

Has a report been made to the Police? / details of log / incident number if known:

Action Agreed

To be reviewed monthly, for 3 months

After 3 months, decide on the next steps or closure: (detail any further action or NO further action required and why)

After 3 months, if to be monitored and reviewed further, state date of next review and key actions

Signed:

Support Worker:

Date:

Manager:

Date:

APPENDIX C

SAFEGUARDING ADULTS FEEDBACK FORM PRIVATE & CONFIDENTIAL

Name:

Address:

Person's Views:

How safe did the actions taken make you feel?

What do you think about the help you were given?

Was it the outcome you wanted?

Comments

Staff Feedback / Reflection:

What went well?

What didn't?

Any learning points?