

Safeguarding Policy and Procedure

Business Impact	<p>Medium Impact</p> <p>Changes are important, but urgent implementation is not required, incorporate into your existing workflow</p>
Summary	<p>This policy details how adults at risk of harm or abuse will be protected and the procedures that must be followed to ensure that concerns are reported immediately. It has been reviewed in line with the recent CQC publication on 'Promoting sexual safety through empowerment' and an additional procedural point and reference added in relation to this. Further minor content changes have been made and references have been updated to ensure they remain current.</p> <p>Please note that there are some additional sections which have been added to your system details requiring you to state the name of your Safeguarding Adult Lead, their phone number, their email address, the name and address of your Local Authority Safeguarding Adult Team and their telephone number. Please ensure that you update your system details so that the information contained within the policy reflects your service.</p>
Relevant Legislation	<ul style="list-style-type: none"> • Serious Crime Act 2015 Section 76 • Domestic Violence, Crime and Victims Act 2004 • The Counter Terrorism and Security Act 2015 • The Modern Slavery Act 2015 • Anti-social Behaviour, Crime and Policing Act 2014 • The Criminal Justice and Courts Act 2015 Section 20-25 • Public Interest Disclosure Act 1998 • Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012 • The Care Act 2014 • Care Quality Commission (Registration) Regulations 2009 • Equality Act 2010 • Human Rights Act 1998 • Mental Capacity Act 2005 • Safeguarding Vulnerable Groups Act 2006 • The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
Underpinning knowledge - What have we used to ensure that the policy is current	<ul style="list-style-type: none"> • Author: Department of Health, (2020), <i>Care and support statutory guidance</i>. [Online] Available from: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance • Author: Social Care Institute for Excellence, (2019), <i>Safeguarding adults: sharing information</i>. [Online] Available from: https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/ • Author: The Ministry of Justice, (2015), <i>Criminal Justice and Courts Act 2015: Explanatory Notes</i>. [Online] Available from: http://www.legislation.gov.uk/ukpga/2015/2/notes/contents • Author: London ADASS, (2019), <i>London Multi-Agency Adult Safeguarding Policy and Procedures</i>. [Online] Available from: http://londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf • Author: NHS England, (2018), <i>Accessible Information Standard</i>. [Online] Available from: https://www.england.nhs.uk/ourwork/accessibleinfo/ • Author: Department of Health and Social Care, (2018), <i>Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry</i>. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/748442/20180620_Safeguarding_Adults_Protocol_Pressure_Ulcers_and_the_interface_with_a_Safeguarding_Enquiry.pdf • Author: The Royal College of Nursing on behalf of the contributing organisations, (2018), <i>Adult Safeguarding: Roles and Competencies for Health Care Staff</i>. [Online] Available from: https://www.rcn.org.uk/professional-development/publications/pub-007069 • Author: NHS England, (2017), <i>Prevent Training and Competencies Framework</i>. [Online] Available from: https://www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf • Author: Home Office, (2018), <i>Criminal Exploitation of children and vulnerable adults:</i>

	<p><i>County Lines guidance</i>. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/611111/county_lines_guidance.pdf</p> <ul style="list-style-type: none"> • Author: Local Government Association, (2017), <i>Making Safeguarding Personal</i>. [Online] Available from: https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal • Author: CQC, (2018), <i>Statement on CQC's roles and responsibilities for safeguarding children and adults</i>. [Online] Available from: https://www.cqc.org.uk/sites/default/files/20190621_SC121706_CQC_statement_February_2018.pdf <p>Author: CARE QUALITY COMMISSION, (2020), <i>Promoting sexual safety through empowerment</i>. [Online] Available from: https://www.cqc.org.uk/sites/default/files/20200225_sexual_safety_sexuality.pdf</p>
Action required	Ensure relevant staff are aware of the content of the whole policy
Equality Impact Assessment:	Team Brain Injury Support (Southampton) Limited have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

1. Purpose

1.1 To protect the Client's right to live in safety, free from abuse and neglect.

1.2 To ensure that the specific to geographical area where client lives Safeguarding Policy and Procedure is understood by all staff at Team Brain Injury Support and that the specific to geographical area where client lives safeguarding procedures dovetail with the service's policy and procedure.

1.3 To set out the key arrangements and systems that Team Brain Injury Support has in place for safeguarding and promoting the welfare of adults at risk and to ensure compliance with local policies and procedures.

1.4 To have a clear, well-publicised policy of zero-tolerance of abuse within Team Brain Injury Support.

1.5 To support Team Brain Injury Support in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?

1.6 To meet the legal requirements of the regulated activities that Team Brain Injury Support is registered to provide:

- Serious Crime Act 2015 Section 76
- Domestic Violence, Crime and Victims Act 2004
- The Counter Terrorism and Security Act 2015
- The Modern Slavery Act 2015
- Anti-social Behaviour, Crime and Policing Act 2014
- The Criminal Justice and Courts Act 2015 Section 20-25
- Public Interest Disclosure Act 1998
- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following Clients may be affected by this policy:

- Clients

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 To ensure that all staff working for, or on behalf of Team Brain Injury Support, understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concerns to within Team Brain Injury Support.

3.2 To manage the safety and wellbeing of adults in line with the six principles of safeguarding.

3.3 To identify lessons to be learned from cases where adults have experienced abuse or neglect.

3.4 Team Brain Injury Support aims to support and empower each adult to make choices, to have control over how they want to live their own lives and to prevent abuse and neglect occurring in the future which is a key underpinning principle of Making Safeguarding Personal (MSP). Team Brain Injury Support intends to take this approach with all safeguarding concerns.

4. Policy

4.1 Everybody has the right to live a life that is free from harm and abuse. Team Brain Injury Support recognises that safeguarding adults at risk of abuse or neglect is everybody's business. Team Brain Injury Support aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence or aggression.

The safeguarding policies and procedures of Team Brain Injury Support will dovetail with the specific to geographical area where client lives multi-agency policy and procedures, which we understand take precedence over those of Team Brain Injury Support. Team Brain Injury Support will ensure that the specific to geographical area where client lives policies and procedures are reflected within its own policy and procedure and that this is shared with all staff and is accessible and available for staff to follow.

4.2 We aim to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. We will make every effort to enable Clients to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

We will work with Clients and others involved in their care, to ensure they receive the support and protection they may require; that they are listened to and treated with respect (including their property, possessions and personal information) and that they are treated with compassion and dignity.

4.3 Team Brain Injury Support will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all Clients:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

- **Accountability** – Accountability and transparency in delivering safeguarding

4.4 Team Brain Injury Support understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the Mental Capacity Act 2005
- Each adult at risk maintains:
 - Choice and control
 - Safety
 - Health
 - Quality of life
 - Dignity and respect

4.5 Our robust governance processes will make sure that staff working for and on behalf of Team Brain Injury Support recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14, which is not an exhaustive list but an illustration as to the sort of behaviour that could give rise to a safeguarding concern:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

4.6 Team Brain Injury Support is committed to the principles of 'Making Safeguarding Personal' and aims to ensure that safeguarding is person-led and focused on the outcomes that Clients want to achieve. We will engage Clients in a conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

4.7 Registered Manager's Responsibilities

- To establish the facts about the circumstances giving rise for concern
- To identify sources and level of risk
- To ensure that information is recorded and that the specific to geographical area where client lives Adult Safeguarding Team is contacted to inform them of the concern or harm
- If a Client is at immediate risk of harm, the Registered Manager will contact the Police. The CQC will also be informed
- In all cases of alleged harm, there will be early consultation between Mrs Anna Gregory, specific to geographical area where client lives and the Police to determine whether or not a joint investigation is required. We understand that it may also be necessary to advise the relevant Power of Attorney, if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected and which may need to be balanced against each other
- The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action
- Documentation of any incidents of harm in the Client's file and using body maps to record any injuries
- Follow specific to geographical area where client lives policy guidelines where applicable
- Report any incidents of abuse to the relevant parties

- Work with multi-agencies
- Advise and support staff
- Ensure staff are trained to enhance knowledge
- Actively promote the “Whistleblowing” policies

4.8 The Care Worker's Responsibilities

- To be able to recognise and report incidences of harm
- To report concerns of harm or poor practice that may lead to harm
- To remain up to date with training
- To follow the policy and procedures
- To know how and when to use the Whistleblowing procedures
- To understand the Mental Capacity Act and how to apply it in practice

4.9 General Principles

- We will have robust recruiting and safer staffing policies in place to make sure that our staff are fit to work with adults at risk and are compliant with national, safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service
- A named safeguarding lead will be in place who is responsible for embedding safeguarding practices and improving practice in line with national and local developments. At Team Brain Injury Support, this person is Liz Rusdale
- Any staff member who knows or believes that harm is occurring will report it to their line manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they must use the Whistleblowing process
- Team Brain Injury Support will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with the specific to geographical area where client lives multi-agency procedures
- Team Brain Injury Support will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve care practice
- We will have a learning and development strategy which specifically addresses adult safeguarding. We will provide training on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported
- Team Brain Injury Support recognises its responsibilities in relation to confidentiality and will share information appropriately
- We will have zero tolerance to harm
- We will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency
- We will ensure that any action that is taken is assessed, proportionate and reflective of the risk presented to the people who use the services
- We will report any incidents in line with our regulatory requirements
- Team Brain Injury Support will adhere to the Code of Conduct for Care Workers
- There is a clear, well-publicised Whistleblowing Policy and Procedure in place that staff know how to use

4.10 Prevention - Providing information to support Clients

- Team Brain Injury Support will support Clients by providing accessible, easy to understand information on what abuse is and what signs to look out for. This will include Clients' rights and how to get help and support if they need it through the Care Plan process. We will comply with the Accessible Information Standards
- All Clients will receive a copy of the Service User Guide, have access to the Complaints, Suggestions and Compliments Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, CQC, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by Team Brain Injury Support

4.11 Prevention - Raising awareness

- Staff will need to be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act [Chapter 14](#) and Team Brain Injury Support will ensure that it is able to respond

appropriately

- Team Brain Injury Support will ensure that all staff are trained on the Whistleblowing Policy and Procedure
- During induction training, all employees will complete the [“Understanding Abuse” workbook](#), as part of the Care Certificate

5. Procedure

5.1 Responding to Disclosure, Suspicion or Witnessing of Abuse

Where an adult at risk discloses or discusses potential abuse or harm, the staff member must be able to:

- **Recognise:** Identify that the adult at risk may be describing abuse, even when they may not be explicit
- **Respond:** Stay calm, listen and show empathy
- **Reassure** them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next
- **Record:** Write up notes of the conversation clearly and factually as soon as possible
- **Report** in a timely manner to the appropriate people and organisations

5.2 Responding to a Disclosure

Remember you are not investigating. Do:

- Stay calm and try not to show shock
- Listen very carefully
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed

Tell the person that:

- They did a good/the right thing in telling you
- You are treating the information seriously
- It was not their fault

Explain that you must tell your line manager and, with their consent, your manager will contact the specific to geographical area where client lives Safeguarding Adults Team and/or the Police. Mrs Anna Gregory must be informed.

Team Brain Injury Support will, in specific circumstances, need to contact the specific to geographical area where client lives Adult Safeguarding Team without their consent but their wishes will be made clear throughout.

If a referral is made but the adult at risk is reluctant to continue with an investigation, record this and bring this to the attention of the specific to geographical area where client lives Safeguarding Adults Team. This will enable a discussion on how best to support and protect the adult at risk. However, a professional case discussion will still need to take place and must be recorded appropriately.

5.3 Responding to Abuse or Neglect – What to do

Team Brain Injury Support must ensure that staff:

- Address any immediate safety and protection needs
- Assess any risks and take steps to ensure that the adult is in no immediate danger
- Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible
- Call for medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. Care Workers can call the NHS 111 service for medical help or advice when the situation is not life-threatening or is out of hours
- The adult may feel frightened, so the Care Worker must ask whether they want the Care Worker to arrange for someone they feel comfortable with to stay with them
- Team Brain Injury Support will consider if there are other adults or children with care and support needs who are at risk of harm and take appropriate steps to protect them
- The Care Worker will support and encourage the adult to contact the Police if a crime has been or may have been committed
- The Care Worker will contact their line manager as soon as possible to inform them of the incident or concern

- Mrs Anna Gregory will be informed and contacted on 07837131405 as soon as possible

5.4 Decision-Making Pre-referral to the specific to geographical area where client lives Adult Safeguarding Team

Mrs Anna Gregory or the Safeguarding Lead will usually lead on decision-making. Where such support is unavailable, consultation with another more senior member of staff will take place.

In the event that these are unavailable, advice must be taken from specific to geographical area where client lives. Staff must also take action without the immediate authority of a line manager:

- If discussion with the manager would involve delay in an apparently high-risk situation
- If the person has raised concerns with their manager and they have not taken appropriate action (whistleblowing)

Team Brain Injury Support will ensure that staff are aware of the specific to geographical area where client lives reporting procedures and timescales for raising adult safeguarding concerns.

5.5 Referral to the specific to geographical area where client lives Adult Safeguarding Team

Team Brain Injury Support must ensure that the specific to geographical area where client lives Safeguarding Adult referral process is followed and must collect the following information to assist with the referral. The referral process must be clearly visible with contact numbers, including out-of-hours, where staff can access the information.

The referral information will also be required for some of the CQC notification of abuse documentation. Team Brain Injury Support must use any up-to-date Care Plan information where possible and have the following information available where possible:

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically Care Workers and next of kin
- Basic facts, focusing on whether or not the person has care and support needs including communication and ongoing health needs
- Factual details of what the concern is about; what, when, who, where?
- Immediate risks and action taken to address risk
- Preferred method of communication
- If reported as a crime, details of which police station/officer, crime reference number, etc.
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations, for example, the CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household
- Names of any staff involved

5.6 Documenting a Disclosure

Team Brain Injury Support must ensure that staff:

- Make a note of what the person actually said, using his or her own words and phrases
- Describe the circumstance in which the disclosure came about
- Note the setting and anyone else who was there at the time
- When there are cuts, bruises or other marks on the skin, use a body map to indicate their location, noting the colour of any bruising
- Make sure the information the Care Worker writes is factual
- Use a pen with black ink so that the report can be photocopied
- Try to keep your writing clear
- Sign and date the report, noting the time and location
- Be aware that the report may be needed later as part of a legal action or disciplinary procedure

5.7 Informing the Relevant Inspectorate

- By law, Team Brain Injury Support must notify the Care Quality Commission without delay of incidents of abuse and allegations of abuse, as well as any incident which is reported to, or

investigated by, the Police

- Team Brain Injury Support must notify the CQC about abuse or alleged abuse involving a person (s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both
- Team Brain Injury Support must also alert the relevant local safeguarding authority when notification is made to the CQC about abuse or alleged abuse
- The forms are available on the CQC website
- If a concern is received via the whistleblowing procedure, Team Brain Injury Support must inform the specific to geographical area where client lives Safeguarding Team and the CQC

5.8 Strategy Meeting / Case Conference

- Following the investigation or at any time during the process, a case conference with all relevant agencies may be called to make decisions about future action to address the needs of the individual
- Any agency involved in the case may ask for a case conference to be held but the final decision to hold a conference is with the specific to geographical area where client lives Safeguarding Adults Team Manager
- Team Brain Injury Support must ensure that it attends this meeting when invited and that all relevant information about the incident is available. A timeline of events is a useful document to prepare in complex cases

5.9 Involve the Client Concerned Throughout the Process

- The process of the enquiry must be explained to the Client in a way they will understand and their consent to proceed with the enquiry obtained, if possible
- Arrangements will be made to have a relative, friend or independent advocate present if the Client so desires. The relative, friend or independent advocate must not be a person suspected of being in any way involved or implicated in the abuse
- A review of the Client's Care Plan must be undertaken to ensure individualised support following the incident
- The Client will be supported by the service to take part in the safeguarding process to the extent to which they wish, or are able to, having regard for their decisions and opinions. They must be kept informed of progress

5.10 Desired Outcomes Identified by the Adult

The desired outcome by the adult at risk must be clarified and confirmed at the end of the conversation(s), to:

- Ensure that the outcome is achievable
- Manage any expectations that the adult at risk may have
- Give focus to the enquiry
- Staff will support adults at risk to think in terms of realistic outcomes but must not restrict or unduly influence the outcome that the adult would like. Outcomes must make a difference to risk and, at the same time, satisfy the person's desire for justice and enhance their wellbeing
- The adult's views, wishes and desired outcomes may change throughout the course of the enquiry process
- There must be an ongoing dialogue and conversation with the adult to ensure that their views and wishes are gained as the process continues and enquiries re-planned if the adult change their views
- The Client will be informed of the outcome of any investigation, but guidance will be sought from the specific to geographical area where client lives Adult Safeguarding Team before any outcome is shared

5.11 Disclosure and Barring Service (DBS) Referral

There is a statutory requirement for providers of Care to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This requirement covers both existing employees and those who leave their employment, and whose conduct comes to light at a later date. Please see the DBS/Disclosure Policy and Procedure for further procedures regarding initial employment and referral.

5.12 Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Client is not required. However, informing the Client of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk. When reporting to a local authority allegations or concerns about an adult at risk of harm, the Local Authority must be informed whether the Client is aware of the report. In reporting all suspected or confirmed cases of harm, an employee has a responsibility to act in the best interest of the Client but still operate within the relevant legislation and the parameters of the codes and standards of their practice.

5.13 Confidentiality and Information Sharing

In seeking to share information for the purposes of protecting adults at risk, Team Brain Injury Support is committed to the following principles:

- Personal information will be shared in a manner that is compliant with the statutory responsibilities of Team Brain Injury Support
- Adults at risk will be fully informed about information that is recorded about them and as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk
- Staff will receive appropriate training on Client confidentiality and secure data sharing
- The principles of confidentiality designed to protect the management interests of Team Brain Injury Support must never be allowed to conflict with those designed to promote the interests of the adult at risk
- Staff will follow the policy on Data Protection and Confidentiality and comply with the Caldicott principles

5.14 Pressure Ulcers

Pressure ulcers are costly in terms of both Client suffering and the use of resources. If the pressure ulcer is believed to have been caused by neglect, it must be reported as an adult safeguarding concern whether the pressure ulcer was acquired in a hospital, care setting or the Client's own home. Team Brain Injury Support must ensure that staff read and follow [Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry](#), seeking advice and further guidance where required.

Where Clients are new to the service, any pressure ulcers must be documented on a body map and reported in line with safeguarding procedures. Treatment must also be sought from the GP.

5.15 Medication Errors

Team Brain Injury Support must follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. Team Brain Injury Support will have an open and transparent approach to medication incidents and ensure that staff follow the Medication Errors and Near Misses Policy and Procedure at Team Brain Injury Support and understand their Duty of Candour responsibilities.

5.16 Abuse of Trust

- A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity
- Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are; a member of staff, a paid employee, a paid carer, a volunteer or a manager, Team Brain Injury Support must invoke disciplinary procedures for employed staff as well as taking action in line with this policy
- Team Brain Injury Support must ensure that a referral is made to the Disclosure and Barring Service if an employee is found to have caused harm to an individual
- If the person who is alleged to have caused the harm is a member of a recognised professional group, Team Brain Injury Support must act under the relevant code of conduct for the profession as well as taking action under this policy
- Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, Team Brain Injury Support must work with adult social services to support any action under this policy
- Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, in many cases the policy and procedures will be used to ensure that the adult at risk receives the services and support that they may need

- In all cases, issues of consent, confidentiality and information sharing must be considered

5.17 Allegations Against People who are Relatives or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply. In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation, the aim is to protect the adult from harm, work to support the relative to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment will take into account a number of factors and a referral to specific to geographical area where client lives will be made as part of the safeguarding process.

5.18 Whistleblowing

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff are encouraged to share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the code of conduct or could be pushing boundaries beyond normal limits or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk.

Team Brain Injury Support has clear whistleblowing policies and procedures in place which staff are frequently reminded about and with which they must be familiar. They must also understand how to escalate and report concerns.

5.19 Abuse by Another Adult at Risk

We recognise that we may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. It will be necessary to reassess the adult allegedly causing the harm.

5.20 Exploitation by Radicalisers who Promote Violence

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Staff will be expected to follow the Protecting Vulnerable People from Radicalisation Policy and Procedure in place at Team Brain Injury Support.

5.21 Self-Neglect and Refusal of Care

Team Brain Injury Support must ensure that staff understand the importance of delivering care as detailed in the Care Plan. Where a Client refuses care, this must always be documented. Where refusal occurs repeatedly, it must be escalated by Team Brain Injury Support as a safeguarding concern and a request for a review of the Client's care will be instigated.

5.22 Abuse and Sexual Safety

We recognise that culture, environment and processes support a Client's sexuality and keep them and staff safe from sexual harm. As such, Team Brain Injury Support will ensure that sexuality is discussed as part of the Care Planning process and is addressed positively to support people to raise concerns where necessary.

The recent [CQC publication](#) on sexuality and sexual safety can be referred to for further guidance in this area.

5.23 Self-Funding Clients

People who fund their own care arrangements are legally entitled to receive support if subject to abuse or neglect in exactly the same way as those supported or funded by the Local Authority. They are also entitled to the protections of the Deprivation of Liberty Safeguards process.

5.24 Risk Assessment and Management

Achieving a balance between the right of the individual to control their care package and ensuring that adequate protections are in place to safeguard wellbeing is a very challenging task. The assessment of the risk of abuse, neglect and exploitation of Clients will be integral in all assessment and planning processes. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and must be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

5.25 Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that Team Brain Injury Support is doing all it can to safeguard those people receiving its services. The

audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and Disclosure and Barring Checks
- Audit of incident reporting, frequency and severity
- Audit of training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the Senior Management Team as part of a root cause analysis with the following terms of reference:

- Review incident themes
- Reports from the lead responsible for Safeguarding within Team Brain Injury Support
- Look in detail at specific cases to determine learning or organisational learning
- Ensure implementation of the Safeguarding Policy and Procedure

5.26 Training and Competencies

Team Brain Injury Support will ensure that staff receive training in recognising and responding to incidents, allegations or concerns of abuse or harm as part of their induction programme. Team Brain Injury Support will ensure that it benchmarks training and competencies within the service with the framework outlined in [Adult Safeguarding: Roles and Competencies for Healthcare Staff](#) which it recognises applies to social care staff also and does not replace any local or contractual requirements but acts as a minimum benchmark.

6. Definitions

6.1 Enquiry

- An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs
- An enquiry can also refer to similar action but not undertaken under Section 42. It must establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom

6.2 A Person with Care and Support Needs

- According to the Care Act 2014; an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living

6.3 Safeguarding

- Safeguarding means protecting an adult's right to live in safety, without suffering abuse and or neglect
- It is multi-agency in approach to prevent and stop both the risks and experience of abuse or neglect, whilst supporting the adult's wellbeing including their views, wishes, feelings and beliefs on the action to be taken where possible

6.4 Investigation

- Investigation is a process that focuses on gathering "good evidence" that can be used as a basis for the decision as to whether or not abuse has occurred
- It must be a rigorous process and the evidence must be capable of withstanding close scrutiny, as it may later be required for formal proceedings

6.5 Referral

- Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team
- Sometimes this may be referred to as 'reporting'

6.6 Wellbeing

- The Care Act 2014 defines wellbeing as: 'in relation to an individual, means that individual's wellbeing so far as relating to any of the following':
 - Personal dignity (including treatment of the individual with respect)
 - Physical and mental health and emotional wellbeing
 - Protection from abuse and neglect
 - Control by the individual over their day-to-day life (including over care and support provided to the individual and the way in which it is provided)
 - Participation in work, education, training or recreation

- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society

6.7 Multi-agency

- More than one agency coming together to work for a common purpose
- This could include partners of the Local authority such as: NHS England CCGs, NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health and care providers

6.8 Caldicott Principles

- The Caldicott Principles were developed in 1997 following a review of how patient information is protected and only used when it is appropriate to do so
- Since then, when deciding whether they needed to use information that would identify an individual, an organisation must use the Principles as a test
- The Principles were extended to adult social care records in 2000
- The Principles were revised in 2013

6.9 Abuse

- Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse
- The types and behaviours of abuse are documented in the Care Act Statutory Guidance Chapter 14

6.10 Adults at Risk

- Adult at risk means adults who need community care services because of mental or other disability, age or illness, and who are, or may be unable to take care of themselves against significant harm or exploitation
- The term replaces 'vulnerable adult'

6.11 Concern

- A concern may be any worry about an adult who has, or appears to have care and support needs, who is subjected to, or may be at risk of abuse or neglect, and who may be unable to protect themselves from the abuse or neglect or risk of it
- A concern may be raised by anyone and can be:
 - A direct or passive disclosure by the adult at risk
 - A concern raised by staff, volunteers, others using the service, a carer or a member of the public
 - An observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk, or of one Client towards another
 - Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits

6.12 Making Safeguarding Personal

- Making Safeguarding Personal is about person-centred and outcome-focussed practice
- It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them

6.13 Modern Slavery

- Modern Slavery encompasses slavery, human trafficking, forced labour and domestic servitude
- Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

6.14 Significant Harm

- Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development

6.15 Enquiry Planning / Strategy Meeting

- Enquiry Planning / Strategy Meeting or discussion is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral
- It can be face to face, by telephone or by email

6.16 Honour-Based Violence

- The terms 'honour crime', 'honour-based violence', and 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or their community
- They are punished for actually, or allegedly, 'undermining' what the family or community believes to be the correct code of behaviour
- In transgressing this, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family
- 'Honour crime' may be considered by the perpetrator(s) as justified to protect or restore the 'honour' of a family

6.17 Hate Crime

- Hate (Mate) Crime - A disability hate crime is: "Any criminal offence which is perceived by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived disability."
- Incidents can include:
 - Physical attacks such as physical assault, damage to property, offensive graffiti and arson
 - Threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints
 - Verbal abuse, insults or harassment - taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes and bullying at school or in the workplace

6.18 Forced Marriage

- The Anti-Social Behaviour, Crime and Policing Act 2014 protects people from being forced to marry without their free and full consent as well as people who have already been forced to do so
- We will ensure that staff are reminded of the **one chance rule**: i.e. our employees may only have one chance to speak to a potential victim of forced marriage and, therefore, only one chance to save a life
- Forced marriage can involve physical, psychological, emotional, financial and sexual abuse including being held unlawfully captive, assaulted and raped
- Law enforcement agencies will also be able to pursue perpetrators in other countries where a UK national is involved under powers defined in legislation



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Safeguarding is everybody's business. Agencies have a duty to report safeguarding concerns to the Local Safeguarding Adults Team
- Staff of Team Brain Injury Support will report safeguarding concerns to the Registered Manager
- The Registered Manager will refer safeguarding concerns to the Local Authority Safeguarding Adults Team
- If it is suspected that a crime has taken place, the reporter of the incident must call the police immediately
- Team Brain Injury Support will be led by the Local Authority Adult Safeguarding Team as to 'next steps' such as enquiries
- If the alleged victim requires immediate removal from harm or medical attention, this will be done immediately
- The Client to whom the incident has happened, will be consulted and supported to be involved in the safeguarding process and provided with information they understand throughout
- Team Brain Injury Support is committed to supporting and protecting the wellbeing of Clients through prevention of harm and reporting and dealing with incidents of abuse through a proper process

Key Facts – People affected by the service

People affected by this service should be aware of the following:

- Team Brain Injury Support has a duty to safeguard the people using its service
- Team Brain Injury Support will provide information and Care Plans to help you understand safeguarding and what to look out for
- If something happens that may be a safeguarding incident which involves you, Team Brain Injury Support will make sure that you understand your choices and the next steps and that you are included as much as you want and can be
- If you need extra support such as an advocate, one will be provided for you
- Other agencies may be involved in getting to the facts of the incident
- If it seems a crime has taken place, the police will be called immediately
- When the facts are brought together and a way forward has been decided with your input if possible, you will be talked through the findings
- Team Brain Injury Support will have reviewed your Care Plan and worked with you to support you through the enquiry process and moving on in the future

Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Prevent E-Learning: <https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html>

Skills for Care: Self Care and Self Neglect

<https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/self-care/Self-care.aspx>

CQC The Adult Social Care Key Lines of Enquiry and Prompts: Sources of evidence:

<https://www.cqc.org.uk/sites/default/files/20180530%209001095%20ASC%20assessment%20framework%20with%20sources%20of%20evidence%20v4%2000.pdf>

Action on Elder abuse - Resources and Forums: <https://www.elderabuse.org.uk/>

SCIE - Gaining access to an adult suspected to be at risk of neglect or abuse: a guide for social workers and their managers in England which clarifies existing powers relating to access to adults suspected to be at risk of abuse or neglect:

<http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/>

Adult Safeguarding and Housing materials produced for housing providers Housing and Safeguarding Adults Alliance 2014:

<https://www.housinglin.org.uk/Topics/type/Adult-safeguarding-and-housing/>

GOV.UK - How to report a serious incident in your charity:

<https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity>

Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- Care Planning includes tailored information to support individual Clients to make safe choices to promote independence and wellbeing. People report that they feel safe and well supported
- Records are kept in regard to safeguarding and are extremely clear, transparent and well ordered with all incidents reviewed and learning disseminated. Training materials are updated to reflect any learning
- The same issues do not reoccur and robust measures and systems have been put in place to address the original safeguarding concern
- Staff report that the service is fully aware of its responsibilities with regard to safeguarding, that they are encouraged to report incidents and are fully supported through the process
- Clients report that if they are involved in a safeguarding incident, then they are supported to be involved as much as they would like
- Team Brain Injury Support has reviewed the CQC's 'The Adult Social Care Key Lines of Enquiry and Prompts: Sources of evidence' and ensures that systems, processes and practices are in place to safeguard people from abuse

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Safeguarding Incident Log	When a safeguarding concern or incident arises.	Team Brain Injury Support
Safeguarding - A Guide for Care Staff	During training and supervision.	Team Brain Injury Support
County Lines and Cuckooing	To raise awareness of different types of abuse.	Team Brain Injury Support
Safeguarding Leaflet	On assessment, review or when concerns arise. Please note an editable version can be located within the Resource Centre	Team Brain Injury Support
Safeguarding Adults Statement	For display in the office.	Team Brain Injury Support

Incident Log

Client Name:	
Name of person investigating incident/completing this form:	
Name of person reporting incident (if not Client):	
Client location:	
Time and date of incident:	
Precise location of incident:	
Details of incident (include description of incident, as well as the names of any individuals who may have been involved. Remember to take care not to lead the Client):	

Use additional sheets if necessary

Name of witness(es):

Details of any injuries/was medical attention required?

What decision has been reached as a result of investigating the incident?

Name and designation of witness/advocate/support for Client during discussion/report taking:

Use additional sheets if necessary

What immediate action was taken?

What lessons have been learned from this incident and investigation?

Were any outside agencies contacted? If so, who?

Use additional sheets if necessary

Registered Manager recommendations, including Care Plan changes:

What actions will be taken to prevent further incidents?

Signature:

Print Name:

Title:

Date:

Reported to Management Meeting by:

Date:

*One copy of this form to be held in the Client's personal file, one copy in the Safeguarding Incident file.
Use additional sheets if necessary*

Safeguarding – A Guide for Care Staff

What is Adult Abuse?

Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering.

Abuse can happen anywhere – at home, in a residential or nursing home, a hospital, in the workplace, at a day centre or educational establishment, in supported housing, in the street, on line.

What Does Safeguarding Mean?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

What Should you do if you are Concerned that Someone is Being Abused or is at Risk of Abuse?

- **Act** - don't assume that someone else is doing something about the situation

Doing nothing is not an option!

- If anyone is injured get a doctor or ambulance
- If you think a criminal offence has been committed call the **Police** on **999**
- Speak to your manager as soon as possible. If you think no action has been taken, escalate to a more senior manager. If you are still concerned follow your **Whistleblowing Policy**. You should always follow your local safeguarding procedures. Ask your manager if you aren't sure what they are
- Make a note of your concerns, what happened and any action you take so that you can tell your manager. Think about **Who?** (Is involved) **What** (Has happened) **Where** (Where did it take Place). Be careful what you write in the visit log as this may be seen by others

What are the Types of Abuse?

The Care Act 2014 defines the different types of abuse. It is not intended to be an exhaustive list but a guide to the sort of behaviour which could trigger a safeguarding concern:

Types of Abuse	Types of Behaviours
Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions
Sexual abuse	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing, or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
Financial or material abuse	Theft; fraud or exploitation; pressure regarding wills, property, or inheritance; misuse of property, possessions or benefits.
Modern Slavery	Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
Domestic Violence and Abuse	Psychological, physical, sexual, financial, emotional abuse, 'honour' based violence
Neglect	Ignoring medical or physical care needs; preventing access to health, social care, or educational services; withholding the necessities of life, such as food, drink, or heating.
Discriminatory abuse	Including forms of harassment, slurs or similar treatment: because of race, gender and gender identity, age, disability, sexual orientation or religion
Organisational abuse	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
Self- Neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding
Psychological abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks

Cuckooing and County Lines Fact Sheet

What are County Lines?

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Gangs typically use children and adults at risk of harm to transport and/or deal drugs to customers. These victims are recruited using intimidation, deception, violence, debt bondage or grooming. During this process, the ‘victims’ are likely to commit criminal offences.

Who does it affect?

The term 'vulnerable adults' is used here in the context of 'vulnerable to harm or abuse'. They do not need to be receiving social care or support to be vulnerable. Some vulnerabilities are outlined in this fact sheet.

County lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years
- Can affect any vulnerable adult over the age of 18 years
- Can still be exploitation even if the activity appears consensual
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence
- Can be perpetrated by individuals or groups, males or females, and young people or adults and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection).

Some of the factors that heighten a person’s vulnerability include:

- Having prior experience of neglect, physical and/or sexual abuse
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- Social isolation or social difficulties
- Economic vulnerability
- Homelessness or insecure accommodation status
- Connections with other people involved in gangs
- Having a physical or learning disability
- Having mental health or substance misuse issues
- Being in care (particularly those in residential care and those with interrupted care histories)
- Being excluded from mainstream education, in particular attending a Pupil Referral Unit.

What happens?

- Once in debt to a dealer, they will be encouraged to sell drugs to pay the debt off
- The gang will ensure the debt is never fully paid off and the victim can quickly become trapped in a cycle where their only option is to commit further crime
- The more crime they commit, the less likely they are to tell someone what is happening or seek help

- They will be dispatched to travel to other parts of the country where they are not known to police or social services and can essentially fly under the radar
- During this time away from home they are highly at risk of coming to further harm at the hands of people they are dealing to or rival local drug dealers
- Older people may become exploited to also traffic drugs, weapons and cash but additionally their homes might get taken over by gangs needing somewhere to hide drugs or deal from
- Adults with mental or physical disabilities, adults with addictions or adults who are particularly elderly may experience '**cuckooing**' where a gang takes over their home
- Other victims include the relatives of the exploited person who 'lose' their loved one to a criminal gang, and the communities where the drug dealing and associated violence is exported to

What are the signs in adults?

In adults, signs of 'cuckooing' can include:

- A loved one or neighbour not being seen for some time
- Unknown visitors and vehicles to their house at unusual times
- Exchanges of cash or packages outside their home
- Open drug use in the street; damage and deterioration to the appearance of their home
- A change in their own personality or behaviour and appearing nervous, worried or intimidated

What should you do?

If you are worried that a person is at immediate risk of harm you should also contact the police, your local safeguarding team or, in the case of a child, your local safeguarding partner (the group of Local Authority, CCG and Police. Refer to 'Working Together to Safeguard Children 2018' for more information)

References

Serious Violence Strategy April 2018:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

What Can You Do?

- No one should have to live with abuse
- By reporting abuse, you can help bring it to an end
- You may feel completely alone but you are not
- There are people who can help and it is important to get in touch with them
- Abuse can be very confusing especially if you look up to the person hurting you or if they are a friend or a member of your family
- You might not want to talk to someone you know and might prefer to speak or email someone at one of the services in this fact sheet
- These services have people who are trained to help and support you and they will not be shocked or surprised at what you say. They will listen to you and help you decide what to do

Who Can Help?

- (Insert Name Safeguarding Team)

Phone:

Email:

Website:

- Police:

In an Emergency: 999

In a non-emergency: 101

- Care Quality Commission (CQC)

Phone :03000 61 61 61

Web: www.cqc.org.uk

- Silverline Confidential 24-Hour Helpline:

Phone: 0800 4 70 80 90

Web:

<https://www.thesilverline.org.uk>

Concerned about Abuse?

A Guide to
Keeping Safe
For
People Who Use
Our Services

What is Adult abuse?

- Adult abuse is when someone hurts or scares you on purpose
- They might say, “Don’t tell anyone”

Adult abuse is wrong

- Adult abuse can happen to anyone
- You need to know what to do if it happens to you or to someone you know

Abuse can happen anywhere

- At Home
- In a Residential or Care Home
- In Hospital
- In a Day Service, Work, School
- On the Internet or Phone
- Public place/in the community

Abuse can be caused by anyone

- A partner or relative
- A friend or neighbour
- Sometimes a person pretends to be your friend so they can abuse you. This is called ‘Mate Crime’
- A paid or volunteer carer
- Other service users
- Someone in a position of trust
- A stranger

There are Different Types of Abuse

Physical abuse

This involves being hit, slapped or kicked, or being hurt in another way

Sexual abuse

This is when someone touches your private parts when you don’t want them to, or makes you touch them

It is also when someone talks to you about sex when you don’t want them to

Financial or material abuse

This is when someone takes something that belongs to you without asking, or makes you give them things

Modern Slavery

This is when someone is forced to work with little or no pay, or threatened with violence if they do not work

Domestic Violence and Abuse

When abuse occurs between partners or family members, it is often called Domestic Violence and Abuse

Neglect

This is when you do not get the help you need. It might include not getting help with your medication, or your care needs, or not giving you enough food

Discriminatory abuse

This is when someone treats you badly because you are different to them. This is sometimes called Hate Crime

This could be because of your:

• Age or gender • Sexuality or disability • Race or religious belief

Organisational abuse

If abuse is caused by an organisation, it is often called Organisational Abuse. This is where you are not being cared for properly. It is where your own choices are ignored

Self-neglect

This is when someone might come to harm because they do not look after themselves

This might be not eating or taking their medication or looking after their personal hygiene

Safeguarding Adults Statement

Safeguarding is described as 'protecting an adult's right to live in safety, free from abuse and neglect.' Adult Safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Individuals who are vulnerable may be unable to take care of themselves or protect themselves against significant harm or exploitation. This means that they may be at risk of abuse or neglect due to the actions (or lack of action) of another person. In these cases, it is vital that Team Brain Injury Support works together to identify people at risk and put steps in place to help prevent abuse or neglect. Safeguarding Adults is a priority for Team Brain Injury Support. The activities carried out by Team Brain Injury Support mean that there are a range of staff and people working on our behalf who may come into contact with people who are at risk of harm.

What Action Must you Take if you have Concerns?

Team Brain Injury Support follows specific to geographical area where client lives safeguarding procedures and its own policy and procedure details the responsibilities and action required by all staff. If you have any concerns that someone is at risk of harm or abuse, is being harmed or abused, you **must** take action.

- Ensure your own safety – leave the situation if you are at risk of harm
- Where there is clear evidence of harm or an imminent danger, call the emergency services immediately
- Treat all allegations of abuse seriously
- Report concerns to your line manager as soon as possible

Who do you Report your Concerns to?

At Team Brain Injury Support the person responsible for safeguarding is:

Liz Rusdale

They can be contacted on **07917 859189** or **liz@teammbi.co.uk**

Escalating Concerns

We report our concerns to **specific to geographical area where client lives**

Email: SSAB@southampton.gov.uk

Telephone: 023 8083 2995

Twitter: [@SPSouthampton](https://twitter.com/SPSouthampton)

Raising a Concern to the CQC

You can also contact the CQC if you feel that you cannot use the Whistleblowing Policy and Procedure at Team Brain Injury Support. The CQC can be contacted by using the following methods:

Phone: 03000 616161

Email: Enquiries@cqc.org.uk

Post: CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne. NE1 4PA