

Policy Title	Safeguarding Adults Policy		Version	4
Policy Area	Corporate		Issue Date	01/02/2022
Author	Name	Ann Richardson-Greaves	Review Period	2 year
	Job Title	Director of Services	Expiry Date	01/02/2023
Policy Approval	Name / Role	Rebekah Smith Deputy CEO		

Safeguarding Lead (SL): Ann Richardson-Greaves, Director of Local Services

Deputy Safeguarding Lead (DSL): Rebekah Smith, Deputy Chief Executive

Epilepsy Action (Epilepsy Action) has a safeguarding lead who is the person responsible for reporting concerns of abuse and neglect to the relevant authority. In their absence the deputy safeguarding lead will take this action.

1. Who is this policy for?

This policy applies to all paid staff and volunteers at Epilepsy Action, including senior managers and council members. It also applies to anyone working on behalf of Epilepsy Action.

No one should ignore allegations or suspicions of abuse or neglect, doing nothing is **not** an option. Prevention of abuse is a core responsibility of **everyone**.

2. Why do we have a policy?

2.1 We have a policy to:

- stop abuse and neglect where possible
- prevent harm and reduce the risk of abuse and neglect
- provide staff and volunteers with overarching principles that guide our approach to safeguarding

2.2 It's important we have a policy because we provide services to a range of adults and we may suspect or be told about current or historic abuse or neglect. Our safeguarding guidelines and procedures will ensure that staff and volunteers are able to deal appropriately with these situations. This will include:

- having sound recruitment practices
- ensuring all staff and volunteers have an understanding and awareness of adult safeguarding
- ensuring all staff and volunteers know how to raise safeguarding concerns and feel confident doing so

3 Our legal duties

3.1 Legislation does not place a statutory duty on us to report safeguarding concerns about an adult, But this does not mean we do not have a responsibility and duty to safeguard the wellbeing of adults using our service. Safeguarding is the responsibility of everyone at Epilepsy Action.

3.2 The legislation covering adult safeguarding for England, Scotland and Wales is:

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- The Care Act 2014 (England)
- Social Services and Wellbeing (Wales) Act 2014
- The Adult Support and Protection (Scotland) Act 2007

3.3 In Northern Ireland, the framework for adult protection mirrors that in the other parts of the UK and take the following Northern Ireland guidance and orders into consideration:

- Adult Safeguarding: Prevention and Protection in Partnership (July 2015)
- Adult Safeguarding Operational Procedures (Sept 2016)
- Family Homes and Domestic Violence (NI) Order 1998
- The Safeguarding Vulnerable Groups (NI) Order 2007
- Justice Act (Northern Ireland) 2015

These acts put duties on local authorities in relation to adult safeguarding. We will take these duties into account in our work with service users and support the local authorities to fulfil their statutory duties where possible. They include:

- stopping abuse or neglect wherever possible
- preventing harm and reducing the risk of abuse or neglect to adults with care and support needs
- safeguarding adults in a way that supports them in making choices and having control about how they want to live
- promoting an approach that concentrates on improving life for the adults concerned
- raising public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- providing information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult
- addressing what has caused the abuse or neglect

4. Who is protected by this policy?

4.1. We recognise that many policies and organisations refer to ‘adults at risk’ or ‘vulnerable adults’. This policy adopts the broader definitions introduced in recent legislation such as the Care Act 2014 and the Social Services and Wellbeing (Wales) Act 2014. Their definitions are broader and far-reaching and could potentially cover many of our service users.

4.2. Under the Care Act 2014 and the Social Services and Wellbeing (Wales) Act 2014

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safeguarding duties apply to an adult who:

- has care and support needs, and
- is experiencing, or is at risk of, abuse or neglect, and
- is unable to protect themselves because of their care and support needs

4.3. An adult with care and support needs may be:

- 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

4.4. In Scotland, the definition of an 'adult at risk' or 'vulnerable adult' applies to those aged 16 years and over. The [Adult Support and Protection \(Scotland\) Act 2007](#) is designed to protect those adults who are unable to safeguard their own interests and are at risk of harm because they are affected by:

- Disability
- mental disorder
- illness
- physical or mental infirmity

4.5. In Northern Ireland the definition is broken down as follows:

- Adult at risk of harm: is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their: a) Personal characteristics which may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. and/or b) Life circumstances which may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.
- Adult in need of protection: is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their: a) Personal characteristics AND/OR b) Life circumstances AND c) Who is unable to protect their own well-being, property, assets, rights or other interests; AND d)

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Where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed

4.6 We will apply this policy equally to all adults who use Epilepsy Action services regardless of age, race, disability, gender reassignment, marriage and civil partnership status, pregnancy and maternity, religion and belief, sex and sexual orientation.

5. What do we mean by safeguarding?

5.1. Safeguarding is defined as “Protecting an adult's right to live in safety, free from abuse and neglect (Care and support statutory guidance, chapter 14 Safeguarding). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults at risk.

6. Principles for guiding our safeguarding activities

6.1. Epilepsy Action will use these principles to guide our safeguarding activities. They are also used by local authorities and other statutory bodies to direct their adult safeguarding activities:

- empowerment - actions or decisions must be based on the presumption of person-led 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
- partnerships - local solutions through services working with their communities
- accountability - accountability and transparency in delivering safeguarding

6.2. Fundamental to this policy is our aim to involve the service user in decisions about what should happen wherever possible.

7. Recognising the different types of abuse and risk

7.1. The indicators provided below are not an exhaustive list of signs and symptoms of someone suffering abuse and neglect. Further information about possible signs and symptoms can be found online by visiting the [NHS webpage on safeguarding](#) or the [Social Care Institute of Excellence webpages on safeguarding](#).

Type of abuse	Indicators of abuse
Physical abuse: This type of abuse involves hitting, kicking,	These could include if someone has physical injuries such as bruising, cuts or burns and is unable to

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<p>spitting and biting. It can also involve restraining someone, making someone intentionally uncomfortable or withholding food, water or medication</p>	<p>provide a consistent explanation of the injuries they have.</p>
<p>Domestic violence or abuse: This type of abuse not only applies to physical abuse but also includes the following:</p> <ul style="list-style-type: none"> ● psychological ● sexual ● financial ● emotional <p>It includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so-called 'honour'-based violence, female genital mutilation and forced marriage</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> ● low self esteem ● feeling that the abuse is their fault when it is not ● physical evidence of violence such as bruising, cuts, broken bones ● verbal abuse and humiliation in front of others ● fear of outside intervention ● damage to home or property ● isolation – not seeing friends and family ● limited access to money
<p>Sexual abuse: This type of abuse includes rape, any inappropriate touching, indecent exposure, sexual acts to which the adult has not consented or lacks the capacity to consent, sexual photography or forced use of pornography or the witnessing of sexual acts</p>	<p>It may be more difficult to pick up on indicators for this type of abuse as they can include physical symptoms such as bruising or bleeding in places covered by clothing. However the following may be noticeable:</p> <ul style="list-style-type: none"> ● bruising to the upper arms and marks on the neck ● unusual difficulty in walking or sitting ● self harming
<p>Psychological and emotional abuse: This type of abuse includes 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</p>	<p>The indicators of this type of abuse can include the following:</p> <ul style="list-style-type: none"> ● an air of silence when a particular person is present ● withdrawal or change in the psychological state of the person

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unjustified withdrawal of services or supportive networks	<ul style="list-style-type: none"> • insomnia • low self-esteem • uncooperative and aggressive behaviour • a change of appetite, weight loss/gain • signs of distress: tearfulness, anger • apparent false claims, by someone involved with the person, to attract unnecessary treatment
<p>Financial or material abuse: This type of abuse can involve theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> • unexplained lack of money or inability to maintain lifestyle • unexplained withdrawal of funds from accounts • power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity • the person allocated to manage financial affairs is evasive or uncooperative • the family or others show unusual interest in the assets of the person • signs of financial hardship in cases where the person's financial affairs are being managed by a court-appointed deputy, attorney or LPA • recent changes in deeds or title to property • rent arrears and eviction notices • disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house • unnecessary property repairs
<p>Modern slavery: This type of abuse encompasses slavery,</p>	<p>These could include the following:</p>

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<p>human trafficking, forced labour and domestic servitude</p>	<ul style="list-style-type: none"> • signs of physical or emotional abuse • appearing to be malnourished, unkempt or withdrawn • isolation from the community, seeming under the control or influence of others • living in dirty, cramped or overcrowded accommodation and/or living and working at the same address • lack of personal effects or identification documents • always wearing the same clothes • avoidance of eye contact, appearing frightened or hesitant to talk to strangers
<p>Discriminatory abuse: Including forms of harassment, slurs or similar treatment because of age, race, religion or belief, sex, sexual orientation, gender reassignment, disability, marriage and civil partnership, pregnancy and maternity</p>	<ul style="list-style-type: none"> • the person appears withdrawn and isolated • expressions of anger, frustration, fear or anxiety • the support on offer does not take account of the person's individual needs in terms of a protected characteristic
<p>Organisational or institutional 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 ongoing ill-treatment</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> • inadequate staffing levels • people being hungry or dehydrated • poor standards of care • lack of personal clothing and possessions and communal use of personal items • lack of adequate procedures • poor record-keeping and missing documents • absence of individual care plans • lack of management overview and support

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<p>Neglect and acts of omission: Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> • failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care • providing care in a way that the person dislikes • failure to administer medication as prescribed • refusal of access to visitors • not taking account of the person’s cultural, religious or ethnic needs
<p>Self-neglect: This covers a wide range of behaviour that is neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> • very poor personal hygiene • unkempt appearance • lack of essential food, clothing or shelter • malnutrition and/or dehydration • living in squalid or unsanitary conditions • neglecting household maintenance

8. Radicalisation and safeguarding

- 8.1. If you are concerned about an adult at risk becoming radicalised, follow the stages in our safeguarding procedure. Epilepsy Action does not have a statutory duty in this area but it’s important to keep people safe.
- 8.2. The government has a counter-terrorism strategy that includes supporting vulnerable people to prevent them being drawn into terrorism. You can read [more detail on this strategy](#).
- 8.3. All staff and volunteers at Epilepsy Action will be mindful of radicalisation and report any concerns using our safeguarding adult and children policies.

9. Confidentiality and safeguarding

- 9.1. It is important that our service users can trust us and know that the information they disclose

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to us is treated in confidence. However, if staff or volunteers have suspicions or has information disclosed to them about a service user being abused, they have a responsibility to take action.

- 9.2. In accordance with the principle of empowerment, the decision on whether to make a safeguarding alert should normally be discussed with the service user and where ever possible their consent should be gained to make the alert.
- 9.3. However, there will situations when confidentiality between Epilepsy Action and the service user needs to be breached without their permission. This includes if we believe that they are in serious and immediate danger.
- 9.4. In these situations the wellbeing of the service user or others who may be at risk takes precedent over confidentiality. Our safeguarding procedure details the process for breaching confidentiality and raising a safeguarding alert.

10. Mental capacity and safeguarding

- 10.1. We'll assume that adults have mental capacity to make informed decisions about their own safety and how they live their lives. The Mental Capacity Act 2005 is central to decisions and actions in safeguarding adults.
- 10.2. Where a person is able to make an informed choice in relation to a particular decision, they have a right to self-determination.
- 10.3. In practice, it may come to light that an adult at risk does not have capacity to make informed decisions about their own situation. One way this could occur is if an adult at risk's carer has a registered lasting power of attorney for one or more of the adult at risk's affairs. If there is reason to believe that the adult at risk is being abused, has been abused in the past, neglected or exploited by the person they attended with, it will be difficult to have a conversation with the service user alone. If seeking consent would put a service user in greater danger then steps can be taken without seeking consent using the safeguarding procedure. In these circumstances it is important to include the reason why consent was not sought when recording the actions taken.
- 10.4. If it is not clear if an adult has the capacity to make an informed decision, staff and volunteers should talk to the safeguarding lead and use the safeguarding procedure.
- 10.5. Factors which will be relevant in determining whether a safeguarding concern should be reported about a person who lacks capacity to make the decision themselves are if the person can't:

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- understand information about the decision to be made on whether or not to report a concern because of a safeguarding reason, or
- retain that information in their minds, or
- use or weigh up that information as part of the decision making process, or
- communicate their decision (by talking, using sign language or other means)

11. Screening of staff and volunteers

- 11.1. Epilepsy Action will ensure that all staff and volunteers who work in roles which are legally entitled to get a DBS check are screened.
- 11.2. If a DBS check reveals a conviction for a sexual offence against a child or vulnerable adult, whenever it was committed, that individual is not suitable for that role and will not be taken on. Any other convictions will be considered on an individual basis.
- 11.3. For further details of how Epilepsy Action screens staff and volunteers, see our 'safer recruitment procedure'.

12. Supervision, training and safeguarding

- 12.1. During induction staff and volunteers will be inducted in the organisations safeguarding policies and procedures.
- 12.2. Staff and volunteers will be given regular supervision where safeguarding and training needs will be discussed.
- 12.3. Appropriate safeguarding training is available to all staff and volunteers. This may be in the form of:
 - policy awareness sessions delivered internally
 - briefing sessions by a local authority or other relevant authority
 - attendance at training arranged through partner agencies

13. If a staff member or volunteer is removed from their role

- 13.1. If a staff member or volunteer is moved or dismissed from their role because of safeguarding concerns arising from their actions or inactions, Epilepsy Action may have a responsibility to inform the Disclosure and Barring Service. Epilepsy Action will follow the [guidance set out by the Disclosure and Barring service](#) in these situations.

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14. Working with local statutory agencies

- 14.1. Safeguarding Boards may carry out reviews or investigations and may require us to supply information. The boards are made up of representatives from local authorities and other statutory bodies and partner agencies.
- 14.2. Epilepsy Action will supply information requested by a safeguarding board under the following circumstances:
- the information must be requested for the purpose of enabling the board to perform its functions
 - the person or body requested to supply the information must have functions or engage in activities such that the board considers it likely to have information relevant to a function of the board
- 14.3. In general, there is no bar to Epilepsy Action taking part in a safeguarding adults' review, a criminal investigation or a Serious Case Review if required to do so. This will be considered on a case by case basis taking into account confidentiality.

Review date	February 2022
Lead reviewer	Safeguarding Lead
Review frequency	Annually or sooner if there is a change in legislation and/or guidance

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Appendix I: Safeguarding behaviours for working with adults

Staff and volunteers at Epilepsy Action will demonstrate their understanding and awareness of safeguarding by exhibiting the following behaviours and standards:

- Staff and volunteers will never undertake a home visit for an adult at risk of, or who is experiencing, abuse or neglect unless it is in an official Epilepsy Action capacity and pre-arranged.
- Staff and volunteers will never transport an adult at risk in their own car, alone, unless prior arrangements have been made and approved by the safeguarding lead or in the case of a medical emergency.
- Staff and volunteers will never make any comments with sexual overtones, even in humour, or partake in any 'horse play' with an adult at risk.
- An adult at risk of or experiencing abuse or neglect will never be allowed into a staff member or volunteer's home.
- Staff and volunteers will not lend money to or borrow money or possessions from an adult at risk of or experiencing abuse or neglect. They will not agree to make any purchases, or undertake any financial transactions, on behalf of the client.
- Staff and volunteers will not engage in sexually provocative games.
- Staff and volunteers will not allow or engage in inappropriate touching of any form.
- Staff and volunteers will not allow an adult at risk of or experiencing abuse or neglect to use inappropriate language unchallenged.
- Staff and volunteers will not make sexually suggestive comments about or to an adult at risk of or experiencing abuse or neglect, even in fun.
- Staff and volunteers will not let allegations that an adult at risk of or experiencing abuse or neglect makes go unchallenged or unrecorded.
- Staff and volunteers will not do things of a personal nature for an adult at risk of or experiencing abuse or neglect that they can do themselves.