

Main Document Information	
Title	Safeguarding Adults at Risk
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Target Audience	All staff and volunteers
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1. Introduction

This policy is about making Safeguarding personal by

- ✓ Having conversations with the adult about how CCC can respond in safeguarding situations.
- ✓ Staff should respond in a way that enhances the adult's involvement, gives them choices and makes them feel in control.
- ✓ Interventions should focus on improving the quality of life, wellbeing and safety of the adult.
- ✓ It is about seeing the adult as an expert in their own lives and working alongside them.
- ✓ It is a shift from a process supported by conversations to a series of conversations supported by a process.

1.1 Safeguarding adults from harm is everyone's business and is a core duty of CCC.

1.2 This document lays out the policy and procedures for CCC to ensure we strive for excellent safeguarding practice and governance within the services we provide.

1.3 CCC will ensure all staff understand their responsibility to raise concerns wherever they arise, including concerns about the quality of care offered by CCC itself. Staff will be able to raise concerns in a supportive environment and enable people using services to raise concerns without fear of recrimination.

1.4 Wherever this policy refers to 'staff', this should be taken to mean (unless otherwise stated) directly employed full or part time staff, staff on secondment or engaged to work under other contracts or terms, trainees, students and volunteers.

1.5 This policy is aligned with the principles of Trauma Informed Care.

Trauma Informed Care

An approach to providing services for people where the service provider recognises the prevalence of trauma and adversity among the people it is serving, understands and acts on the impact of these experiences and provides a framework for doing this which has the potential to benefit the individuals involved and staff within the organisation.

1.6 This policy has been drafted in line with:

- Care Act Statutory Guidance (2015)
- London Multi-Agency Adult Safeguarding Policy & Procedures (2019 SCIE)
- Care Quality Commission Standards and Regulations
- Care Quality Commission – Key Lines of Enquiry Safeguarding and protection from abuse (healthcare services) | Care Quality Commission (cqc.org.uk)

2. Purpose & Scope

2.1 The policy describes CCC Safeguarding Adults leadership, governance, training and other processes. This includes how information should be shared in compliance with CCC's Information Governance policy and procedures and agreed information-sharing protocols.

2.2 The policy also provides definitions of the types of abuse and neglect and sets out the main roles and responsibilities of staff, as well as the procedures that are to be followed by staff and managers.

2.3 This policy is a public document and is part of CCC'S commitment to ensure information on adult safeguarding is provided to people using our services, their families and social networks, and to other stakeholders.

3. Policy Specifics

3.1 All staff within CCC, in any role, must be trained to understand the principles underpinning adult safeguarding and know how to identify abuse and neglect.

3.2 All actions and activities related to safeguarding adults at risk of abuse and/or neglect will be underpinned by the six key principles below and in line with CCC values.

The Six Principles of Safeguarding			
1	Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	<i>I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.</i>
2	Prevention	Strategies are developed to prevent abuse and neglect and promote resilience and self-determination.	<i>I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.</i>
3	Proportionate	A proportionate and least intrusive response is balanced with the level of risk.	<i>I am confident that staff will work in my interest and only get involved as much as needed.</i>
4	Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.	<i>I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.</i>
5	Partnerships	Local solutions through services working together within their communities.	<i>I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.</i>
6	Accountable	Accountability and transparency in delivering a safeguarding response.	<i>I am clear about the roles and responsibilities of all those involved in the solution to the problem.</i>

3.3 A zero-tolerance stance should be taken by all staff. This includes recognising when services within CCC's own establishment render people who attend them vulnerable to abuse or neglect. It

also includes abuse or neglect arising from relationships between those who use our services and their carers, friends and family.

3.4 All staff should understand the main types of abuse (see appendix) and how to identify risks associated with them. Staff should be alert to the fact that abuse, exploitation and neglect are not always overt or obvious. Staff should also be alert to the risk of minor problems escalating or indicating greater underlying issues. These considerations should be part of risk assessment and management.

3.5 If staff have concerns about an adult's welfare and believe they are suffering or likely to suffer abuse or neglect, then they should share the information with their manager. They have a statutory duty to notify the local authority safeguarding team and/or the police if they believe or suspect that a crime has been committed.

3.6 If a person using services, a carer, family member or friend speaks up about abuse or neglect, it is essential that they are listened to and where appropriate, a safeguarding referral should be made.

4. Information sharing

4.1 A decision about what information is shared, and with whom, must be taken on a case by-case basis. You will need to consider the impact of the information sharing on the adult at risk's mental health, and balance this against the vital interest, public interest and best interest principles.

4.2 Confidential information can be shared with the Safeguarding Lead.

Practice Guide – Information Sharing

If a person refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners (e.g. police or local authority), their wishes should be respected.

There are a number of grounds where the practitioner can reasonably override patient consent

1. The person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the [Mental Capacity Act](#)
2. The person has the mental capacity to make that decision but they may be under duress or being coerced
3. Other people are, or may be, at risk, including children
4. The risk is unreasonably high and meets the criteria for a [multi-agency risk assessment conference referral](#)
5. [A serious crime has been committed](#)
6. Sharing the information could prevent a crime
7. The alleged abuser has care and support needs and may also be at risk
8. Staff are implicated
9. A court order or other legal authority has requested the information.

5. Reporting

5.1 All safeguarding concerns must be reported in writing and comply with the [Incident Reporting and Management Policy & Procedure](#).

5.2 Managers must record all actions and decisions made once a safeguarding incident has been raised.

5.3 High risk, high profile and complex safeguarding incidents should be escalated to the CCC and JBC Directors.

6. Training and workforce issues

6.1 It is mandatory that all staff attend the Safeguarding Training sessions organised by Jamyang Buddhist Centre.

6.2 Training includes:

- Induction for all staff to raise awareness that abuse can take place and there is a duty to report.
- Level 1: The minimum level of competence required of all staff.

6.3 Responsibilities to ensure training is commissioned, provided, taken up and implemented are delegated as follows:

Safeguarding Lead Responsibility:

- To inform the CCC Board of amendments to policies giving rise to training needs.
- To provide access to training for all relevant staff and record attendance.
- To ensure all staff are adequately trained and to follow up on refresher training needs.
- To maintain monitoring, evaluating and reporting systems

Staff Responsibility: To ensure that they attend all relevant training as detailed in their induction and development review and implement that training in practice.

Recruitment: all candidates appointed to CCC will be required to satisfy the appropriate level of criminal records checks and Disclosure & Barring Service (DBS) disclosure.

6.4 CCC will employ the official DBS Disclosure procedure to identify the correct level of disclosure required and declare whether the position requires the post holder to work with children or adults (refer to DBS policy).

Guidance for all staff

SITUATION	WHAT YOU SHOULD DO
If an adult at risk of abuse or neglect wants to tell you about what has happened to them	<p>Speak in a private and safe place.</p> <p>Accept what the person is saying.</p> <ul style="list-style-type: none"> • Establish the basic facts. • Ask them what they would like to happen. • What they would like you to do. • Explain how they will be involved and kept informed. <p>Provide information and advice on:</p> <ul style="list-style-type: none"> • Keeping safe • Safeguarding process <p>Don't promise the person that you'll keep what they tell you confidential: explain who you will tell and why.</p> <p>Apply the Six Principles of Safeguarding</p> <ol style="list-style-type: none"> 1. Empowerment 2. Prevention 3. Proportionate 4. Protection 5. Partnerships 6. Accountable
Recording	Record what happened, keeping it factual.
Reporting	Report your concerns to the Safeguarding Lead, JBC Director and CCC Director.
Deciding on referral to local authority Safeguarding Adults Services.	<p>The Safeguarding Adults policy applies to an adult who:</p> <ol style="list-style-type: none"> 1. has needs for care and support (whether or not services are meeting any of those needs); <u>and</u> 2. is experiencing, or at risk of, abuse or neglect; 3. <u>and</u> as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. <p>If the incident meets these criteria – we must refer to local authority Safeguarding Adults service.</p> <p>If the incident does not meet the criteria for referral, it can be closed down following incident management processes.</p>

Designated Safeguard Lead (Safeguarding Officer) :
Thubten Drolma (temporarily replacing Pempa Samuels)
 Contact: director@jamyang.co.uk

IF YOU HAVE ANY CONCERNS –TELL THE SAFEGUARDING OFFICER

Associated Documents & References

Human Rights and the CCC Values and Principles

Human Rights, Principles and European Court of Human Rights Articles		CCC Values and Principles	
Fairness	Article 6 – Fair Trial Article 8 – Privacy including family life Article 13 – Effective remedy		
Respect	Article 8 Article 9 – Freedom of thought, conscience and religion		
Equality	Article 14 – Not to be discriminated against		
Dignity	Article 3 – Not to be tortured or treated in an inhuman or degrading way Article 8		
Autonomy	Article 8 Article 5 – Liberty and freedom of movement		
Staff rights & empowerment	All Articles		
Right to life	Article 2 – Right to life Article 3		

The [London Multi-agency Policy and Procedures \(SCIE 2019\)](#) aims to better safeguard adults at risk of abuse throughout London; and in using this document better encourage the continuous development of best practice.

The London multi-agency adult safeguarding policy and procedures are built on strong multi-agency partnerships working together with adults to prevent abuse and neglect where possible and provide a consistent approach when responding to safeguarding concerns. This entails joint accountability for the management of risk, timely information sharing, co-operation and a collegiate approach that respects boundaries and confidentiality within legal frameworks.

Risk Management - Safeguarding is fundamentally about promoting the safety and well-being of an adult in line with the above six principles. This involves risk management, which is used:

- To promote, and thereby support, inclusive decision making as a collaborative and empowering process, which takes full account of the individual's perspective and views of primary carers;
- To enable and support the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes;
- To promote the adoption by all staff of 'defensible decisions' rather than 'defensive actions'.

The Local Authority retains responsibility as the lead co-ordinating organisation. Local authorities and partner organisations should co-operate in order to deliver effective safeguarding, both at a strategic level and in individual cases, where they may need to ask one another to take specific action in that case.

This co-operation and information sharing for safeguarding purposes is supported by all data protection legislation where there is a lawful basis, such as the Care Act, for sharing personal data and compliance with the Caldicott Principles will help to ensure that information sharing is justified and proportionate.

13 Equality Impact Assessment Tool

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	