



Safeguarding Adults Policy and Procedures.

The Veterans Charity

1. Policy Statement

It is the responsibility of every employee (paid or unpaid) as well as their managers, to ensure the principles and duties of safeguarding adults are consistently and conscientiously applied, with the well-being of adults and children at the heart of all that is done. Safeguarding adults from harm is at the nature of the services we provide and it's highly likely that staff will have contact with adults at risk of abuse or neglect and equally those facing hardship and distress. This document provides a clear stance that The Veterans Charity stands by and a guidance to assist staff in their decision making. By doing so, it enables the actions of any adult in the context of work carried out by the charity, will be transparent in accordance with the principles of safeguarding adults, which are embedded in all aspects of The Veterans Charity.

Contractors have a duty to for ensuring that their employees are competent and confident in carrying out their responsibilities for safeguarding and promoting Vulnerable Adult's welfare.

2. Definitions

The Safeguarding Adults policy applies to people who are aged 18 years or more and have needs for care and support (whether or not these are currently being met) and are experiencing, or are at risk of, abuse or neglect, and because of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

This includes adults with physical, sensory and mental impairments and learning disabilities, whether present from birth or due to advancing age, illness or injury. Also included are people with a mental illness, dementia or other memory impairments, and people who misuse substances or alcohol (where this has led to impaired physical, cognitive or mental health).

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as abuse or neglect:

Physical abuse

This can include hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.

Domestic abuse

This is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member. Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called 'honour' based violence.

Sexual abuse

Sexual abuse is the involvement of vulnerable adults in sexual activities, which they do not fully comprehend, to which they are unable to give consent, to which they object or which may cause them harm. This includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Psychological abuse

This includes 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 from services or supportive networks.

Financial and material abuse

Financial or material abuse can take the form of fraud, theft or using of the vulnerable adults property without their permission. This could involve large sums of money or just small amounts from a pension or allowance each week. This includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery

This includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.

Neglect and acts of omission

A person can suffer because their physical and/or psychological needs are being neglected by a carer. This could include failure to keep someone warm, clean and well-nourished or neglecting to give prescribed medication. This can include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse

This includes abuse based on a person's race, sex, gender, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime.

Organisational abuse

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. Includes neglect and poor 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 behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding. A safeguarding response in relation to self-neglect may be appropriate where a person is declining assistance in relation to their care and

support needs, and the impact of their decision, has or is likely to have a substantial impact on their overall individual wellbeing.

Radicalisation

Radicalisation is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation. Vulnerable individuals are groomed directly or through social media to be persuaded of the legitimacy of a radical's cause to inspire new recruits and have extreme views embedded.

All employee's, volunteers and contractors working for the charity, need to be aware of these different types of abuse and the possible Indicators of Abuse. Seriousness of harm or the extent of the abuse is not always clear at the point of the concern. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under Safeguarding Adults at Risk policy and procedures.

3. Legislation

All adult safeguarding activities aims to protect an adult's right to live in safety, free from abuse and neglect. It involves people & organisations working together to prevent the experience of abuse or neglect and in turn promote wellbeing. The Veterans Charity ensures it's guidance and procedures are suitable and effective by the development and periodic review of this document in accordance with the appropriate legislation listed below:

The Care Act 2014 (CA).

This sets out the duties and powers in law around adult safeguarding issues. It says the local authority is the lead agency on responding to adult safeguarding concerns and that Safeguarding Adults Boards (SAB) have the strategic lead for their area.

The Care and Support Statutory Guidance.

This gives detail about what must and should be done in relation to adult safeguarding issues. As its statutory guidance, it must be followed unless there's good reason not to.

The London Multi-Agency Adult Safeguarding Policy and Procedures.

This gives the framework adopted across London to create consistency for multiagency responses to adult safeguarding concerns.

The Mental Capacity Act 2005 (MCA).

This promotes and safeguards decision making within a legal framework. It does this in two ways:

- a. By empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process.
- b. By allowing people to plan ahead for a time in the future when they might lack the capacity to make specific decisions.

The full text of the Act and the Code of Practice is available on website address:

www.dca.gov.uk/legalpolicy/mental-capacity.

The Data Protection Act 2018

This act governs how personal information is used by organisations, charity's or equally the government. The Data Protection Act 2018 is the UK's implementation of the General Data

Protection Regulation (GDPR). Everyone responsible for using personal data has to follow strict rules called 'data protection principles'. They must make sure the information is:

- I. used fairly, lawfully and transparently
- II. used for specified, explicit purposes
- III. used in a way that is adequate, relevant and limited to only what is necessary
- IV. accurate and, where necessary, kept up to date
- V. kept for no longer than is necessary
- VI. handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage

4. Equality and Diversity

Equality and diversity are equally important to The Veterans Charity. Throughout the development of this document, we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010). This policy will not discriminate, either directly or indirectly, on the grounds of the nine protected characteristics (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; and sexual orientation).

5. Responsibilities

Trustees

The Trustees are accountable to this policy as they have the overall responsibility for ensuring the implementation of effective safeguarding adults at risk procedures. This is done by periodically reviewing this safeguarding policy for suitability and compliance with the law and regulations which may affect it. They are also responsible for ensuring that the policy is delivered to the relevant persons by the CEO.

The Trustees are also to ensure that sufficient resources are allocated to ensure that the policy can be effectively implemented as well as liaising with and monitor the CEO's delivery of the points of this policy.

Chief Executive Officer (CEO)

The Chief Executive Officer has day to day responsibility for ensuring that the charity is operating within the procedures set out in this policy. He will liaise specifically with the Designated Safeguarding Officer and will provide the professional lead and expertise for the implementation of this procedure. It is paramount that the CEO ensures that the policy is delivered to all relevant persons (including paid and unpaid staff and staff of contracted agencies and service providers) and that all points of the policy have been understood.

Lastly, it is the responsibility of the CEO to ensure that the points of this policy are carried out in accordance with the Trustees' instructions and that best practice is always observed when the charity comes into contact with potentially vulnerable adults.

Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead is a senior member of staff who has completed specialist training in the safeguarding of adults at risk. It is the DSL's responsibility for ensuring the charity's

safeguarding policy is adhered to. This role is essential to ensure that charity's safeguarding efforts are as efficient and effective as possible. The Designated Safeguarding Lead will act as the professional interface with other agencies, in conjunction with clinical staff, in the ongoing management of any cases where abuse is identified or suspected.

It is also the responsibility of the Designated Safeguarding Lead to recognise and assist in recognising welfare issues, being sure to challenge poor practice wherever present. This would be achieved alongside the continued practise of gathering any relevant information and evidence as well as continuing to work with the individual's and their family, wherever possible, sharing information and contributing to plans if there is concern being investigated.

Lastly it is the responsibility of the DSL to ensure that all staff having contact with children, vulnerable adults and/or their families have received appropriate training on safeguarding. This is further assisted by being the first point-of-call for all staff who may have safeguarding concerns.

The Veterans Charity currently has two DSL's:

- Danny Greeno – CEO
- Chris Tyrrell – Facilities and Infrastructure Manager

All Staff

All staff have a duty to report suspected, alleged or actual harm or abuse involving an adult at risk. Staff should be aware of and follow the charity's policy and procedures. The full spectrum of Safeguarding adults at risk involves a multi-agency approach and working together to ensure that health and social care is appropriately coordinated and individuals are protected from potential or actual harm or abuse.

Clinical staff and teams should maintain close and effective links with all relevant statutory and voluntary agencies to collectively ensure that adults at are safeguarded. Clinical staff should ensure that potential or actual safeguarding adults concerns and issues are raised, discussed and recorded within regular clinical supervision and /or team case reviews.

The charity expects all staff (paid or unpaid) to promote good practice by being an excellent role model, contribute to discussions about safeguarding and to positively involve people in developing safe practices.

6. Training

Awareness of this safeguarding policy is covered within the induction briefing of all new employees or volunteers and their understanding should be checked within supervision meetings under their line management.

All staff will receive awareness training on safeguarding adults, pitched at a level in accordance with their roles, prior to an event taking place.

7. The 6 Principles of Adult Safeguarding

Empowerment

Adults are encouraged to make their own decisions and are provided with support and information. *'I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens'*

Prevention

Strategies are developed to prevent abuse and neglect, which promotes resilience and self – determination. *'I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help'*

Proportionality

A proportionate and least intrusive response is made balanced with the level of risk. *'I am confident that the professionals will work in my interest and only get involved as much as needed.'*

Protection

Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding *'I am provided with help and support that I require. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.'*

Partnerships

Local Solutions through services working together within their communities *'I am confident that the 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.'*

Accountability

Accountability and transparency in delivering a safeguarding response. *'I am clear about the roles and responsibilities of all those involved in the solution to the problem.'*

8. Responding to an adult safeguarding concern

Responsibilities of all employees and volunteers

If any member of staff or volunteer has reason to believe that abuse is or may be taking place they have a responsibility to act on this information. Doing nothing is not an option. If an adult discloses any experience of abuse or neglect,

Staff should:

- i. Assure the person their concerns are taken seriously.
- ii. Listen carefully to what the person is saying. Stay calm. Get as clear a picture as possible.
- iii. Explain it is their duty for staff to pass this information on to their supervisor and/or Designated Safeguarding Officer.
- iv. Reassure the person they will be involved in all decisions made about them.

Staff should NOT:

- i. Be judgmental or jump to any conclusions.
- ii. Start to investigate or ask detailed or probing questions.

Staff's responsibilities are to:

- I. Act to keep the person safe if possible. If urgent police presence is needed to keep someone safe, call 999. If the person needs urgent medical assistance, call 999.
- II. Inform their line manager and consult with The Trust's Adult Safeguarding Lead
- III. Clearly record what they have witnessed or been told and any responses or actions taken
- IV. If a crime has occurred, be mindful of the need to provide evidence

If consulting with the Designated Safeguarding Officer will lead to an undue delay and thereby leave a person in a position of risk, referral should be made to the relevant local authority.

Deciding whether a referral to the local authority is required in all cases where it's suspected that an adult in need of care and support might be experiencing or at risk of experiencing abuse or neglect. This should be reported to the relevant local authority and the police (where it is believed or suspected that a crime has been committed). It should never be assumed that someone else will pass on this information.

Whistle blowing

Always act whenever abuse is suspected or an individual is at risk, including when your legitimate concern is not acted upon. Whistle blowers are given protection under the Public Interest Disclosure Act 1998. If in doubt contact your designated officer for adult safeguarding for assistance and guidance.

9. Assessment of Capacity

The Mental Capacity Act 2005 (MCA) has a test to see if an individual has the capacity to make a decision when they need to. Anyone who thinks that an individual doesn't have the capacity should be able to prove this. They need to be able to show that the individual in question does not have the capacity to make a certain decisions when the decision needs to be made. For example, if a medical professional believes that you lack mental capacity to make a decision about your treatment or care they must do this test with you.

Generally, a capacity assessment should be related to a specific decision that you are making. This is because you might have capacity to make a certain decision but lack capacity to make a different decision. For example, you might be able to decide what treatment you want but you are unable to make decisions about paying bills or looking after your money. This test has 2 stages:

Stage 1:

Does the person have an impairment of the mind or brain (temporary or permanent)?

******There must be proof that an individual has an illness or injury that affects the way their brain or mind works.

If yes, move onto stage 2.

Stage 2:

Is the individual in question able to do the points listed below? A clear failure on one point will determine a lack of capacity.

- I. Understand the decision they need to make and why they need to make it?
- II. Understand, retain, use and weigh information relevant to the decision?
- III. Understand the consequences of making, or not making, this decision?
- IV. Communicate their decision by any means (i.e. speech, sign language)?

**Stage 2 will only apply if you have been given enough support to try and make the decision for yourself.

MCA Code of Practice

Professionals and carers must have regard to the Code and record reasons for assessing capacity or best interests. If anyone decides to depart from the Code, they must record their reasons for doing so, such as if there is a valid/current Lasting Power of Attorney or an Advance Decision in place.

There may not always be time in emergency situations for all investigation and consultation, and there should be no liability for acting in the reasonable belief that someone lacks capacity, and what you do is reasonably believed to be in their best interests (MCA s5). This can include restraint, if need be, if it is proportionate and necessary to prevent harm to the patient (MCA s6), and even “a deprivation of liberty”, if this is necessary for “life sustaining treatment or a vital act”.

Record Keeping

It is a requirement of the legislation listed above as well as the charity’s policy to keep a record of decisions made and the reasons for it, whether it is to share information with the relevant authorities or not. If the information gained is required to be shared, the shared actions are to be recorded within the document, with whom and for what purpose. Any information disclosed should be:

- I. Clear regarding the nature of the problem and purpose of sharing information.
- II. Based on fact, not assumption.
- III. Restricted to those with a legitimate need to know.
- IV. Relevant to specific incidents.
- V. Strictly limited to the needs of the situation at that time.
- VI. Recorded in writing with reasons stated.

All record keeping must be done on authorised documentation wherever possible. The charity understands that the details of an incident may have to be recorded on other means but should be transferred to authorised documentation at the earliest opportunity. Authorised documentation includes;

- I. Event Occurrence Record Book
- II. Safeguarding Incident Report Form (preferred)
- III. Safeguarding Continuation sheet

Amendments:

SER	DESCRIPTION	LOCATION	NAME	DATE
1				
2				
3				
4				
5				

The Safeguarding Adults Policy & Procedures will be reviewed annually in accordance with The Veterans Charity's standard operating procedure.

Policy Review date: 09/01/2026

SER	Policy Reviewed By	Role	Review Date	Next Due Date	Further Action
1					
2					
3					
4					
5					