

Safeguarding Policy – Peer Support Plus[®]



Living a life that is free from harm and **abuse**² is a fundamental right of every person.

Peer Support Plus exists to help adults who can take control of their lives and responsibility for their behaviours, learn how they might better self-manage their mental health and have confidence in themselves including their ability to assert their needs. We aim always to be safe, kind and supportive.

1. Our promise

Peer Support Plus will not tolerate the abuse of an **adult at risk**³ in any of its forms and will work with other agencies to end any abuse that is taking place.

Abuse and mental health are often linked.

We promise every adult who engages with Peer Support Plus that we will:

- Respect individual needs and uphold human rights.
- Manage our activities in ways that minimise risk of harm or abuse.
- Respond in a proportionate, timely, professional and ethical way to any adult who has experienced, is experiencing, or is at risk of experiencing abuse.
- Work with the adult at risk, and other agencies, to help end any abuse they are experiencing.
- Peer Support those adults who are attempting to recover after historic abuse by learning to self-manage their mental health.

To achieve these aims Peer Support Plus will ensure that:

- Every concern or allegation of harm or abuse is taken seriously.
- Everyone who engages with Peer Support Plus has access to and is familiar with this *Safeguarding Policy*¹ and procedure, and their personal responsibilities.
- Everyone who engages with Peer Support Plus as a Volunteer will receive Safeguarding training appropriate to their role.
- Everyone who engages with Peer Support Plus, their relatives and any informal carers, have ready access to this *Safeguarding Policy*¹ explaining how they can report an allegation of harm or abuse to Peer Support Plus or **Raise a Safeguarding Concern** ^[Paragraph 3 below] themselves.

- If the adult at risk is lawfully deemed to lack Mental Capacity to make appropriate safeguarding decisions for themselves, we will rely on the advocacy provisions of the **Mental Capacity Act 2005**⁸.
- We will aspire to best practice with respect to the safe recruitment and deployment of volunteers including Trustees, and employees. We will follow best practice published by the Disclosure and Barring Scheme (DBS) [<https://www.gov.uk/government/organisations/disclosure-and-barring-service>].

2. Your responsibilities

Our equality model of Peer Support is founded on mutual support. A key element of mutual support is helping ensure that any person who engages with Peer Support Plus in any capacity is protected from abuse of all kinds.

It follows that everyone who engages with Peer Support Plus has a responsibility to help prevent harm or abuse by reporting concerns.

If you have reason to believe that abuse is or may be taking place you have a responsibility to act on this information. It does not matter what your role is, doing nothing is not an option.

Consultation ^[Paragraph 4 below] is the best way to ensure people receive the appropriate support. If a person mentions a concern or discloses abuse to you use the **Listen, Respect, Reassure**⁹ principles to respond.

Immediate action is rarely necessary or advisable.

Calling external agencies without Consultation should be done only in an emergency where there is significant risk of immediate harm.

In an emergency where there is a significant risk of immediate harm you must:

- A. Take action to keep the person safe, if possible, now and in the future.
 - Is an urgent police presence required to keep someone safe?
If yes, call 999.
 - Does the person need urgent medical assistance or an ambulance?
If yes, call 999
- B. If a crime has occurred, preserve evidence.
- C. Always inform our **Safeguarding Concerns Manager**⁴ in real time.
 - You cannot keep this information secret, even if the person asks you to.

- If seeking guidance from our Safeguarding Concerns Manager⁴ is leading to undue delay, leaving the person at immediate risk of harm, you must **Raise a Safeguarding Concern** ^[Section 3 below] to the Adult Social Care Duty and Advice Team who will guide you.
- D. Clearly record what you have witnessed or been told. Record your responses and any actions taken. It is important to distinguish fact from opinion.

If it was not possible to seek or obtain informed consent from the person at immediate risk to share information you must also record:

- (a) your justification for sharing information and
- (b) how the decision to share information was arrived at.

If the concern or allegation of abuse **does not seem to warrant immediate** action you must still inform our Safeguarding Concerns Manager⁴ as promptly as possible.

- Do not assume someone else will inform our Safeguarding Concerns Manager⁴. If in doubt check with our Safeguarding Concerns Manager⁴ to satisfy yourself that the concern has been raised.
- If the concern arose while a person engaged with Peer Support Plus was with someone from another organisation, you and Peer Support Plus must still follow the procedure outlined in this policy. The other organisation may or may not Raise a Safeguarding Concern but you and Peer Support Plus cannot hand over this responsibility to the other organisation. Best practice demands that Peer Support Plus must separately decide whether or not to Raise a Safeguarding Concern as we cannot assume the other organisation will follow the same procedure or arrive at the same decision.

3. Raising a Safeguarding Concern

Raising a Safeguarding Concern means following the local authority's safeguarding adults procedure and reporting concern of harm, abuse or neglect to their **Multi-agency safeguarding adults contact point**⁵

- Our named **Safeguarding Concerns Manager**⁴ is the person at Peer Support Plus responsible for ensuring concerns about possible harm, abuse or neglect are responded to and, when appropriate, reported to the Multi-agency safeguarding adults contact point.

Our Safeguarding Concerns Manager⁴ is charged to personally carry out a **Consultation** ^[Section 4 below] with the person about whom the concern has arisen, and then decide whether it is appropriate to Raise a Safeguarding Concern or respond to the concern in another way.

If our Safeguarding Concerns Manager⁴ is unavailable and urgent actions are needed then our **Safeguarding Adults Named Lead Person⁶** will deputise.

If you suspect radicalisation may be an issue, especially if it seems an adult at risk is being exploited or coerced, you must report your concern to the Safeguarding Concerns Manager who is responsible for deciding whether or not to Raise a Safeguarding Concern, inform the Police and/or make a referral for a **Channel Vulnerability Assessment⁷**

If the person about whom the concern has arisen is our **Safeguarding Concerns Manager⁴** please inform our **Safeguarding Adults Named Lead Person⁶** – and vice-versa.

If contacting our Safeguarding Concerns Manager⁴ (or deputy) will lead to undue delay which would mean leaving the person at significant risk, you must Raise the Safeguarding Concern yourself.

The Leeds Safeguarding Adults Board (LSAB) operates a **four-step procedure for Raising a Safeguarding Concern**. [Other Local Authorities operate similar procedures.]

<p>Step 1 Call the Duty and Advice Team with details of your concern</p>	<p>Adult Social Care Contact Centre 0113 222 4401</p> <p>Out of hours Emergency Duty Team [EDT]. If urgent and the Adult Social Care Contact Centre is closed, call 0113 378 0644</p> <p>Text phone for Deaf and Hard of Hearing people 0113 222 4410 See also Contact options if you have difficulty hearing or speaking</p>
<p>Step 2 The Duty and Advice Team will advise the way to help</p>	<p>The Duty and Advice Team member will ask you for details about the concern/allegation to help them consider the most appropriate response.</p> <p>Remember to distinguish what is fact and what is opinion.</p> <p>If you have reported the incident to the police, tell this to the Duty and Advice Team member.</p> <p>The person's wishes and desired outcome will be an important consideration.</p> <p>An information gathering process may be needed in order to consider what, if any, further actions are needed. Sometimes concerns may be resolved at this point.</p>

<p>Step 3 The Duty and Advice Team will work with you to achieve the changes the person wants</p>	<p>If further actions are needed, a planning discussion or meeting will be needed to plan the response. The person's wishes and views should be central to any decisions.</p> <p>The aim is to work with the person, involve them in risk assessments and the development of plans to manage those risks.</p>
<p>Step 4 The Duty and Advice Team will check they have addressed your concerns</p>	<p>An outcome decision will take place to review actions taken and to consider whether any further actions are needed. The person should be included in such discussions or meetings and their views will be important to any decisions made.</p>

Advice given, decisions taken and any actions agreed must be recorded together with the reasoning. This record must be passed to/kept by our Safeguarding Concerns Manager.

The local authority Duty and Advice Team may not refer the Raised Safeguarding Concern to other agencies for action, perhaps because the concern does not meet their threshold for triggering action.

Whatever the local authority Duty and Advice team decision, our Safeguarding Concerns Manager will consider the needs of the person about whom concerns arose, and whether there is anything more or anything different that needs to be done by Peer Support Plus.

Our Safeguarding Concerns Manager⁴ may need to consult with our Safeguarding Adults Named Lead Person⁶ because Peer Support Plus may need to seek out better practices, for examples: take safeguarding advice from other agencies or a care management team; revise our policy and procedures or conduct a new risk assessment; improve training.

If anything remains to be done, our Safeguarding Concerns Manager⁴ will consult and agree actions and their timing with anyone who needs to take action and, if appropriate, give feedback to the individual who reported their concern.

Finally, the Safeguarding Concern Manager⁴ will record what actions were taken, by whom and when, before recording that 'no further action is being taken'.

4. Consultation

Consultation is the best way to ensure people receive the appropriate support.

Our **Safeguarding Concerns Manager⁴** (in an emergency you) **must decide:**

- Whether or not it is appropriate to **Raise a Safeguarding Concern** [Section 3 above].
- **Is Crime reasonably suspected?** If so, we may have to report that to the **Police**.

- **Is radicalisation reasonably suspected?** If so, we must report that to the **Police** and/or refer for a **Channel Vulnerability Assessment**⁷.
- Do actions need to be taken by **Peer Support Plus**?

The unique situation of the person ‘at risk’ will determine to what extent conversations about concerns can be held with them.

When a person reveals a concern or discloses abuse, we will use the **Listen, Respect, Reassure**⁹ principles to respond. See also Leeds Safeguarding Adults Board video [Talk to me, hear my voice](#) and [Citizen-Led Practice Guidance](#).

Safeguarding concerns are so varied that guidance can only set out general principles that must be applied with common sense and judgement to the specific circumstances.

<p>Listen</p>	<p>Citizen Voices and Expectations Conversations with the person at risk (or their representative where they lack Mental Capacity)</p> <p>Wherever possible to talk to the person at risk about the concerns, risks and involve them in decisions. This will not always be possible for a range of reasons, such as:</p> <ul style="list-style-type: none"> • The urgency of the risk • The nature of your role or relationship • The person’s engagement with you • The possibility of increasing the risk, or placing others at risk • The possibility of prejudicing a police enquiry <p>Where possible, people wish to be involved and consulted. The following should be considered a useful starting base for such conversations:</p> <ul style="list-style-type: none"> • Talk to me about the concern • Ask me what I want to happen • Ask me what changes I would like to achieve • Ask me what support I would like • Explain what safeguarding is • Talk to me about reporting the concern • Explain if you have a duty to report the concern • Talk to me about what might happen next • Ask me if I want my relatives informed about the concerns
<p>Assess</p>	<p>Immediate safety issues</p> <ul style="list-style-type: none"> • Are there immediate actions needed to order to keep the person, or others safe from harm? • Is any person in need of medical attention? • Liaise with the Police where an immediate presence is required or to discuss any relevant incident management issues.

<p>Decision making</p>	<p>Consider if the issue should be reported as a safeguarding concern</p> <p>Consider if you have enough information about the concerns to decide? Do not investigate at this point, but consider if you need to check records or clarify the concerns to inform your decision.</p> <p>When deciding whether a safeguarding concern should be raised, consider whether there is the risk of 'significant harm' by considering the following key questions:</p> <ul style="list-style-type: none"> • Is the person an 'adult at risk' as defined within this policy/procedure? • Is the person experiencing, or at risk of, abuse and neglect? This includes ill treatment (including sexual abuse and forms of ill treatment which are not physical). • What is the nature and seriousness of the risks? <p>When deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm.</p> <p>Consider:</p> <ul style="list-style-type: none"> • The person's individual circumstances. • The nature and extent of the concerns. • The length of time it has been occurring. • The impact of any incident. • The risk of repeated incidents or increasingly serious acts of abuse or neglect for the person. • The risk that serious harm could result if no action is taken. • The risk of repeated incidents for others. • Illegality of the act or acts. <p>Assess the broader situation:</p> <ul style="list-style-type: none"> • Are any children present or related to the situation? If so, could they be affected by the abuse or neglect? • It may be necessary to contact Children's Services through the Duty and Advice Team.
<p>Document</p>	<p>Record your decision-making</p>

What if the person alleged to be causing harm is also an adult at risk?

The safety of the person who may have been abused is paramount.

Peer Support Plus may also have responsibilities towards the person alleged to be causing harm. It certainly will have if the individuals came into contact because they engaged with Peer Support Plus. In this situation it is important that the needs of the person allegedly causing harm are addressed separately from the needs of the person who may have been abused.

It may be necessary to reassess the needs of the person allegedly causing harm. This will involve a **Consultation** ^[Section 4 above] with the person when, for examples, the following could be addressed:

- The extent to which the person allegedly causing harm is able to understand the consequences of their actions.
- The extent to which the alleged abuse evidences that the needs of the person causing harm are not being met.
- The likelihood that the person allegedly causing harm will further abuse the person who may have been abused, or others.
- The principles of criminal law and Peer Support Plus's responsibilities to report crime apply regardless of whether the person causing harm is deemed to be an adult at risk.

Why might we decide to Raise a Safeguarding Concern contrary to the wishes of the person?

It may be necessary on some occasions. Any such decision should be proportional to the risk, for examples:

- It is in the person's vital interests (to prevent serious harm, distress, or life-threatening situations).
- The person is subject to coercion or undue influence, to an extent that they are unable to give consent.
- The person lacks Mental Capacity to consent and it is in the person's best interests.
- It is in the public interest, for examples: there is also a risk to others; a Peer Support Plus Volunteer or Employee is involved; the abuse has occurred on property owned or managed by an organisation with a responsibility to provide care.

What if there are concerns or allegations about volunteers or employees?

Peer Support Plus's policy and procedures are designed to avoid putting our volunteers or employees in situations where harm might be alleged.

If a concern or allegation of abuse arises about a volunteer (including a Trustee), or an employee we will:

- Ensure that that any person 'at risk' is safe and away from the volunteer or employee against whom the concern or allegation has arisen.
- Our **Safeguarding Concerns Manager**⁴ (or if unavailable/inappropriate our Safeguarding Adults Named Lead Person⁶) will be informed immediately.
- The individual who witnessed or first received the concern will make a full written record of what was seen, heard and/or told as promptly as possible

after they witnessed or first received the report. Our Safeguarding Concerns Manager (or deputy) can support the individual making that full written record but must not compose it.

Regardless of whether an Adult Social Care and/or Police investigation follows, Peer Support Plus will ensure that an internal investigation takes place and appropriate disciplinary considered. Disciplinary procedures may involve immediate suspension and may lead ultimately to dismissal.

What if it is reasonably suspected that a crime may have been committed?

We must seek the person's consent to report the matter immediately to the Police.

If the person has **Mental Capacity**⁸ in relation to this decision and does not want a report made to the Police, their choice should be respected unless there are justifiable reasons to act contrary to their wishes, for examples:

- The person appears subject to coercion or undue influence, to the extent that they are unable to give consent.
- There is an overriding public interest, such as where there is a risk to other people.
- It is in the person's vital interests (to prevent serious harm, distress, or life-threatening situations).

There must be clear reasons for overriding the wishes of a person with the **Mental Capacity**⁸ to decide for themselves, and these must be recorded.

If it is reasonably suspected that a crime may have been committed, we will try to **preserve evidence** in case there is a criminal investigation, for examples:

- If possible, we will not disturb the scene, victim or clothing.
- If possible, we will secure the scene, for example by locking the door, and preserve all containers, documents, locations, etc.
- We will be aware that evidence may be present even if we cannot see it.
- If in doubt, we will contact the police and ask for advice.

Who else does Peer Support Plus need to inform that a safeguarding concern has been raised?

- Relatives, with the person's consent or in their 'best interests' under the **Mental Capacity Act**⁸.
- Child protection services, if children are also at risk of harm.
- The Charities Commission, as Peer Support Plus is a registered charity.
- Delivery Team members on a need-to-know basis so they do not take actions that may prejudice an enquiry.
- If Peer Support Plus were ever to deliver a publicly funded service, we must notify the authority that commissioned that service for the adult at risk.

What about documenting the concern, decisions and actions taken?

We will ensure all decisions and actions are fully recorded, along with the reasons for decisions and any advice received when making these decisions.

We will document all concerns to the same standard, whether or not we Raise a Safeguarding Concern.

It is possible that our records may be required as part of an enquiry, so they will be as clear and accurate as their writers can be.

Our records will include:

- The nature of the safeguarding concern or allegation.
- The wishes and desired outcomes stated by the person.
- The support and information provided to enable the person to make informed decisions.
- Assessments of **Mental Capacity**⁸ if relevant.
- Whether or not the adult at risk consented to information being shared.
- The decision of Peer Support Plus to Raise a Safeguarding Concern, or not.

We will comply with our *Documentation Policy*¹ and *Records Management Policy*¹

5. About this Safeguarding Policy

This *Safeguarding Policy*¹ and procedures explain simply and clearly how Peer Support Plus and other agencies work together to help protect an adult at risk. Our policy and procedures are intended to be wholly consistent with the **Leeds Safeguarding Adults Board (LSAB), Multi agency policy and procedures** which take precedence over Peer Support Plus's policy and procedures.

[\[www.leedssafeguardingadults.org.uk/safeguarding-adults/multi-agency-policy-and-procedures\]](http://www.leedssafeguardingadults.org.uk/safeguarding-adults/multi-agency-policy-and-procedures)

Our **Safeguarding Adults Named Lead Person**⁶ is charged to:

- Ensure compliance with this *Safeguarding Policy*¹ and procedures (including training-content).
- Ensure *Safeguarding Policy*¹ and procedures are reviewed and updated at least annually, and formally agreed by the Board of Trustees.
- Audit training delivery by reviewing records of the safeguarding adult training provided by Peer Support Plus.
- Deliver annually a report on the operation of our *Safeguarding Policy*¹ and procedures, visible to everyone engaged with Peer Support Plus.

Our policies, procedures and training are intended, by design, to embed practices which help identify harm and abuse occurring elsewhere, and minimise risk of harm and abuse occurring at Peer Support Plus.

The focus of our *Safeguarding Policy*¹ and procedure is on helping an adult at risk achieve an outcome that supports their opportunity to develop or maintain a private life. Our shared objective is to reduce risk and enable informed choice so they can live a safe, happy and independent life.

When an 'adult at risk' concern arises, or we become aware that abuse has occurred, we will act swiftly, effectively and in ways which are proportionate to the issues. Any adult who has been harmed or is at risk of abuse may need some degree of protection but the right of that adult to be heard throughout is critical to personalising their support and care. They must stay as much in control of decisions as possible.

The Care Act, 2014 explains that when advocating measures to protect an adult at risk, their wellbeing must be promoted.

[\[https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance\]](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)

Building on the principles set down in the Mental Capacity Act 2005⁸, we should assume that the person themselves knows best their own goals, preferred outcomes and wellbeing. [\[https://www.gov.uk/government/collections/mental-capacity-act-making-decisions\]](https://www.gov.uk/government/collections/mental-capacity-act-making-decisions)

Peer Support Plus and other agencies should not make assumptions as to what matters to the person. We must ask for and listen to the person's views, wishes and feelings to understand what keeping safe means to them before beginning to establish how they might be helped to achieve their vision of a desirable outcome.

An adult's right to self-determination can involve them taking risks but everyone who engages with Peer Support Plus must act responsibly to help the person minimise risks as far as possible.

If it is ultimately decided, by other agencies who are qualified and legally empowered to make such an assessment applying the **Five Statutory Principles of the Mental Capacity Act 2005**⁸, that an adult at risk does not have Mental Capacity to decide how to protect themselves from abuse at the time that decision or action needs to be taken, then legislation will be used to protect them.

Notes

¹ available on our website peersupportplus.org

² Abuse

Abuse can take many forms and the person's circumstances should always be considered.

Abuse can take place anywhere, for examples: a person's own home, place of work, housing, educational establishments, social settings, day or residential centre, nursing homes, clinics and hospitals.

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult at risk. A wide range of people may harm adults, for examples:

- spouse, partner, relative or friend
- carer
- neighbour, employer, colleague, member of the public, or a stranger
- a person who deliberately targets adults at risk in order to exploit them
- a professional worker such as a social worker, nurse or doctor
- member of staff, owner or manager at a residential or nursing home
- volunteer or member of a charity or community group such as a social club, place of worship, or Peer Support Plus
- another Peer or service user.

Abuse may consist of a single act or repeated acts. Abuse and neglect may be intentional and non-intentional. The following are examples of issues that would trigger concern but this list is not exhaustive:

- **Physical abuse** Includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.

Possible indicators of physical abuse include: unexplained or inappropriately explained injuries; medical problems that go unattended; sudden and unexplained urinary and/or faecal incontinence; person flinches at physical contact; reluctance to undress or uncover parts of the body; person may repeat what the alleged abuser has said (e.g., 'Shut up or I'll hit you'); a person without Mental Capacity not being allowed to go out of a care home when they ask to.

- **Domestic abuse or domestic violence** "...is defined across Government as an 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."
[Crown Prosecution Service <https://www.cps.gov.uk/domestic-abuse>]

Domestic violence and abuse may include: psychological, physical, sexual, emotional, financial, and technological abuse; as well as so called 'honour' based violence, forced marriage including where someone is taken out of the UK for forced marriage; and Female Genital Mutilation (FGM).

[Home Office <https://www.gov.uk/guidance/domestic-abuse-how-to-get-help#recognise-domestic-abuse>]

- **Sexual abuse** 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.

Possible indicators of sexual abuse include: Person appears unusually subdued, withdrawn or has poor concentration; person has urinary tract infections, vaginal infections, or sexually transmitted diseases that are not otherwise explained; a woman who lacks the Mental Capacity⁸ to consent to sexual intercourse becomes pregnant.

- **Psychological abuse** Includes emotional abuse, threats of harm or abandonment, isolation, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, revenge porn; as well as unreasonable and unjustified withdrawal from services or supportive networks.

Possible indicators of psychological abuse include: Person appears anxious or withdrawn, especially in the presence of the alleged abuser; person exhibits low self-esteem; person is not allowed visitors/phone calls; bullying via social networking internet sites and persistent texting.

- **Financial and material abuse** Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, financial scams; and the misuse or misappropriation of property, possessions, income or Benefits.

Possible indicators of financial and material abuse include: Lack of money, especially after Pay/Benefit Day; inadequately explained withdrawals from accounts; recent acquaintances expressing sudden or disproportionate interest in the person and their money.

- **Modern slavery** Includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment. Any concerns about [Modern Slavery](#) must be reported by **Raising a Safeguarding Concern** ^[Paragraph 3 above].
- **Neglect and acts of omission** Includes 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.

Possible indicators of neglect include: Person has inadequate heating and/or lighting; person's physical condition/appearance is poor (e.g., ulcers, pressure sores, soiled or wet clothing); person is malnourished, has sudden or continuous weight loss and/or is dehydrated.

- **Discriminatory abuse** Includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment, or hate crime/hate incident.

Possible indicators of discriminatory abuse include: a person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices; a person making complaints about the service not meeting their needs.

- **Organisational abuse** Includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, 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.

Possible indicators of organisational abuse include: A person may receive little support from management; are poorly supervised and poorly supported in their work; inappropriate staff behaviour such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership.

- **Self-neglect** 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.

Self-neglect may occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment, or through personal choice. It can be triggered by trauma and significant life events.

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.

Self-neglect may not always result in a Safeguarding response but a concern should always be raised so that an 'adult at risk' assessment can be made.

- **Radicalisation** HM Government's counter terrorism strategy is known as CONTEST.

Statutory guidance issued under Section 29 of the Counter-Terrorism and Security Act 2015 requires a range of specified authorities to have 'due regard to the need to prevent people from being drawn into terrorism'. This duty is known as the Prevent duty. The specified authorities include those judged to have a role in protecting vulnerable adults.

Peer Support Plus supports the Government's Prevent strategy which is part of CONTEST. Prevent's aim is to stop people becoming terrorists or supporting any forms of terrorism. Prevent focuses on working with 'adults at risk' who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity. There may be opportunities to intervene, reducing the risk of a person being attracted to extremist ideology and causes, and safeguard them from radicalisation.

Peer Support Plus will notify its Volunteers of the Prevent Strategy as part of their Safeguarding training. [Prevent strategy. HM Government 2011 <https://www.gov.uk/government/publications/prevent-strategy-2011>]

Factors that might contribute towards the grooming and radicalisation of a person may be no different to those that might, for examples, lead individuals towards involvement with or being vulnerable into other activities such as gangs, drugs or sexual exploitation.

A [One-minute guide: Radicalisation and preventing extremism](https://www.leeds.gov.uk/one-minute-guides/radicalisation-and-preventing-extremism) published by the Leeds Prevent Team, contains information which mostly applies to adults. See also <https://www.leeds.gov.uk/one-minute-guides/radicalisation-and-preventing-extremism>

³ **Adult at Risk**

For the purposes of this *Safeguarding Policy*¹ an 'adult at risk':

- is aged 18 years or more, and
- has needs for care and support (whether or not these are currently being met),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect themselves against the risk or experience of abuse or neglect.

The definition includes adults with any of the following:

- Adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen for examples: present from birth, or due to advancing age, chronic illness or injury.
- Adults with a mental illness, dementia or other memory impairments.
- People who misuse substances or alcohol.
- Unpaid carers (family and friends who provide personal assistance and care to adults on an unpaid basis).
- Someone who has been deemed to lack Mental Capacity to make a particular decision and is in need of care and support. [Mental Capacity Act 2005⁸]

⁴ Safeguarding Concerns Manager

Lisa Bamford
Peer Support Plus, Chair of Trustees
Email chair@peersupportplus.org
Tel. 07811 126 491
c/o 1 Elmete Close, Leeds, LS8 2LD (our registered address)

⁵ Multi-agency safeguarding adults contact points

For local authorities in West and North Yorkshire see Page 124 of <https://www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/ksab-safeguarding-adults-policy-procedures.pdf>

⁶ Safeguarding Adults Named Lead Person

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c/o 1 Elmete Close, Leeds, LS8 2LD (our registered address)

⁷ Channel Vulnerability Assessment

Duty and Advice Team Tel. 0113 376 0336 [Out of hours Tel: 0113 2409 536]
[\[https://www.gov.uk/government/publications/channel-vulnerability-assessment\]](https://www.gov.uk/government/publications/channel-vulnerability-assessment)

⁸ Five Statutory Principles of the Mental Capacity Act 2005

The law presumes that adults have Mental Capacity to make their own decisions.

There will be times and situations in which an individual lacks Mental Capacity in relation to particular decisions. The Mental Capacity Act provides a statutory framework to empower and protect people who may lack Mental Capacity to make decisions, and it provides a framework for making

decisions on their behalf. A person is not able to make a decision if they are unable to:

- Understand information given to them
- Retain that information long enough to be able to make a decision.
- Weigh up the information available to make a decision.
- Communicate their decision.

There are 5 important principles within the Mental Capacity Act that everyone must follow:

- **Principle 1** 'A person must be assumed to have capacity unless it is established that he lacks capacity.' (section 1(2))

Start off by thinking that the person can make their own decision.

- **Principle 2** 'A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.' (section 1(3))

Give all practical support to enable the person to make their own decision.

- **Principle 3** 'A person is not to be treated as unable to make a decision merely because he makes an unwise decision.' (section 1(4))

Never decide the person can't make their own decision just because someone else thinks it's a wrong decision, or a bad decision.

- **Principle 4** 'An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.' (section 1(5))

When a person can't make their own decision, someone has to make this in their 'best interests'.

- **Principle 5** 'Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.' (section 1(6))

Before someone acts or decides something for the person in their 'best interests', that someone must first consider options that do not restrict the person's rights and freedoms more than necessary.

If a person appears to lack Mental Capacity to make decisions about their own welfare a 'best interest' assessment will be required and the Mental Capacity Act Code of Practice should be followed. A referral for assessment

to Adult Social Care or the relevant Community Mental Health Team must be made.

An independent advocate will represent the person’s interests during adult protection procedures. [Independent mental capacity advocates <https://www.gov.uk/government/publications/independent-mental-capacity-advocates>]

[Mental Health Act 2005 <https://www.legislation.gov.uk/ukpga/2005/9/contents>]

[Mental Capacity Act Code of Practice <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>]

⁹ Listen, Respect, Reassure

Listen to me	<ul style="list-style-type: none"> • Talk to me in a suitable environment, free of distractions. • Be calm and patient with me - allow me to speak at my own pace and be heard. • Let me explain in my own way - avoid asking leading questions. • Do not “quiz” me about details of the abuse or neglect. • Don’t be afraid of saying the “wrong” thing. Listening supportively to me is more important to me than what you say.
Respect me	<ul style="list-style-type: none"> • Respect that I want to, or only feel able to, share some of what happened. • Respect and acknowledge how difficult it may have been to talk to you about what happened. • Don’t making promise you can’t keep, however good your intentions. • Explain that you will need to report what I have said to the Safeguarding Concerns Manager.
Reassure me	<ul style="list-style-type: none"> • Reassure me that abuse and neglect is wrong, and you are here to help. • Reassure me that I am not at fault. • Reassure me how I will be involved in decisions about what happens. • Reassure me about my safety, respond to my concerns, say that you will speak to the Safeguarding Concerns Manager.

End