



Safeguarding Policy & Procedure

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Purpose

To ensure that abuse of Service User rights is avoided.

To ensure any Safeguarding concerns & queries are reported immediately.

To comply with the Jersey Safeguarding Partnership Board Adult Procedures.

To ensure policy and procedures are based on the principles of Making Safeguarding Personal –

Making Safeguarding Personal (MSP) is the approach that should be taken to all safeguarding work. The key principle of MSP is to support and empower each adult to make choices and have control about how they want to live their own life. It is a shift in culture and practice in response to what is now known about what makes safeguarding effective from the perspective of the adult being safeguarded. “Jersey Multi-Agency Adult Safeguarding Policy and Procedures Manual”

To ensure awareness of wider safeguarding powers.

Scope

This Policy applies to all Les Amis employees, including Relief Workers on Zero Hour Contracts and Volunteers.

Legislation

Procedures for responding to abuse of adults at risk in Jersey are not underpinned by a specific legislative framework. Nevertheless, a range of legal remedies and policies exists which are relevant to the protection of Adults at Risk from Abuse and harm. Relevant key legislation is listed below:

- Mental Health (Jersey) Law 2016
- Human Rights (Jersey) Law 2000
- Data Protection (Jersey) Law 2018
- Freedom of Information Act (Jersey) Law 2011
- Nursing Agencies (Jersey) Law 1978
- Nursing and Residential Homes (Jersey) Law 1994
- Sexual Offences (Jersey) Law 2018
- Medical Practitioners (Registration) (Jersey) Law 1960
- The Children (Jersey) Law 2002

- Criminal Offences (Jersey) Law 2009
- Police Procedure & Criminal Evidence (Jersey) Law 2003
- Regulation of Care (Jersey) Law 2014

Definition of an Adult at Risk

Has care and support needs (irrespective of whether such needs are being formally met)

Is experiencing or is at risk of, abuse or neglect.

Is unable to protect themselves because of their care and support needs.

An adult with care and support needs may be:

- 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 alcohol or substances to the extent that it affects their ability to manage day-to-day living.
- Someone who is unable to demonstrate the capacity to make a decision relating to their safety and is in need of care and support

Definition of Abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons and may be:

- A single act or repeated acts
- An act of neglect or failure to act
- Multiply acts – for example, an adult maybe neglected and also being financially abused

Abuse is about the misuse of power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place. Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Categories of abuse

The below **categories** are taken from the [Care Act Guidance](#):

- Physical abuse.

- Sexual abuse.
- Financial abuse.
- Discriminatory abuse.
- Emotional/Psychological abuse.
- Neglect (and acts of omission).
- Self-neglect.
- Organisational/institutional abuse.
- Domestic abuse.
- Modern slavery.
- Hate and Hate Crime.
- Female Genital Mutilation (FGM).

Responsibilities

Everyone's responsibilities:

Protecting the rights of people to live in safety, free from abuse and neglect.

People and organisations **MUST WORK TOGETHER** to prevent and stop both the risks and experience of abuse or neglect.

People and organisations make sure that the person's wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action.

Recognising that people sometimes have complex interpersonal relationships and may be ambivalent, unclear, or unrealistic about their personal circumstances and therefore potential risks to their safety or wellbeing.

Providers, and other professionals where relevant, should work with the person to establish what being safe means to them and how that can be best achieved.

Staff or volunteers should:

Must call the police and/or an ambulance where appropriate in situations where the abuse of the adult indicates an urgent need for medical treatment, or where there is immediate risk of harm indicating urgent action is needed to protect the person;

- Make a report to the police if a crime has been committed, and ensure action is taken to preserve evidence. This could be where there has been a physical or sexual assault, especially if the suspect is still at the scene.
- Must make a clear factual record of their concern and the action taken.
- Keep their safeguarding knowledge up to date through attending required training.

The Responsibilities of All People Who Work in Health and Social Care:

It is the responsibility of all people who work in Health and Social care to work in a way that will help to prevent abuse. This means providing good quality care and support and putting the individual at the centre of everything, empowering them to have as much control over their lives as possible.

Everyone needs to be alert to the possibility of abuse. Remember, it can happen in any setting, and anyone could be the abuser, so it is important to learn to recognise the signs of abuse and should be done if you suspect it.

Employees need to read workplace policies and procedures for safeguarding which will provide information on the steps to follow in reporting concerns of abuse. It is good practice for workplaces to have a designated safeguarding lead, at Les Amis this is Paul Watson.

Role and Responsibility of Managers:

The role and responsibility of the manager in any service or agency that cares or supports adults at risk is:

- To ensure the adult at risk is made safe.
- To ensure that any staff or volunteer who may have caused harm is not in contact with service users and others who may be at risk.
- To keep staff aware of their duty to report any concerns, allegations or suspicions of abuse to their line manager, or if the line manager is implicated, to another responsible person.

Operate safe recruitment practices and routinely take up and check references and ensure DBS processes are followed for all staff and appropriately risk assessed.

Adhere to and operate within the organisation's whistleblowing policy and support staff that raise concerns.

Ensure staff access safeguarding training commensurate with their role and responsibilities.

To act cooperatively with all relevant partners, in order to respond appropriately and objectively to all concerns about abuse and neglect of people at risk.

Everyone's Responsibility and Making Safeguarding Personal:

Making Safeguarding Personal (MSP) must not simply be seen in the context of a formal safeguarding enquiry but in the whole spectrum of safeguarding activity, including day to day care and support outside of formal safeguarding arrangements.

The Making Safeguarding Personal approach applies in prevention as well as to responses to abuse and neglect. Prevention and early intervention require empowering both staff and people living in communities to recognise the potential for abuse or neglect and to raise concerns. All staff working with people with care and support needs are encouraged to prevent abuse and neglect and intervene at an early stage where there are concerns.

Safeguarding Adults Procedure

"The approaches of all agencies and services to adult safeguarding should be person-led and outcome-focused."

Making safeguarding personal (MSP) is not simply about gaining an individual's consent, although that is important, but is also about hearing people's views about what they want as an outcome. It is important that the person feels in control and not driven or controlled by the adult safeguarding procedure, that the intervention is agreed and shaped by them.

Staff Responsibilities

If the person is in immediate danger:

- Contact the emergency services
- If an alleged/suspected crime is to be reported contact the police: 999 for an emergency (e.g. rape, serious physical or sexual assault, robbery). 612612 / 612300 for non-emergency incidents /allegations (e.g. a crime where a safeguarding issue is not alleged/suspected.) 612400 and ask for the Public Protection Unit (PPU) if a safeguarding issue is suspected (e.g. adult at risk being seen with unexplained bruises following a family visit or complaints by family of excessive force being used on a service user).
- Inform the Adult of your concerns.
- Record all action in Service users care plan.
- Inform your Line Manager/Safeguarding lead /or Head of Operations.

- Obtain only sufficient information to be able to tell the police, the safeguarding senior practitioner, medical personnel or management what is believed to have happened, when and where.

DO NOT ask questions of any person allegedly causing harm.

If, based on the information available, it appears that the following three steps are met:

1. The person has care and support needs
2. They may be experiencing or at risk of abuse and neglect
3. They are unable to protect themselves from the abuse or neglect because of those care and support needs

a concern should be raised to the Safeguarding Adults Team (SAT) Telephone: 01534 444440
Email: SPOR@health.gov.je

[click here to see raising a concern form](#)

All above actions to be completed before the end of working shift.

Complete an Incident report.

If the person is not in immediate danger:

Discuss your concerns with the Adult.

Record all actions in service users care record.

Discuss with your Line Manager/Safeguarding Lead the suspected or alleged abuse.

Line Manager to inform Head of Operations.

If, based on of the information available, it appears that the following three steps are met:

1. The person has care and support needs
2. They may be experiencing or at risk of abuse and neglect
3. They are unable to protect themselves from the abuse or neglect because of those care and support needs

a concern should be raised to the Safeguarding Adults Team (SAT): Telephone: 01534 444440
Email: SPOR@health.gov.je

[click here to see raising a concern form](#)

All above actions to be completed before the end of working shift.

Complete an Incident report.

Concerns raised to the SAT should include the following information (where available):

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically carers and next of kin.
- Basic facts, focusing on whether or not the person has care and support needs including communication and on-going health needs.
- Factual details of what the concern is about; what, when, who, where.
- Immediate risks and action taken to address risk.
- If reported as a crime - details of when this was made, the officer's name OR crime reference number etc.
- Whether the adult at risk has any cognitive or other impairment which may impede their ability to protect themselves.
- Any information on the source of harm, or person alleged to have caused harm.
- Wishes and views of the adult at risk, in particular consent and preferred method of communication.
- Advocacy involvement (includes family/friends);
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household.

Good Practice Guide

If an adult discloses abuse to you directly, use the Listen, Respect, Reassure principles to respond:

Listen To Me

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.

Listening supportively is more important to me than what you say.

Respect Me

Respect that I may only feel able to share some of what happened.

Respect my privacy.

Respect and acknowledge how difficult it may have been to talk to you about what happened.

Do not make promises you can't keep — however good your intentions.

Explain that you will need to report what I have said to a manager or someone else.

Reassure Me

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. Speak to your manager.

Reassure me using helpful language I understand.

Enquiries

The Safeguarding Adults Team (SAT) must make or arrange for enquiries to be made (or request partner agencies to make enquiries) if they reasonably suspect a person (aged 18 or over) who has care and support needs (irrespective of whether such needs are being formally met) which makes them unable to protect themselves is experiencing, or is at risk of, abuse or neglect.

The purpose of the safeguarding enquiry is to establish with the individual and/or their representatives what action is needed in relation to the situation, and to establish who should take such action. The enquiry could range from a conversation with the adult or their representative or advocate (for example, if they lack capacity or have substantial difficulty in understanding the enquiry) right through to a much more formal multi-agency plan or course of action.

The Safeguarding Adults Team (SAT) retains the responsibility to ensure that enquiries are properly managed and concluded in line with the six principles of safeguarding below:

- Empowerment
- Prevention
- Proportionality

- Protection
- Partnership
- Accountability

The person at risk should always be involved at the earliest appropriate opportunity in the enquiry, unless there are exceptional circumstances that would increase the risk of abuse. If the person has substantial difficulty in being involved, and where there is no one appropriate to support them, then the Safeguarding Adults Team SAT must arrange for an independent advocate to represent them, facilitating their involvement.

The organisation or person carrying out the enquiry will need appropriate support from the Safeguarding Adults Team (SAT) to manage the work to the desired standard. The person carrying out the enquiry will need to be appropriately skilled and have the sufficient resources to manage the required work objectively.

Safeguarding Plan and Review

The safeguarding plan should be clearly set out:

- What steps are to be taken to assure the future safety of the adult at risk.
- The provision of any additional supports, treatment, or therapy, including on-going advocacy.
- Modifications or changes in the way services are delivered or provided.
- How best to support the adult through any action they want to take to seek justice or redress.
- Any on-going risk management strategy as appropriate.

The safeguarding plan should outline the roles and responsibilities of all individuals and agencies involved and should identify the lead professional who will monitor and review the plan, and when this will happen.

Adult safeguarding plans should be person-centred and outcomes focused. Safeguarding plans should be made with the full participation of the adult at risk. In some circumstances it may be appropriate for safeguarding plans to be monitored through ongoing care management responsibilities. In other situations, a specific safeguarding review may be required.

Closing the Safeguarding Enquiry

Safeguarding can be closed at any stage. Individuals should be advised on how and who to contact with their agreement and how matters will be followed up if there are continuing concerns. Closure records should note the reason for this decision and the views of the adult

at risk to the proposed closure. The Enquiry Officer and Safeguarding Coordinator should ensure that all actions have been taken, building in any personalised actions such as:

- Agreement with the adult at risk to close safeguarding involvement.
- Making referrals for ongoing assessment and support.
- Providing advice and information.
- Updating/informing all organisations involved in the enquiry.
- Providing feedback to the referrer.
- Taking action with the person alleged to have caused harm.
- Taking action to support other service users.
- Making a referral to children's services (if necessary).
- Completing referrals to DBS or professional bodies.
- Noting outcomes which are evaluated by the adult at risk and assessing whether these have been met.
- Identifying any lessons to be learned and shared.

Inform Jersey Care Commission

By regulatory law service providers must notify the Jersey Care Commission without delay incidents of abuse and allegations of abuse, as well as any incident which is reported to or investigated by the police.

Service providers must notify the Jersey Care Commission about abuse or alleged abuse involving a person(s) using the service, whether the person(s) are the victim(s), the abuser(s), or both.

The execution of the statutory responsibilities of the Jersey Care Commission relies on timely and considered intervention by their officers. It is therefore essential that enquiries into allegations involving residential, nursing, or domiciliary support services are undertaken in collaboration with the appropriate inspectorate. The Jersey Care Commission must satisfy themselves that the Adult Safeguarding Team (SAT) is aware of incidents or allegations of abuse which come to the attention of the Jersey Care Commission from other sources.

Informed consent should be obtained when an adult at risk has capacity, but it may be necessary to override the requirement and workers should discuss any issues around information sharing with their line managers and advise the adult at risk of this.

When there are concerns regarding an adult at risk's mental capacity, an appropriate professional must be sought to carry out an assessment of the individual's capacity to make this decision.

It is inappropriate for agencies to give assurance of confidentiality where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk.

Information Sharing

It is important that all agencies familiarise themselves with how information can and should be shared, and when you can legitimately do so without the consent of the person.

Information must be shared lawfully and proportionally between agencies on a 'need-to-know' basis. This should be explained to the adult at risk and, where possible, they should be told what information will be shared.

When any agency receives information about potential abuse or neglect, they should act, even if consent has not been given, in circumstances where:

- It is believed the Adult at Risk may lack capacity to make an informed choice.
- Emergency, or life-threatening situations may require Police or medical intervention.
- A criminal investigation may be required; or the sharing of information could prevent a serious crime.
- It appears there is a wider public interest (i.e., there are other adults or children potentially at risk);
- Staff are implicated.
- The magnitude of the concerns meets MARAC or JMAPP criteria.

Staff must not guarantee confidentiality to anyone who discloses abuse. It should be noted that in certain circumstances full disclosure may be required for legal or judicial purposes. The decision of whether to share confidential information must be made on a case-by-case basis; Consent should be sought where possible unless doing so would place the person at additional risk. All decisions made in terms of withholding or sharing information must be recorded.

Confidentiality

Adults at risk provide sensitive information and have a right to expect that the information that they share, and information obtained from others will be treated respectfully and that their privacy will be maintained.

Multiagency partners have a professional and moral responsibility to maintain confidentiality about people who require safeguarding advice and interventions. Jersey is a relatively small population – and people have a right to their information being handled with the utmost sensitivity.

The challenges of working within the boundaries of confidentiality should not impede taking appropriate action. Whenever possible, informed consent to the sharing of information should be obtained, with some exceptions:

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.
- The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.
- In those instances where the person lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the Capacity & Self Determination (Jersey) Law 2016 and whether sharing it will be in the person's best interest.

Note: All Les Amis Policies are reviewed annually, more frequently, or as necessary

Version Control			
Version	Author	Date	Changes
2	HR	30/11/2022	Formatting in line with brand guidelines
3	Head of Governance	05/12/2023	Updated safeguarding lead name
4	Head of Governance	03/02/2025	Review no changes