



SAFEGUARDING ADULTS POLICY

Approved by Quality & Performance Sub Committee: 23rd December 2024

Review 23rd December 2025

This document has two parts:

1. **Safeguarding Policy**
2. **Appendix**

Safeguarding Adults Policy Overview

This document outlines Restore's safeguarding policy statement and provides a clear definition of the roles and responsibilities of staff and trustees in safeguarding adults. It also details the following key areas:

- **Training and Development:** The training programs designed to equip key individuals with the necessary skills, knowledge, and competencies to fulfill their safeguarding roles effectively.
- **Support Framework:** The support available to individuals who raise or manage safeguarding concerns, ensuring they are guided and supported throughout the process.
- **Organizational Collaboration:** The connection and collaboration with other organizations involved in safeguarding, fostering a cohesive approach.
- **Internal Policies and Procedures:** Links to related internal policies and procedures, along with criteria for reviewing and improving safeguarding practices.

This comprehensive document serves as a guide to maintaining the highest safeguarding standards within Restore.

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1. Policy Statement

The purpose of this document is to set out Restore's policy on safeguarding adults. This policy aims to ensure people who use Restore services are treated with dignity and respect and receive high quality, empathetic support while preventing the risk of significant harm from abuse and/or neglect and responding effectively to any allegations.

1.1 Restore's Safeguarding Adults policy and procedure is based on the following principles, as set out in the Care Act 2014:

- **Empowerment** – People are supported and encouraged to make their own decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens."
- **Protection** - Support and representation for those in greatest need. "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
- **Prevention** - It is better to take action before harm occurs. "I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help."
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest and they will only get involved as much as is necessary."
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
- **Accountability** - Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they."

1.2 The policy covers all categories of people working with Restore's service users which includes staff/employees, volunteers, students, trustees, consultants, and any other person entrusted with delivering the aims of Restore.

1.3 Restore aims to support people to take control of their own lives by making informed choices. We recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Restore also recognises that some people experience or perceive barriers to communicating their concerns, seeking and/or receiving help, related to characteristics such as ethnicity, ability and disability, gender identity etc. Restore aims for inclusive and flexible processes that address the unique needs of each individual adult at risk.

1.4 Restore also recognises that multiple forms of abuse may occur in an on-going relationship or in an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of adults at risk of harm but also through negligence or ignorance.

1.5 No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible.

1.6 Abuse is not always deliberate. It may be that someone is trying to do their best in a challenging situation. They may be a relative, friend or carer who needs help or support in difficult circumstances. Restore will report abuse even if it does not seem to be deliberate.

1.7. Safeguarding Children: Restore does not provide services to children and therefore does not have a separate Safeguarding Children policy. However, if staff become aware of a risk to a child or children during the course of their work, for example, the child of a service user or colleague, or a member of the public in the café, they are expected to take appropriate action, as set out in the procedures section of this document.

2. Definitions

2.1 An '**adult at risk**' is any person aged 18 years or over who:

- Has needs for care and support (whether or not these needs are being met by Restore or any other services) and;
- Is experiencing, or is at risk of, abuse or neglect (including self-neglect); and;
- As a result of those care and support needs, may be unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

This definition comes from the Care Act 2014.

2.2 **Abuse means** treating a person with violence, cruelty, harm or force. It may be a single incident or a pattern of behaviour. Abuse is never the fault of the person being abused.

Abuse can happen anywhere and can be carried out by anyone, including:

- Family, carers (formal and informal), friends, neighbours;
- Staff, volunteers, trustees, students on placement, support workers;
- Other Restore service users
- Strangers

2.3 There are many types of abuse, including physical, sexual, psychological or emotional, financial or material, discriminatory, organisational, neglect or acts of omission, domestic violence, modern slavery and self-neglect. Additional types of harm or risk include: mate crime, forced marriage, honour-based violence, female genital mutilation, radicalisation and cyber bullying and abuse. For details about these types of abuse, harm and risk, refer to Appendix 2 of the Restore Safeguarding Procedure or click [here](#).

3. Roles and Responsibilities at Restore

3.1 The Board of Trustees will:

- Appoint a lead Trustee for safeguarding, to lead the Board in providing oversight of all

safeguarding matters.

- Agree the method for managing safeguarding risks in the organisation's risk register, which is regularly reviewed by the Board.
- Conduct annual reviews of safeguarding policies, procedures, practice and outcomes.

3.2 The CEO will:

- Ensure that safeguarding policy and procedures are understood and followed by everyone in a position of trust and involved in providing services. This includes ensuring that updates to this policy are shared across the organisation in line with Restore's policy implementation procedure.
- Promote an organisational culture in which everyone feels able to raise concerns about poor or unsafe practice, confident that such concerns will be handled sensitively and in accordance with the Whistleblowing Policy.
- Ensure there is a named Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Lead (DDSLs) who have undertaken the relevant specialist safeguarding training
- Ensure there are appropriate procedures for dealing with allegations of abuse made against workers, including management.
- Ensure that all staff/managers with recruitment responsibilities take all reasonable steps to ensure that all staff and volunteers recruited into Restore are suitable and appropriate for their roles and discourage recruitment of people with the potential to cause harm. This includes carrying out Disclosure and Barring (DBS) checks. If a candidate for a paid or voluntary role with Restore has been a resident outside the UK for three months or more over the past five years, a risk assessment will be carried out before the individual starting their role to help make an informed decision about how best to proceed in the face of this gap in DBS history.
- Ensure that there is a training plan in place that ensures all paid workers, including management, and appropriate volunteers including Trustees, receive safeguarding training, with refresher training at appropriate intervals.
- Allocate sufficient time and resources to enable the DSL and DDSLs to carry out their roles effectively.

3.3 The Designated Safeguarding Lead (DSL) will:

- Be appropriately trained and understand the Oxfordshire Safeguarding Adults Board procedures.
- Act as a source of support and expertise to the whole organisation
- Be the final arbiter within Restore of whether to refer suspected cases of neglect and/or abuse to the local authority and police in situations where other staff are struggling to reach a consensus.
- Ensure records of all concerns are kept securely, within the individual's case notes, and also used to review and improve safeguarding practices and outcomes across the organisation, e.g., through periodic audits.
- Oversee and submit any safeguarding assessment reports required by Commissioners

/Funders of Restore services (such as the Section 11 Safeguarding Self-Assessment Audit) and oversee Restore's response to any safeguarding-related queries from external agencies.

- Oversee all Multi-Agency Risk Assessment Conference (MARAC) issues, including acting as a point of contact on behalf of Restore for enquiries relating to domestic abuse and enabling colleagues to attend MARAC meetings if required.
- Ensure the Safeguarding Policy and Procedure is reviewed annually.

3.4 The Deputy Designated Safeguarding Leads will:

- Be appropriately trained and act as lead for safeguarding issues in their area of practice (as detailed in the 'key people' table in Adult Safeguarding Procedure, escalating issues to the DSL where necessary.
- In the absence of the DSL, carry out those functions necessary to ensure the ongoing safety and protection of adults at risk. In the event of the long-term absence of the designated person, the DDSLs will assign – in consultation with the CEO - one of their number to assume all of the functions of the DSL.

3.5 All workers will:

- Follow Restore's Safeguarding policies, working in accordance with the safeguarding principles outlined above in Section 1.
- Participate in safeguarding adults training and alert their Line Manager if they feel in need of further training or guidance.
- Understand that the responsibility to safeguard an adult at risk requires that we all appropriately share any concerns that we may have about an individual.

4. Support

4.1 All those raising a concern or making a complaint or allegation, whether they be staff, volunteers, service users, carers or members of the general public should be reassured that:

- They will be taken seriously
- Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk

4.2 Restore understands that this will be a distressing and stressful situation for everyone involved. Appropriate care and support will be offered to any clients involved and to the person(s) raising the concern or making the allegation. Employees are able to access the Employee Assistance Programme for more details please refer to the Employee Assistance Program (EAP) policy which can be found [Here](#).

4.3 In the case of allegations about staff or volunteer conduct, workers should also see the Whistleblowing Policy, and be reassured that when raising concerns in good faith, they will be supported, and protected from any retaliation.

5. Training

5.1 All paid workers should complete online Level 1 safeguarding training for both Adults and

Children within the first month of starting work with Restore. Level 1 Adult safeguarding training should be refreshed every 3 years and Level 1 Children's every 2 years.

5.2 Frontline workers should complete Level 2 training for safeguarding Adults as soon as possible after completing Level 1 training - no later than 3 months from starting work in a service user facing post. Workers required to complete Level 2 training need to refresh this every 3 years, unless they are refreshing their knowledge at Level 3 (see below)

5.3 Restore will provide bespoke training and inductions for unpaid workers, to include safeguarding matters. Some unpaid workers (volunteers) will also be required to complete Level 1 and/or Level 2 training, depending on the nature of their role. The relevant Service Manager or the Head of Human Resources will advise when this is appropriate.

5.4 The DSL and Deputy DSLs should receive Level 3 Adult Safeguarding training before starting their designated roles. Level 3 refresher training should be repeated every 3 years. Staff who are refreshing their knowledge at Level 3 do not need to refresh Level 2 training after completing it once. The DSL and DDSLs should also aim to complete other specialist training offered by the Oxfordshire Safeguarding Adults Board within 1 year of it becoming available (for example, Modern Slavery, Preventing Radicalisation etc).

5.5 In Oxfordshire, all levels of safeguarding training are available free from the Oxfordshire Safeguarding Adults Board <https://www.osab.co.uk/learning-zone/> and the Oxfordshire Safeguarding Children Board <https://www.oscb.org.uk/learning-zone/training>.

5.6 The above is the minimum training expectation at Restore. When possible, Restore will also arrange face-to-face training for groups of Restore staff, which is tailored to its clients' needs and with the opportunity to discuss complex situations and Restore's potential responses.

6. Partnership Forums

6.1 Oxfordshire Safeguarding Adults Board (OSAB) <https://www.osab.co.uk>

The Care Act requires every Local Authority to establish a multi-agency Safeguarding Adults Board (SAB) for its area, to work at a strategic level to safeguard adults with care and support needs.

- Restore will endeavour to work within the protocols and guidance of the OSAB, and to cooperate fully with any requested engagement.
- Restore recognises that it has a duty to supply information to a Safeguarding Adults Board when a request is made for the purposes of enabling the SAB to carry out its functions and Restore is the most relevant organisation to provide it. Any information provided will be in line with the Caldicott Principles.

6.2 Multi-Agency Risk Assessment Conference (MARAC).

MARAC is a victim-focused meeting where information is shared on the highest risk cases of domestic abuse. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. Further information can be found here.

- Restore will support clients to engage with MARAC. Where a victim does not want to be referred to MARAC, Restore will assess whether it is proportionate and defensible to share

information without the victim's consent.

6.3 Multi-Agency Public Protection Arrangements (MAPPA)

MAPPA is the process through which agencies such as the Police, Prison and Probation services work together to protect the public by managing the risks posed by violent and sexual offenders living in the community. Restore is required to engage with MAPPA wherever a person using our services has been identified as a high-risk offender. Further information on MAPPA can be found [here](#).

7. Advocacy

People using Restore's services will be encouraged to contact the Oxfordshire advocacy service to assist them in making an allegation of abuse.

Voiceability: <https://www.voiceability.org/support-and-help/services-by-location/oxfordshire>

Tel: 0300 303 1660

Email: helpline@voiceability.org

8. Annual Review

Restore's safeguarding policy and procedures will be reviewed and updated annually by the Designated Safeguarding lead, with input from relevant stake holders.

9. Related Policies and Procedures

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| <ul style="list-style-type: none">● <i>Safeguarding Procedure</i>● <i>Code of conduct</i>● <i>Whistleblowing</i>● <i>Recruitment Policy</i>● <i>Recruitment of ex-offenders Policy</i>● <i>DBS Policy</i>● <i>Induction Policy</i> | <ul style="list-style-type: none">● <i>Training Policy</i>● <i>Supervision Policy</i>● <i>Complaints Policy</i>● <i>Grievance Policy</i>● <i>Risk Management Policy</i>● <i>Volunteer Policy</i>● <i>Data Protection Policy</i> |
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Appendix 1: An introduction to the legislative framework for Adult Safeguarding

1) The Care Act 2014

The Care Act 2014 sets out a clear legal framework for the protection of adults with care and support needs who are at risk of abuse or neglect. The Act established duties such as the Local Authority's duty to make enquiries (or cause them to be made) where there is a safeguarding concern about an adult, and to establish a Safeguarding Adults Board. Under the Act, safeguarding is not confined to the work of the local authority but is the work of everyone who has contact with a person with care and support needs, captured in the phrase: "safeguarding is everyone's responsibility". Under the Care Act, safeguarding is principle-led, not process-led, that is - many aspects of the process are not prescribed but whatever actions are taken must be in line with the six key principles: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.

The Care Act noted that safeguarding interventions must also have regard to the Well-being Principle. Being able to live free from abuse and neglect is a key element of well-being. The legislation recognised that statutory agencies sometimes acted disproportionately in the past, for example, removing an adult at risk from their own home when there were other ways of preventing harm. In the words of one High Court Judge '*What good is it making someone safer when we merely make them miserable?*^[1]' For that reason, any actions taken to safeguard an adult must take their whole well-being into account and be proportionate to the risk of harm.

Further guidance to the Care Act emphasised the need to 'Make Safeguarding Personal'. This describes the importance of a person-centred approach, and recognises that adults may make choices that may mean that one part of our well-being suffers at the expense of another – for example we move away from friends and family to find better housing. Similarly, adults can choose to risk their personal safety; for example, to provide care to a partner with dementia who becomes abusive when they are disorientated and anxious. None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety, we need to understand what matters to them and what outcomes they want to achieve. The Guidance recognises that empowerment must be balanced with a duty of care and the principles of the Mental Capacity Act and the Human Rights Act.

2) Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. These can be small decisions – such as what to eat or wear that day – or major decisions, such as where to live or what happens if abuse has occurred. The Act sets out who can take decisions, in which situations, and how they should go about this. The Act applies to everyone, not just the statutory health and social care agencies: any organisation that offers something that requires a choice, a decision, consent, a signature or other agreement with a suggested course of action important to a person's health and care, is expected to conduct a capacity assessment if they suspect that the person does not fully understand what is being offered to them.

The Mental Capacity Act sets out 5 key principles:

- The presumption of capacity – every adult has the right to make his/her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- The right of individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- Unwise decisions – a person is not to be treated as unable to make a decision merely because it is considered to be unwise. *(Note: it does not follow that the worker has to facilitate an unwise decision!)*
- Best interests – anything done for or on behalf of a person without capacity must be in their best interests.
- Least restrictive alternative – anything done for or on behalf of a person without capacity should be the least restrictive of their basic rights and freedoms.

There are cases where people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law – Deprivation of Liberty Safeguards (DOLS), to protect their rights and ensure that the care or treatment they receive is in their best interests. The plan to replace DOLS with Liberty Protection Safeguards (LPS) in 2022 has been delayed indefinitely.

For guidance on understanding and assessing mental capacity, see <https://capacityguide.org.uk>.

3) Human Rights Act 1998

The Human Rights Act 1998 (which was extended by the Care Act 2014) sets out the fundamental rights and freedoms that everyone in the UK is entitled to and compels public organisations to treat everyone equally, with fairness, dignity and respect. It covers issues such as your right to a private and family life, to personal liberty, and to freedom of religion and belief (further information about the rights included in the Act [here](#)).

It applies to all public authorities (such as central government departments, local authorities and NHS Trusts) and other bodies performing public functions, including private and voluntary sector organisations that are commissioned with public funds, or who accept payment from public funds (eg. registered care providers), including Direct Payment situations. These organisations must not interfere with a person's human rights. Sometimes they must also take **positive steps** to protect someone's rights when they are at risk. For example, the Police have a positive duty to protect you if they know your life is in danger from someone. If they don't act to protect you they may breach article 2 which protects your right to life. Similarly, a public authority that knows an adult with care and support needs is being abused has a duty to protect that person from inhuman or degrading treatment.

The Human Rights act covers everyone in the United Kingdom, regardless of citizenship or immigration status.

4) There are many other pieces of legislation relevant to safeguarding adults, for example,

- Legislation related to specific forms of abuse, such as the Modern Slavery Act 2015, the Sexual Offences Act 2003 or laws related to hate crime.
- Legislation regarding information sharing such as the Data Protection Act 2018
- Legislation related to the Criminal Justice Act 2015
- Legislation around workforce issues such as safer recruitment, for example, The Disclosure

and Barring Service which was created under the Protection of Freedoms Act 2012.

^[1] *Munby, Lord Justice (2010) 'What price dignity?', keynote address at LAG Community Care conference: Protecting liberties, London, 14 July.*