

**Multi-agency guidance
for safer working practices
for practitioners who work with
adults at risk of abuse or neglect
in the Rochdale Borough**

TITLE	<p>Title: Multi-agency guidance for safer working practice for practitioners who work with adults at risk of abuse or neglect in the Rochdale Borough</p> <p>Version: 3</p>
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1. Overview

This guidance has been produced for practitioners who work with adults at risk of abuse or neglect in the Rochdale borough to help them to establish the safest possible working environments which safeguard individuals and reduce the risk of being falsely accused of improper or unprofessional conduct.

The document is based on the RBSCB Multi-agency guidance for [safer working practice for adults who work with children and young people in the Rochdale Borough and](#) the Skills for Care [Code of Conduct](#) for Healthcare Support Workers and Adult Social Care Workers in England

2. Status of the Document

This document has been endorsed by the Rochdale Borough Safeguarding Adults Board. It is a generic document for all practitioners working with Adults at risk of abuse or neglect in the Rochdale borough. The guidance should complement existing professional procedures and protocols but is not intended to replace or take priority over advice or codes of conduct produced by employers or national bodies. It is for guidance only and should be used in line with the organisations internal policies and procedures. For unregulated individuals and groups this guidance may be adopted to guide and assist in understanding safer working practices.

If agencies or employers adopt this guidance they should ensure that all staff and volunteers are aware of its contents. It is also good practice to notify Adults, their families and carers that this guidance must be followed by all workers within the organisation.

3. Purpose of the guidance

It is important that all practitioners working with adults at risk of abuse or neglect in the Rochdale borough understand that the nature of their work and the responsibilities related to it, place them in a position of trust. This practice guidance provides clear advice on appropriate and safe behaviours for all practitioners working with Adults in paid or unpaid capacities, in all settings and in all contexts.

The guidance aims to:

- keep Adults with care and support needs safe by clarifying which behaviours constitute safe practice and which behaviours should be avoided;

- assist practitioners working with Adults with care and support needs to work safely and responsibly, to monitor their own standards and practice and to identify areas for continuing professional development;
- support managers and employers in setting clear expectations of behaviour and/or codes of practice relevant to the services being provided;
- support employers in giving a clear message that unlawful or unsafe behaviour is unacceptable and that, where appropriate, disciplinary or legal action will be taken;
- support safer recruitment practice;
- minimise the risk of misplaced or malicious allegations made against practitioners who work with Adults with care and support needs;
- reduce the incidence of positions of trust being abused or misused.

Whilst every attempt has been made to cover a wide range of situations, it is recognised that this guidance cannot cover all eventualities. There may be times when professional judgements are made in situations not covered by this document, or which directly contravene the guidance given by their employer. It is expected that in these circumstances adults will always advise their senior colleagues of the justification for any such action already taken or proposed.

4. Underpinning Principles & Responsibilities

All practitioners should:

- a) understand the need - and their responsibility - to protect people from abuse and neglect
- b) safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives
- c) always act in the best interests of an Adult with care and support needs and treat them with respect and compassion.
- d) establish and maintain clear and appropriate professional boundaries in their relationships with Adults, carers and colleagues at all times, avoiding any conduct which would lead any reasonable person to question their motivation and intentions.
- e) work and be seen to work, in an open and transparent way.
- f) never accept any offers of loans, gifts, benefits or hospitality from anyone they are supporting or anyone close to them which may be seen

to compromise their position.

- g) always ask their supervisor or employer for guidance if they do not feel able or adequately prepared to carry out any aspect of their work, or if they are unsure how to effectively deliver a task.
- h) be able to justify and be accountable for their actions or omissions
- i) discuss and/or take advice promptly from their line manager if they have acted in a way which may give rise to concern
- j) apply the same professional standards regardless of culture, disability, gender, language, racial origin, religious belief and sexual orientation
- k) always behave and present themselves in a way that does not call into question their suitability to work with Adults at risk of abuse or neglect. This includes not consuming or being under the influence of alcohol or any substance, including prescribed medication, which may affect their ability to provide appropriate and professional care/services.
- l) be aware that breaches of the law and other professional guidelines could result in disciplinary action being taken against them, criminal action and/or other proceedings including barring by the Disclosure & Barring Service (DBS) from working in regulated activity
- m) be aware of and understand their establishment's safeguarding policy, arrangements for managing allegations against staff, staff behaviour policy, whistle blowing procedure and the Rochdale Borough Safeguarding Adults Board [multi agency safeguarding procedures](#).
- n) report any actions or omissions by themselves or colleagues that they feel may compromise the safety or care of Adults , if necessary use whistleblowing procedures to report any suspected wrongdoing.
- o) acknowledge that deliberately invented/malicious allegations are extremely rare and that all concerns should be recorded and reported.

All practitioners and managers should continually monitor and review practice to ensure this guidance is followed. It is good practice for organisations to inform Adults and their families/carers about this document, the organisation's responsibility to follow safeguarding policy, arrangements for managing allegations against staff, and the Rochdale Borough Safeguarding Adults Board [multi agency safeguarding procedures](#).

Employers have duties towards their employees and others under Health and Safety legislation which requires them to take steps to provide a safe working environment for their staff. Legislation also imposes a duty on employees to take care of themselves and anyone else who may be affected by their actions or failings. An employer's Health and Safety duties and the practitioner's responsibilities towards Adults should not conflict. Safe practice can be demonstrated through the use and implementation of these guidelines. It is the responsibility of organisations to

ensure that their staff and volunteers comply with the legislation and guidance that supports this document, including the Care Act (2014), Mental Capacity Act (2005), Sexual Offences Act 2003, Serious Crime Act (2015) and other relevant legislation.

5. Definitions.

For ease of reading references will be made to;

- ‘Accountability’, meaning to be responsible for the decisions you make and answerable for your actions.
- ‘Allegation’, meaning where it is alleged that a person who works with Adults at risk of abuse or neglect has;
 - Behaved in a way that has harmed or may have harmed an Adult.
 - Possibly committed a criminal offence against an Adult; or,
 - Behaved in a way that indicates they may pose a risk of harm to other adults or children
- Best Interests: the [Mental Capacity Act \(2005\)](#) sets out a checklist of things to consider when deciding what’s in a person’s ‘best interests’.
- Dignity: covers all aspects of daily life, including respect, privacy, autonomy and self-worth. While dignity may be difficult to define, what is clear is that people know when they have not been treated with dignity and respect. Dignity is about interpersonal behaviours as well as systems and processes.
- Discrimination: discrimination can be the result of prejudice, misconception and stereotyping. Whether this behaviour is intentional or unintentional does not excuse it. It is the perception of the person discriminated against that is important.
- Diversity: celebrating differences and valuing everyone. Diversity encompasses visible and non-visible individual differences and is about respecting those differences.
- ‘Organisations’ or ‘agencies’ meaning any organisation or agency where people may work or volunteer with Adults at risk of abuse or neglect.
- ‘Practitioners, Staff & Volunteers’ –those who work with Adults with care and support needs in an organisation in either a paid or unpaid capacity. This could include for example managers, governors, directors, trustees, staff, volunteers, students on placement. This also includes staff commissioned into an organisation or agency from another organisation or agency

6. Making professional judgements

This guidance cannot provide a complete checklist of what is, or is not, appropriate behaviour for practitioners in all circumstances. It does highlight however, behaviour which is illegal, inappropriate or inadvisable. There will be rare occasions and circumstances in which practitioners have to make decisions or take action in the best interest of an Adult which could contravene this guidance or where no guidance exists. Individuals are expected to make judgements about their behaviour in order to secure the best interests and welfare of the Adults and, in so doing, will be seen to be acting reasonably. These judgements should always be recorded and shared with a manager.

Practitioners should always consider whether their actions are warranted, proportionate, safe and applied equitably.

*This means that where no specific guidance exists practitioners **should**:*

- *discuss the circumstances that informed their action, or their proposed action, with their line manager or, where the practitioner does not work for an organisation, with the Adult, their family/carer. This will help to ensure that the safest practices are employed and reduce the risk of actions being misinterpreted*
- *always discuss any misunderstanding, accidents or threats with their line manager*
- *always record discussions and actions taken with their justifications*
- *record any areas of disagreement and, if necessary refer to the RBSAB [Complaints Process](#)*

7. Power and positions of trust and authority

As a result of their knowledge, position and/or the authority invested in their role, all those working with Adults at risk of abuse or neglect are in a position of trust. Broadly speaking, a relationship of trust can be described as one in which one person is in a position of power or influence over another by virtue of their work or the nature of the activity.

It is vital for practitioners to understand this power; that the relationship cannot be one between equals and the responsibility they must exercise as a consequence.

The potential for exploitation and harm of Adults at risk of abuse or neglect means that practitioners have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Practitioners should always maintain appropriate professional boundaries, avoid behaviour which could be misinterpreted by others and report and record any such incident.

*This means that practitioners **should not**:*

- *use their position to gain access to information for their own advantage and/or the detriment of an Adult or their family/carers*
- *use their power to intimidate, threaten, coerce or undermine an Adult or their family/carers*
- *use their status and standing to form or promote relationships which are of a sexual nature, or which may become so*

8. Confidentiality

The storing and processing of personal information is governed by Data Protection legislation. Employers should provide clear advice to staff about their responsibilities under this legislation so that, when considering sharing confidential information, those principles should apply.

Practitioners may have access to confidential information about Adults and their families which must be kept confidential at all times and only shared when legally permissible to do so and in the best interest of the Adult. Records should only be shared with those who have a legitimate professional need to see them.

Practitioners should never use confidential or personal information for their own, or others advantage (including that of partners, friends, relatives or other organisations). Information must never be used to intimidate, humiliate, or embarrass the Adult. Confidential information should never be used casually in conversation or shared with any person other than on a need-to-know basis. In circumstances where the Adult's identity does not need to be disclosed the information should be used anonymously.

There are some circumstances in which practitioners may be expected to share information about an Adult, for example when abuse is alleged or suspected. In such cases, individuals have a responsibility to pass information on without delay, in line with [local safeguarding procedures](#).

If an Adult makes a disclosure regarding abuse or neglect, the practitioner should follow their own agency's procedures and [local guidance](#).

If a practitioner is in any doubt about whether to share information or keep it confidential he or she should seek guidance from a senior member of staff or nominated safeguarding lead as information given to an individual member of staff belongs to the organisation and not to the individual employee.

Any media or legal enquiries should be passed to senior management.

*This means that practitioners **should**:*

- *know the name of the lead for safeguarding within their organisation and be familiar with [RBSAB multi-agency procedures](#):*
- *treat information they receive about Adults and their families in a discreet and confidential manner*
- *seek advice from a senior member of staff (designated safeguarding lead) if they are in any doubt about sharing information they hold or which has been requested of them*
- *be clear about when information can/ must be shared and in what circumstances*
- *know the procedures for responding to allegations against practitioners and to whom any concerns or allegations should be reported*
- *ensure that where personal information is recorded using modern technologies that systems and devices are kept secure*

9. Standards of behaviour

<p>All practitioners working with Adults have a responsibility to maintain public confidence in their ability to safeguard their welfare and best interests.</p> <p>There may be times where an individual's actions in their personal life come under scrutiny from the community, the media or public authorities, including with regard to their own family or adults in the community. Practitioners should be aware that their behaviour, either in or out of the workplace, could compromise their position within the work setting in relation to the protection of Adults, loss of trust and confidence, or bringing the employer into disrepute. Such behaviour may also result in disciplinary action, a bar from engaging in regulated activity, or action by another relevant regulatory body.</p>	<p><i>This means that practitioners should not:</i></p> <ul style="list-style-type: none"> <i>• behave in a manner which would lead any reasonable person to question their suitability to work with Adults</i> <i>• make, or encourage others to make sexual remarks to, or about, an Adult</i> <i>• use inappropriate language to or in the presence of Adults</i> <i>• discuss their own sexual relationships with or in the presence of Adults</i> <i>• make (or encourage others to make) unprofessional personal comments which scapegoat, demean or humiliate, or might be interpreted as such</i> <p><i>This means that practitioners should:</i></p> <ul style="list-style-type: none"> <i>• be aware that behaviour by themselves, those with whom they share a household, or others in their personal lives, may impact on their work with Adults</i>
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10. Dress and appearance

<p>A person's dress and appearance are matters of personal choice and self-expression and some individuals will wish to exercise their own cultural customs. However practitioners should select a manner of dress and appearance appropriate to their professional role and which may be necessarily different to that adopted in their personal life. Practitioners should ensure they are dressed decently, safely and appropriately for the tasks they undertake. Those who dress or appear in a manner which could be viewed as offensive or inappropriate will render themselves vulnerable to criticism or allegation.</p>	<p>This means that practitioners should wear clothing which:</p> <ul style="list-style-type: none"> <i>• promotes a positive and professional image</i> <i>• is appropriate to their role</i> <i>• is not likely to be viewed as offensive, revealing, or sexually provocative</i> <i>• does not distract, cause embarrassment or give rise to misunderstanding</i> <i>• is absent of any political or otherwise contentious slogans</i> <i>• is not considered to be discriminatory</i> <i>• is compliant with professional standards</i> <i>• Does not cause harm to vulnerable adults e.g. long nails</i>
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11. Gifts, rewards, favouritism and exclusion

<p>Organisations should have policies in place regarding the giving or receiving of gifts to Adults and/or their families and everyone should be made aware of and comply with these policies.</p> <p>Practitioners need to take care that they do not accept any gift that might be construed as a bribe by others, or lead the giver to expect preferential treatment.</p> <p>There are occasions when Adults or their families may wish to pass small tokens of appreciation to practitioners e.g. at Christmas or as a thank-you and this is usually acceptable. However, it is unacceptable to receive gifts on a regular basis or of any significant value.</p> <p>Similarly, it is inadvisable to give such personal gifts to Adults and/or their families. This could be interpreted as a gesture either to bribe or groom. It might also be perceived that a 'favour' of some kind is expected in return.</p>	<p><i>This means that practitioners should:</i></p> <ul style="list-style-type: none"> • <i>be aware of and understand their organisation's relevant policies, e.g. rewarding positive behaviour</i> • <i>ensure that gifts received or given in situations which may be misconstrued are declared and recorded</i> • <i>where giving gifts other than as above, ensure that these are of insignificant value and given to all service users equally</i> • <i>ensure that all selection processes which concern Adults and/or their families are fair and these are undertaken and agreed by more than one member of staff</i> • <i>ensure that they do not behave in a manner which is either favourable or unfavourable to individual Adults</i>
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12. Inappropriate relations

<p>Staff need to recognise that sometimes Adult service users can be attracted to, or develop an infatuation with, a worker. They should make every effort to ensure that their own behaviour cannot be brought into question, does not appear to encourage this and be aware that such infatuations may carry a risk of their words or actions being misinterpreted.</p> <p>Any practitioner who receives a report, overhears something, or otherwise notices any sign, however small or seemingly insignificant, that an Adult service user has become or may be becoming infatuated with either themselves or a colleague, should immediately report this to their line manager. In this way appropriate early intervention can be taken which can prevent escalation and avoid hurt, embarrassment or distress for those concerned.</p>	<p><i>Consideration should be given to:</i></p> <ul style="list-style-type: none"> • <i>Accepting personal phone number of service user</i> • <i>Accepting social media requests from the service user</i> • <i>Engaging outside the care plan</i> • <i>Agreeing to meet in hours not contracted</i> • <i>Understanding the impact on service users who may have historic mental health needs</i> <p><i>This means that practitioners should:</i></p> <ul style="list-style-type: none"> • <i>report any indications (verbal, written or physical) that suggest an that there may be confusion regarding the nature of the relationship on the part of the Adult.</i> • <i>always maintain professional boundaries</i> <p><i>This means that senior managers should:</i></p> <ul style="list-style-type: none"> • <i>take immediate action where concerns are brought to their attention</i>
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13. Social contact outside of the workplace

It is acknowledged that practitioners who work with Adult service users may on occasion, have genuine, pre-existing friendships and social contact with other members of their family or friendship group.

Practitioners should, however, also be aware that some types of social contact could be perceived as inappropriate and may compromise their position and bring the the organisation into disrepute.(e.g. attending a political protest, circulating propaganda).

If an Adult or a member of their family seeks to establish social contact, or if this occurs coincidentally, the practitioner should exercise her/his professional judgement. This also applies to social contacts made through outside interests or the practitioner’s own family. Some practitioners may, as part of their professional role, be required to support a family member. If that person comes to depend upon the practitioner or seeks support outside of their professional role this should be discussed with senior management and where necessary referrals made to the appropriate support agency.

*This means that practitioners **should**:*

- *advise senior management of any regular social contact they have with family/friends of an Adult which could give rise to concern*
- *inform senior management of any requests or arrangements where family members wish to use their services outside of the workplace (e.g. advice/support) and seek appropriate agreements and approval by management.*

14. Communication (including the use of technology)

Communication with Adult service users, both in the 'real' world and through web based and telecommunication interactions should take place within explicit professional boundaries. This includes the use of computers, tablets, phones, texts, e-mails, instant messages, social media such as Facebook and Twitter, chat-rooms, forums, blogs, websites, gaming sites, digital cameras, videos, web-cams and other hand held devices. (Given the ever changing world of technology it should be noted that this list gives examples only and is not exhaustive.)

Practitioners should not request or respond to any personal information from Adult service users other than which may be necessary in their professional role. They should ensure that their communications are open and transparent and avoid any communication which may be seen to compromise their position.

Practitioners should not give their personal contact details to Adult service users - for example, e-mail address, home or mobile telephone numbers, details of web based identities. If Adult service users locate these by any other means and attempt to contact or correspond, the practitioner should not respond and must report the matter to their manager. The Adult should be respectfully and politely informed that this is not acceptable.

Practitioners should, in any communication, also follow the guidance in Section 9 'Standards of behaviour'.

Practitioners should adhere to their establishment's policies, including those with regard to communication with families and carers and the information they share when using the internet

*This means that practitioners **should**:*

- Only make contact with Adults for the purpose of their work, this should be agreed by managers and the appropriate work equipment, rather than personal equipment should be used.
- not give out their personal details
- *use only equipment and Internet services provided by their agency/organisation*
- *follow their agency/organisation's Acceptable Use policy*
- *ensure that their use of technologies could not bring their employer into disrepute*

15. Physical contact

There might be occasions when it is entirely appropriate for workers to have physical contact with Adults with care and support needs, however, it is crucial that they only do so in ways appropriate to their professional role and in relation to the Adult's individual needs and any agreed care plan.

Not all Adults feel comfortable about certain types of physical contact; this should be recognised and, wherever possible, practitioners should seek the Adult's permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed.

Practitioners should acknowledge that some Adults are more comfortable with touch than others and/or may be more comfortable with touch from some practitioners than others. Practitioners should listen, observe and take note of the Adult's reaction or feelings and, so far as is possible, use a level of contact and/or form of communication which is acceptable to the individual.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one Adult, in one set of circumstances, may be inappropriate in another, or with a different Adult.

Physical contact should never be secretive, or for the gratification of the practitioner, or represent a misuse of authority. If a practitioner believes that an action by them or a colleague could be misinterpreted, or if an action is observed which is possibly abusive the incident and circumstances should be immediately reported to the manager and recorded.

Where appropriate, the manager should consult with the Local Authority Allegations Management Lead for Adults.

Extra caution may be required where it is known that an Adult has suffered previous abuse or neglect. Practitioners need to be aware that the Adult may associate physical contact with such experiences. They also should recognise that some Adults may seek out inappropriate physical contact. In such circumstances practitioners should deter the Adult sensitively and explain the importance of personal and professional boundaries.

A general culture of 'safe touch' should be adopted, where appropriate, to the individual requirements of each Adult.

Adults with disabilities may require more physical contact to assist their everyday activity. The arrangements should be understood and agreed by all concerned, justified in terms of the Adult's needs, consistently applied and open to scrutiny.

*This means that practitioners **should**:*

- *be aware that even well intentioned physical contact may be misconstrued by the Adult, an observer or any person to whom this action is described*
- *never touch an Adult in a way which may be considered indecent*
- *always be prepared to explain actions and accept that all physical contact be open to scrutiny*
- *never indulge in horseplay or fun fights*
- *always allow/encourage Adults, where able, to undertake self-care tasks independently*
- *ensure the way they offer comfort to a distressed Adult is appropriate*
- *always tell a colleague when and how they offered comfort to a distressed Adult*
- *establish the individual preferences of Adults*
- *consider alternatives, where it is anticipated that an Adult might misinterpret or be uncomfortable with physical contact*
- *always explain to the Adult the reason why contact is necessary and what form that contact will take*
- *report and record situations which may give rise to concern*
- *be aware of cultural or religious views about touching and be sensitive to issues of gender*

16. Intimate / personal care

Organisations should have clear intimate / personal care policies which ensure that the health, safety, independence and welfare of Adults is promoted and their dignity and privacy are respected.

Arrangements for intimate and personal care should be open and transparent and accompanied by recording systems. Adults should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. When assistance is required, this should be detailed as part of the Adult's Care Plan.

Where the Care Plan identifies that personal care is required, this should be followed and reviewed in accordance with the organisation's policies and procedures.

Any vulnerability, including those that may arise from a physical or learning difficulty should be considered when formulating the individual Care Plan. The views of the Adult should be actively sought in formulating the plan and necessary regular reviews of these arrangements.

Adults are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. However, there needs to be an appropriate level of supervision in order to safeguard Adults, satisfy health and safety considerations and ensure that bullying or teasing does not occur. This supervision should be appropriate to the needs and capacity of the Adult concerned.

*This means that organisations **should**:*

- *have written Care Plans in place for any Adult who could be expected to require intimate care*
- *Ensure family members/the adult's representatives are aware of any care-plans in place.*
- *ensure that Adults are actively consulted about their own Care Plan*

*This means that practitioners **should**:*

- *Follow Care Plans set out by the organisation*
- *always explain to the Adult what is happening before a care procedure begins*
- *consult with colleagues where any variation from agreed procedure/Care Plan is necessary*
- *record the justification for any variations to the agreed procedure/care plan and share this information with the Adult and when appropriate, their significant others, i.e. family member, friend, carer or advocate.*
- *avoid any visually intrusive behaviour*
- *where there are changing rooms announce their intention of entering*
- *always consider the supervision needs of the Adult and only remain in the room where their needs require this*

*This means that practitioners **should not**:*

- *change or toilet in the presence or sight of an Adult*
- *shower with an Adult*
- *assist with intimate or personal care tasks which the Adult is able to undertake independently*

17. Behaviour management

All Adults have a right to be treated with dignity and respect even in those circumstances where they display difficult or challenging behaviour.

Practitioners should not use any form of degrading or humiliating treatment to punish an Adult. The use of sarcasm, demeaning or insensitive comments towards Adults is completely unacceptable.

Where Adults display difficult or challenging behaviour, practitioners should follow the behaviour policy outlined by their place of work and use strategies appropriate to the circumstance and situation.

Where an Adult has specific needs in respect of in particularly challenging behaviour, an appropriate risk assessment should be in place and, management plan, this should be agreed by all parties.

Senior managers should ensure that any restrictions are recorded and that consideration is given to whether the adult meets the criteria for [Deprivation of Liberty Safeguards](#)/Liberty Protection Safeguards.

The legislation on these strategies is complex and practitioners should take extreme care to avoid any practice that could be viewed as unlawful, a breach of human rights and/or false imprisonment.

*This means that adults **should**:*

- *not use force as a form of punishment*
- *try to defuse situations before they escalate e.g. by distraction*
- *keep family/carers informed of any sanctions or behaviour management techniques used*
- *be mindful of and sensitive to factors both inside and outside of the organisations which may impact on a Adults behaviour e.g. hate crime, bullying, abuse, exploitation or neglect*
- *follow the organisation's behaviour management policy*
- *behave as a role model*
- *avoid shouting at Adults other than as a warning in an emergency/safety situation*
- *comply with legislation and guidance in relation to human rights and Deprivation of Liberty Safeguards.*

18. The use of control and physical intervention

There are circumstances in which practitioners working with Adults displaying extreme behaviours can legitimately intervene by using either non-restrictive or restrictive physical interventions. This is a complex area and organisations must have regard to government guidance and legislation and the policies and practice of their specific organisation.

The use of physical intervention should, wherever possible, be avoided. It should only be used to manage an Adult's behaviour if the organisation are able to provide this type of intervention.

When physical intervention is used it should be undertaken in such a way that it maintains the safety and dignity of all concerned. If the Adult lacks capacity to consent to these interventions then it is likely that a Deprivation of Liberty Safeguard/Liberty protection Safeguard needs to be in place.

Under no circumstances should physical force or intervention be used as a form of punishment.

The use of unwarranted physical force is likely to constitute a criminal offence.

In settings where restrictive physical interventions may need to be employed regularly, i.e. where practitioners are working with Adults with extreme behaviours associated with learning disability or autistic spectrum disorders, the employer should have a policy on the use of such intervention, as part of a wider behaviour management policy. Individual care plans, drawn up in consultation with family/carers and where appropriate, the Adult, should set out the strategies and techniques to be used and those which should be avoided. Risk assessments should be carried out where it is foreseeable that restrictive physical intervention may be required.

In all cases where physical intervention is employed the incident and subsequent actions should be documented and reported. This should include written and signed accounts of all those involved, including the Adult. The family/carers should be informed, as appropriate, on the same day.

*This means that practitioners **should**:*

- *adhere to the organisation's physical intervention policy*
- *always seek to defuse situations*
- *only use physical interventions if trained to deliver this type of intervention.*

*This means that organisations **should**:*

- *Ensure that they are able to deliver this type of intervention, e.g. does the person require a higher level of care?*
- *have a policy on the use of physical intervention in place that complies with government guidance and legislation and describes the context in which it is appropriate to use physical intervention*
- *ensure that an effective recording system is in place which allows for incidents to be tracked and monitored*
- *ensure that practitioners are familiar with and adhere to the policy on physical intervention*
- *ensure that practitioners are appropriately trained*

19. Sexual conduct

All practitioners should clearly understand the need to maintain appropriate boundaries in their contacts with Adults with care and support needs. Intimate or sexual relationships between Adults and the practitioners who work with them will be regarded as a grave breach of trust. Allowing or encouraging a relationship to develop in a way which might lead to a sexual relationship is also unacceptable.

Any sexual activity between a practitioner and the Adult service user with whom they work may be regarded as a criminal offence and will always be a matter for disciplinary action.

Some Adults are protected by specific [legal provisions](#) regardless of whether the Adult service user consents or not.

There are occasions when adults embark on a course of behaviour known as 'grooming' where the purpose is to gain the trust of an individual, and manipulate the relationship so sexual abuse can take place. Practitioners should be aware that consistently conferring inappropriate special attention and favour upon an Adult service user might be construed as being part of a 'grooming' process and as such will give rise to concerns about their behaviour. Practitioners should also be aware of their responsibility to always report to a senior manager any concerns about the behaviour of a colleague which could indicate that an Adult service user is being groomed.

*This means that practitioners **should**:*

- *not have any form of sexual contact with a service user*
- *avoid any form of touch or comment which is, or may be considered to be, indecent*
- *avoid any form of communication with an Adult service user which could be interpreted as sexually suggestive, provocative or give rise to speculation e.g. verbal comments, letters, notes, by email or on social media, phone calls, texts, physical contact*
- *not make sexual remarks to or about an Adult service user*
- *not discuss their own sexual relationships with or in the presence of Adult service users*
- *not discuss sexual matters with or in the presence of Adult service users unless part of their recognised job role*

20. One to one situations

All organisations working with or on behalf of Adults should consider one to one situations when drawing up their policies.

It is not realistic to say that one to one situations should never take place. It is, however, appropriate to state that where there is a need, agreed with a senior manager, for a practitioner to be alone with an Adult, certain procedures and explicit safeguards must be in place. This also applies to those practitioners who do not work as part of an agency or organisation but owe a duty of care to the Adult because of the nature of their work.

Practitioners should be offered training and guidance for the use of any areas of the workplace which may place themselves or Adults in vulnerable situations. This would include those situations where practitioners work directly with Adults with care and support needs in unsupervised settings and/or isolated areas within community settings or in street based projects for example.

One to one situations have the potential to make Adults more vulnerable to harm by those who seek to exploit their position of trust. Practitioners working in one to one settings with Adults may also be more vulnerable to unjust or unfounded allegations being made against them. Both possibilities should be recognised so that when one to one situations are unavoidable, reasonable and sensible precautions are taken.

Every attempt should be made to ensure the safety and security of the Adults with care and support needs and the practitioners who work with them.

There are occasions where managers will need to undertake a risk assessment in relation to the specific nature and implications of one to one work. These assessments should take into account the individual needs of Adult service users and practitioners and any arrangements should be reviewed on a regular basis.

Meetings with Adults outside agreed working arrangements should not take place without the agreement of senior managers.

*This means that practitioners **should**:*

- *ensure that when lone working is an integral part of their role, full and appropriate risk assessments have been conducted and agreed.*
- *Avoid meeting with an Adult in remote, secluded areas.*
- *Always inform other colleagues about the contact(s) beforehand, assessing the need to have them present or close by*
- *avoid use of 'engaged' or equivalent signs wherever possible. Such signs may create an opportunity for secrecy or the interpretation of secrecy*
- *always report any situation where an Adult becomes distressed or angry to a senior colleague*
- *carefully consider the needs and circumstances of the Adult when in one to one situations*

*This means that organisations **should**:*

- *provide clear guidance on one to one working.*
- *Undertake appropriate risk assessments - examples of risk assessments can be viewed on the Health and Safety Executive (HSE) website at www.hse.gov.uk/risk/casestudies.*

21. Home visits

There are practitioners for whom home visits are an integral part of their work. In these circumstances it is essential that appropriate policies and related risk assessments are in place to safeguard Adults and the practitioners who work with them.

A risk assessment should include an evaluation of any known factors regarding the Adult and others living in the household.

Risk factors such as hostility, domestic/financial abuse/safeguarding concerns, complaints or grievances can make practitioners more vulnerable to an allegation. Specific consideration should be given to visits outside of 'office hours' or in remote or secluded locations.

Following an assessment, appropriate risk management measures should be in place before visits are agreed. These risk management measures should include a decision on whether it is appropriate for a single worker to conduct the home visit or whether they need to be accompanied by another colleague/s.

There will be occasions where risk assessments are not possible or not available, e.g. when emergency services are used. In these circumstances, a record must always be made of the circumstances and outcome of the home visit. Such records must always be available for scrutiny.

Under no circumstances should a practitioner visit an Adult in their home outside agreed work arrangements or invite an Adult to their own home or that of a family member, colleague or friend. If in an emergency, such a one-off arrangement is required, the practitioner must have a prior discussion with a senior manager and a clear justification for such arrangement is agreed and recorded.

*This means that practitioners **should**:*

- *agree the purpose for any home visit with senior management, unless this is an acknowledged and integral part of their role e.g. social workers*
- *adhere to agreed risk management strategies*
- *always make detailed records including times of arrival and departure and work undertaken*
- *ensure any behaviour or situation which gives rise to concern is discussed with their manager and, where appropriate action is taken*

*This means that employers **should**:*

- *ensure that they have home visit and lone-working policies of which all practitioners are made aware. These should include arrangements for risk assessment and management*
- *ensure that all visits are justified and recorded*
- *ensure that practitioners are not exposed to unacceptable risk*
- *ensure that practitioners have access to a mobile telephone and an emergency contact person*

22. Transporting Adults

<p>There may be occasions when practitioners are expected or asked to transport Adults as part of their duties. As for any other activity undertaken at work, the employer has a duty to carry out a risk assessment covering the health and safety of their staff and to manage any known risks</p> <p>Wherever possible and practicable it is advisable that transport is undertaken other than in private vehicles and with at least one practitioner additional to the driver acting as an escort.</p> <p>Any transport in private vehicles should be part of a written care plan.</p> <p>Practitioners should ensure that their behaviour is safe and that the transport arrangements and the vehicle meet all legal requirements. They should ensure that the vehicle is roadworthy and appropriately insured and that the maximum carrying capacity is not exceeded.</p> <p>It is a legal requirement that all passengers wear seatbelts and the driver should ensure that they do so.</p> <p>Practitioners should never offer to transport Adult service users outside of their normal working duties, other than in an emergency or where not doing so would mean the Adult may be at risk. In these circumstances the matter should be recorded and reported to their manager and where appropriate to the Adult's family/carers.</p>	<p><i>This means that all organisations should:</i></p> <ul style="list-style-type: none"> ▪ <i>have appropriate policies for transporting Adults with care and support needs.</i> <p><i>This means that practitioners should:</i></p> <ul style="list-style-type: none"> ▪ <i>ensure they are fit to drive and free from any drugs, alcohol or medicine which is likely to impair judgement and/ or ability to drive</i> ▪ <i>be aware that the safety and welfare of the Adult is their responsibility while they are travelling with them.</i> ▪ <i>record details of the journey in accordance with agreed procedures</i> ▪ <i>ensure that their behaviour is appropriate at all times</i> ▪ <i>ensure that there are proper arrangements in place to ensure vehicle, passenger and driver safety. This includes having proper and appropriate insurance for the type of vehicle being driven</i> ▪ <i>ensure that any impromptu or emergency arrangements of lifts are recorded and can be justified if questioned</i> ▪ <i>understanding that service user's vehicles are for the use of the service user, not the staff</i>
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23. Trips and Outings

<p>Practitioners should take particular care when supervising Adults on trips and outings, where the setting is less formal than the usual workplace. Practitioners remain in a position of trust and need to ensure that their behaviour remains professional at all times and stays within clearly defined professional boundaries.</p> <p>The Management of Health and Safety at Work Regulations (1999) impose a duty on employers to produce suitable and sufficient risk assessments. This would include assessment of any risks to employees, Adult service users or others during trips and outings, and the measures that should be taken to minimise these risks.</p> <p>Where activities include overnight stays, careful consideration needs to be given to sleeping arrangements. Adults should be informed of these prior to the start of the trip. In all circumstances, those organising trips and outings must pay careful attention to ensuring there is a safe staff/Adult service user ratio and suitable gender mix of staff.</p>	<p><i>This means that practitioners should:</i></p> <ul style="list-style-type: none"> ▪ <i>always have more than one practitioner present in out of workplace activities, unless otherwise agreed with a senior manager</i> ▪ <i>undertake risk assessments in line with their organisation's policy</i> ▪ <i>have Adult service user consent to the activity</i> ▪ <i>ensure that their behaviour remains professional at all times (see sections 4 & 7)</i> ▪ <i>never share beds with Adult service users .</i>
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24. First Aid and administration of medication

<p>Health and Safety legislation places duties on all employers to ensure appropriate health and safety policies and equipment are in place and an appropriate person is appointed to take charge of first aid arrangements. Any employee may volunteer to undertake this task but it is not a contractual requirement and appropriate training should be given before an individual take on a role which may require administering medication.</p> <p>It is expected that practitioners working with Adults with care and support needs should be aware of basic first aid techniques. It is not however, a contractual requirement and whilst practitioners may volunteer to undertake such tasks, they should be suitably trained and qualified before administering first aid and/or agreed medication.</p> <p>When administering first aid, whenever possible, practitioners should ensure that another colleague is aware of the action being taken.</p>	<p><i>This means that practitioners should:</i></p> <ul style="list-style-type: none"> ▪ <i>adhere to the organisation's policy for administering first aid or medication</i> ▪ <i>comply with the necessary reporting requirements</i> ▪ <i>make other practitioners aware of the task being undertaken</i> ▪ <i>explain to the Adult service user what is happening.</i> ▪ <i>always act and be seen to act in the Adult's best interests</i> ▪ <i>report and record any administration of first aid or medication</i> ▪ <i>have regard to any health care plan which is in place</i>
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<p>In circumstances where Adult service users need medication regularly, a care plan will be in place. Practitioners should promote people’s independence and ability to self-care. Depending on the capacity of the Adult , they should, where appropriate, be encouraged to self- administer medication or treatment, including, for example, the use of ointments, sun creams or inhalers.</p> <p>Practitioners taking medication which may affect their ability to care for Adult service users should seek medical advice regarding their suitability to do so and organisations should ensure that they only work directly with</p> <p>Adults if that advice confirms that the medication is unlikely to impair their ability to do so effectively.</p> <p>Risk assessment is likely to recommend that staff medication on the premises must be securely stored at all times.</p>	
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25. Photography, videos and other images

<p>Working with Adults may involve the taking or recording of images.</p> <p>Any such work should take place with due regard to the law and the need to safeguard the privacy, dignity, safety and wellbeing of Adult service users.</p> <p>Under no circumstances should practitioners be expected or allowed to use their personal equipment to take images of Adult service users at or on behalf of their employer/organisation.</p> <p>Organisations should have arrangements with regard to the taking and use of images, which is linked to their safeguarding policy. This should cover the wide range of devices which can be used for taking/recording images e.g. cameras, mobile-phones, smart phones, tablets, web-cams etc.</p> <p>Whilst images are regularly used for very positive purposes practitioners need to be aware of the potential for these to be taken and/or misused or manipulated for pornographic or 'grooming' purposes. Particular regard needs to be given when images are taken of Adults who may be unable to question why or how the activities are taking place.</p> <p>Adult service users who have been previously abused in a manner that involved images may feel particularly threatened by the use of photography, filming etc.</p>	<p><i>This means that practitioners should:</i></p> <ul style="list-style-type: none"> ▪ <i>only use equipment provided or authorised by the organisation</i> ▪ <i>be clear about the purpose of the activity and about what will happen to the images when the activity is concluded</i> ▪ <i>be able to justify images of Adult service users in their possession</i> ▪ <i>avoid making images in one to one situations or which show a single Adult with no surrounding context</i> ▪ <i>ensure the Adult understands why the images are being taken and has agreed to the activity and that they are appropriately dressed.</i> ▪ <i>report any concerns about any inappropriate or intrusive photographs found</i> ▪ <i>always ensure they have obtained informed consent to take and/or display photographs</i> <p><i>This means that practitioners should not:</i></p> <ul style="list-style-type: none"> ▪ <i>use personal mobile telephones to take images of Adult service users</i> ▪ <i>display or distribute images of Adult service users unless they have their consent to do so</i>
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Practitioners should remain sensitive to any Adult who appears uncomfortable and should recognise the potential for misinterpretation. Any such concerns should be discussed with the Designated Safeguarding Officer.

Informed, written consent from Adult service users should always be sought before an image is taken for any purpose if the individual has capacity to consent to this.

If the service user lacks capacity to consent then a decision needs to be made as to whether this is in the service users 'best interests.' *Mental Capacity Act guidelines*. The service user may have an authorised family member who holds Health and Welfare who can be consulted and agree such matters, they should be consulted for all such welfare decisions.

Careful consideration should be given as to how activities involving the taking of images are organised and undertaken. Care should be taken to ensure that all parties understand the implications of the image being taken especially if it is to be used for any publicity purposes or published in the media, or on the Internet.

For the protection of Adult service users, it is recommended that when using images for publicity purposes that the following guidance should be followed:

- if the image is used, avoid naming the Adult, (or, as a minimum, use first names rather than surnames)
- if the Adult is named, avoid using their image
- organisations should establish whether the image will be retained for further use, where and for how long
- images should be securely stored and used only by those authorised to do so.

- *use images which may cause distress*
- *take images 'in secret', or taking images in situations that may be construed as being secretive.*

26. Exposure to inappropriate images

Organisations should take extreme care to ensure that Adult service users are not exposed, through any medium, to inappropriate or indecent images.

There are no circumstances that will justify an Adult possessing indecent images of children. Adults who access and possess links to such websites will be viewed as a significant and potential threat to the service users they are working with.

Accessing, making, downloading, possessing or distributing indecent images or pseudo-images of children (child abuse images), whether using the organisation's or personal equipment, on or off the premises, is illegal. This will lead to criminal investigation.

In the event of any indecent images of children/young people or unsuitable material being discovered on a device the equipment should not be tampered with in any way. It should be secured and isolated from the network, and the police and Local Authority Allegations Management Lead for Adults should be immediately informed.

Practitioners should not attempt to investigate the matter or evaluate the material themselves as this may lead to a contamination of evidence and a possibility they will be at risk of prosecution themselves.

*This means that organisations **should***

- *have clear e-safety policies in place about access to and use of the internet by staff volunteers and Adult service users.*
- *Consider the use of password protected use of the internet whilst using work devices to enable tracking appropriate use.*
- *make guidance available to practitioners and Adult service about appropriate usage.*

*This means that practitioners **should**:*

- *follow their organisation's guidance on the use of IT equipment*
- *ensure that Adult service users cannot access/be exposed to unsuitable material on the organisation's internet*
- *ensure that any films or material shown to Adult service users are appropriate*

27. Personal Living Accommodation including on site provision.

<p>Staff should not invite Adult service users to their living accommodation. If this does occur follow section 13. Social contact outside of the workplace guidance.</p> <p>It is not appropriate for practitioners to be expected or requested to use their personal living space for any activity, learning, counselling or support. Managers should ensure that appropriate accommodation for such activities is found within the setting or other workplace.</p> <p>Adult service users should not be asked to assist with jobs or tasks either with or without reward at or in staff's personal or private accommodation.</p> <p>In employment and jobs where personal living space is used the appropriate checks, risk assessments and safe working guidelines for inspection should be followed.</p>	<p><i>This means that practitioners should;</i></p> <ul style="list-style-type: none"> • <i>Maintain their privacy at all times being mindful of personal and professional boundaries.</i> • <i>Be mindful not to place themselves in vulnerable situations</i> • <i>Refuse requests for their personal living accommodation to be used for work purposes.</i> • <i>Not ask Adult service users to undertake 'jobs' or 'errands'</i> • <i>Report to management any contact that an Adult service user might initiated at their personal living accommodation so this can be dealt with appropriately.</i>
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28. Topic Specific Work/ projects

<p>Many areas of work can include exploring subject matter that is explicit or of a political or religious sensitive nature. Care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to strategies / subject plans – which should also include risk assessments regarding the responses to the subject matter.</p> <p>This work can be supported by setting ground rules to create safe environments to explore more sensitive issues.</p> <p>Topics can sometimes lead to unplanned discussions of a sensitive nature. Responding to questions and debate requires careful judgement and staff should take guidance in these circumstances from their organisation's safeguarding lead.</p> <p>Organisations should have supporting policies and statements on their involvement in any spiritual, moral, social, cultural, sex & relationship education topic work which should be in line with laws and guidance available.</p>	<p><i>This means that practitioners should;</i></p> <ul style="list-style-type: none"> • <i>Have clear session plans that adhere to organisational guidance for the relevant topic areas.</i> • <i>Have sought appropriate consent.</i> • <i>Clearly be able to link the topic based work to the organisations strategies and plans to cover the topic in question.</i> • <i>Follow appropriate lone working policies if this includes 1 to 1 topic based work.</i> <p><i>This means that practitioners should not;</i></p> <ul style="list-style-type: none"> • <i>Overstep personal or professional boundaries when covering topic based areas.</i> • <i>Enter into or encourage inappropriate discussions which may offend or harm others.</i> • <i>Undermine laws and guidance covering these topic areas.</i> • <i>Attempt to impose their personal values attitudes or beliefs on Adult's with care and support needs.</i>
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29. Whistleblowing

<p>Whistleblowing is the mechanism by which practitioners can voice their concerns, made in good faith, without fear of repercussion. Each employer should have a clear and accessible whistleblowing policy that meets the terms of the Public Interest Disclosure Act 1998. Practitioners who use whistle blowing procedures should be made aware that their employment rights are protected.</p> <p>Practitioners should recognise their individual responsibilities to bring matters of concern to the attention of senior management and/or relevant external agencies and that to not do so may result in charges of serious neglect on their part where the welfare of Adults may be at risk</p>	<p><i>This means that organisations should:</i></p> <ul style="list-style-type: none"> ▪ <i>have a whistleblowing policy in place which is known to all</i> ▪ <i>ensure that they have clear procedures for dealing with allegations against practitioners which are in line with the Rochdale Borough Safeguarding Adult Board Procedures</i> <p><i>This means that practitioners should:</i></p> <ul style="list-style-type: none"> ▪ <i>report any behaviour by colleagues that raises concern regardless of source</i>
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30. Sharing concerns and recording incidents

<p>Practitioners should be aware of their organisation's safeguarding procedures, including the procedures for dealing with allegations against staff and volunteers. In the event of an allegation being made, by any person, or incident being witnessed, the relevant information should be immediately recorded and reported to a senior manager without delay.</p> <p>Practitioners should always feel able to discuss with their line manager any difficulties or problems that may affect their relationship with or behaviour towards Adult service users, so that appropriate support can be provided and/or action can be taken.</p> <p>It is essential that accurate and comprehensive records are maintained wherever concerns are raised about the conduct or actions of practitioners working with or on behalf of Adults at risk of abuse and neglect.</p>	<p><i>This means that practitioners should:</i></p> <ul style="list-style-type: none"> ▪ <i>be familiar with their organisation's system for recording concerns</i> ▪ <i>know how to contact the Local Authority Allegations Management Lead for Adults and regulatory body directly if required</i> ▪ <i>take responsibility for recording any incident, and passing on that information where they have concerns about any matter pertaining to the welfare of an individual in the workplace</i> <p><i>This means that organisations should:</i></p> <ul style="list-style-type: none"> ▪ <i>have an effective, confidential system for recording and managing concerns raised by any individual regarding conduct of practitioner/s and any allegations against staff and volunteers</i>
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Appendix 1

Rochdale Borough Safeguarding Self-Assessment – can be used by any agency or organisation.

The following standards are adapted from the statutory guidance for schools and colleges (Keeping Children Safe in Education 2021) and the archived Government Office North West [Guidance for Safer Working Practice for Adults who Work with Children and Young People](#).

The Self-Assessment can be used by agencies to audit their safer working practices.

Standard	Evidence	Notes
All establishments must ensure they have a Designated Safeguarding Lead for Adults and Safeguarding within their establishments, who must have attended the RBSAB Safeguarding Adults training (the date of the training should be recorded). The Local Authority must be notified of any changes in your Designated Safeguarding Lead personnel. A designated person should be identified to deputise when the Designated Safeguarding Lead is not available.		
The Designated Safeguarding Lead should have regular supervision to ensure procedures are followed and all concerns are recorded and handled in a timely manner. The Designated Safeguarding Lead should be registered on the RBSAB website in order to receive regular updates on training and local issues and should undertake training on Safeguarding Supervision in order to provide safeguarding supervision to staff that have responsibility for Adult safeguarding.		
The organisation should have a robust induction process for all staff and volunteers that includes familiarisation with safeguarding policies and procedures including a copy of the safer working practices policy. Safeguarding Adults training should be included in induction programmes for all new staff and volunteers. All Staff within an organisation must understand when and how to raise a concern/make a referral to Adult Social Care.		
All senior staff must ensure they are up-to-date with changes in statutory requirements and new, evidence-based, ways of working and that these changes are disseminated. Organisations should provide training which enhances staff awareness of race, culture and disability and the impact they have on family life. Organisations need to ensure that all new policies, guidance and legislation regarding Adult safeguarding is incorporated into regular training and briefings and disseminated appropriately to staff.		

Organisations should ensure that outcomes and findings from Safeguarding Adult Reviews, case file audit & inspections are disseminated to appropriate staff and volunteers. There should be the implementation of an annual appraisal process which includes a review of each member of staff's role and their skills, competencies and knowledge around Adult safeguarding, any safeguarding training gaps should be identified in the appraisal process and are filled.		
Organisation must ensure all staff attends Single Agency and whole staff Adult safeguarding training every three years and must ensure clear arrangements are in place for staff that are absent during training		
Organisations need to ensure their Adult Safeguarding Policy is reviewed annually with reports to the governing body and that there is clear guidance available to all staff that includes information about the safeguarding Policy and who to contact in the within the organisation. Organisations need to evidence that all Adult Safeguarding concerns are appropriately reported and the information should be recorded internally that information has been shared and that referrals are stored confidentially with clear action recorded.		
Organisations should ensure there are structures in place to challenge and escalate to senior managers if the outcomes to referrals are not provided.		
Organisations should ensure they have clear policies around Staff Conduct, Professional Behaviour, Safer Working Practice, Physical intervention and whistle-blowing procedures, these should be reviewed regularly and the date of review recorded.		
Organisations should ensure mechanisms are in place to evidence they have all received basic Adult safeguarding training and that all staff are provided updates on safeguarding procedures.		
Organisation should have mechanisms in place to evidence that their establishment is one in which Adult service users are valued, empowered, treated with respect and compassion and can access the help and support that they require.		
Organisations should ensure that their staff create and use opportunities to encourage Adult service users to communicate about the issues that concern them and be able to provide evidence as to how they achieve this.		
Organisations should ensure that they can clearly evidence what support is available to Adult service users , including any who are at particular risk or who have disclosed abuse and that this information is clearly and confidentially recorded and shared appropriately.		
Organisations should ensure they have policies and procedures in place to address of homophobic and racist behaviour are challenged, logged, monitored and reported where appropriate and that training opportunities are provided to staff to tackle racist and homophobic behaviour.		
Organisations should ensure they have robust procedures for the secure handling of sensitive data by all members of staff, this should include ensuring systems are in place to manage confidential information,		

including the electronic transfer of confidential and sensitive information is secure. All staff should be made aware of data protection and the sharing of information.		
Organisations should have policies and procedures in place to include and encourage parents and carers to communicate about issues that concern them, including parents from BME communities		
Organisations should have a recruitment policy in place in line safer recruitment practice.		
Organisations should ensure they have single central record of staff and other practitioners working in the establishment.		
For organisations that contract regular services they must check that the contractors have a safer recruitment policy in place that have been witnessed by the organisation contracting the service, including DBS checks on those that will be directly working with Adults at risk of abuse or neglect.		
All organisations should have clear procedures for dealing with allegations of abuse against staff, volunteers, or visitors, organisations should be able to provide evidence how they ensure practitioners are aware of these procedures.		
Organisations should ensure that they are pro-active and effective in promoting links with relevant agencies, and should be able to clearly evidence clear communications with other relevant agencies and services.		

