



Safeguarding Adults at Risk

Purpose

The purpose of this policy is to ensure that all staff, trustees, freelance workers and volunteers at The Bureau recognise and accept their responsibilities to develop awareness of the issues which cause harm to at risk groups and act appropriately and effectively on any suspicion or evidence of abuse or neglect, passing on their concerns to a responsible person or agency.

The policy relates to all adults at risk regardless of age, gender, ethnicity, disability, sexual orientation, religion, pregnancy and maternity, marriage and civil partnership whether visiting The Bureau, working as volunteers, employees or on work experience.

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)

AND

- Is experiencing, or at risk of, abuse or neglect

AND

- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

(Derbyshire and Derby Safeguarding Adults Policy and Procedures August 2015)

Also Mental Capacity Act 2005 (<http://www.mental-capacity.com/abouttheact/protections/index.html>)

This policy should be read alongside all policies, plans and strategies governing other areas of work within The Bureau.

Key Personnel

Designated Protection Officers:

Trustee Protection Coordinator: Garry Parvin
Chief Officer: Julie Farley
Community Companions: Maggs Winterbottom

Roles and Responsibilities of Protection Officers:

The Trustee Protection Coordinator is responsible for acting as a source of advice on adults at risk protection matters. The Protection Officers are responsible for co-ordinating action within Volunteer Centre Glossop and for liaising with relevant statutory agencies about suspected or actual cases of abuse. Their roles are to:

- establish contact with and liaise with the relevant statutory agencies
- provide information and advice on protection of adults at risk within The Bureau.
- ensure The Bureau's adults at risk policy and procedures are followed and to inform the appropriate statutory agencies of relevant concerns
- ensure that appropriate information is available at the time of referral and that referral is confirmed in writing, under confidential cover
- keep relevant personnel within The Bureau informed about any action taken and any further action required
- ensure that an individual case record is maintained of the action taken by The Bureau, liaison with other agencies and the outcome
- advise The Bureau of adults at risk training needs

Policy

Core Principles

The Bureau adheres to the following guiding principles outlined by The Derbyshire Safeguarding Adults at Risk Partnership Board:

- recognition that the Human Rights Act 1998 applies equally to every person regardless of their age, race, religion, gender, sexuality, disability or immigration status and that people have the right to make decisions for themselves
- knowledge that a lack of capacity, illness, age, race, religion, gender, sexuality, disability or immigration status may severely compromise a person's ability to keep safe
- that information sharing and multi-agency working raises the likelihood that adults at risk will be safeguarded
- a commitment to provide appropriate information to members of the public and training to staff and volunteers
- abuse can take place in any context. It may occur when an adult at risk lives alone or with a relative: It may occur within nursing, residential or day care settings, in hospitals, custodial situations, support services into peoples own homes and other places previously assumed safe or in public places. Abuse can also occur within their own neighbourhood or community.

In order to implement the policy all staff, trustees and volunteers at The Bureau will work:

- to promote the freedom and dignity of the person who has or is experiencing abuse
- to promote the rights of all people to live free from abuse and coercion
- to make every effort to enable vulnerable adults to express their wishes in a way that is appropriate to them. It is also recognised that vulnerable adults at risk may sometimes remain in dangerous situations because the adult refuses any offer of help.
- within the guidance of the Mental Capacity Act 2005 which presumes mental capacity unless a person's apparent comprehension of a situation gives rise to doubt.
- to ensure the safety and well being of people who do not have the capacity to decide how they want to respond to abuse that they are experiencing
- to manage services in a way which promotes safety and prevents abuse
- recruit staff and volunteers safely, ensuring all necessary checks are made
- provide effective management for staff and volunteers through supervision, support and training

The Bureau will:

- ensure that all trustees, staff, volunteers, service users, and carers/families are familiar with this policy and procedures
- work with other agencies within the framework of Derbyshire's Safeguarding Adults Board Policy and Procedures
- act within its confidentiality policy and will usually gain permission from service users before sharing information about them with another agency
- inform service users that where a person is in danger, a child is at risk or a crime has been committed then a decision may be taken to pass information to another agency without the service user's consent
- make a referral to Call Derbyshire / Adult Social Care as appropriate
- endeavour to keep up to date with national developments relating to preventing abuse and welfare of adults
- ensure that the Designated Protection Officers understand his/her responsibility to refer incidents of adult abuse to the relevant statutory agencies (Police/Adult Care)

Procedures

Preventing Abuse

The Bureau is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services it offers and that all those involved within the organisation will be treated with respect.

Therefore this policy needs to be read in conjunction with the following policies:

- Equality and Diversity
- Volunteer Policy
- Complaints
- Whistle Blowing
- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection

The Bureau is committed to safer recruitment policies and practices for paid staff, trustees and volunteers. This may include DBS disclosures for staff and volunteers, ensuring references are taken up and adequate training on Safeguarding Adults is provided for staff and volunteers.

The organisation will work within the current legal framework for reporting staff or volunteers that are abusers.

Recognising Abuse

The Bureau is committed to ensuring that all staff, volunteers and trustees (where appropriate) undertake training to gain a basic awareness of signs and symptoms of abuse.

It needs to be acknowledged that sometimes adults at risk are abused. It should also be acknowledged that 'at risk' people may perpetrate abuse.

Abuse may be carried out deliberately (e.g. by inflicting harm or knowingly not preventing harm) or unknowingly. Abuse may be a single act or repeated acts.

People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

Types of Abuse.

The following types of abuse and neglect are identified within the Care Act 2014, but should not be considered exhaustive:

- *Physical abuse* – includes hitting, shaking, burning, biting, misuse of medication, suffocating, drowning or using excessive force.
- *Domestic Abuse* – an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. Includes psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, Female Genital Mutilation and Forced Marriage.
- *Neglect and acts of omission* - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- *Psychological abuse* – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- *Sexual abuse* – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to

- pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
- *Sexual exploitation* - involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of performing, or others performing on them, sexual activities.
 - *Financial or material abuse* - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
 - *Institutional or organisational abuse* - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
 - *Discriminatory abuse* - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation, pregnancy and maternity, marriage or civil partnership or religion
 - *Self-neglect* – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
 - *Modern slavery* – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Bullying

In addition to the above definitions it is important to recognise the impact and extent of bullying in the lives of at risk people. In an NSPCC study the most common experiences of bullying and discrimination reported by young people were by other young people. Bullying by adults was a less common experience but one in ten children reported this. The most common experiences were:

- Being deliberately embarrassed or humiliated
- Being unfairly treated or verbally abused
- Being ignored or not spoken to.

The Bureau views bullying as another form of abuse.

Identifying Abuse

The following list outlines some ways in which abuse may be identified. This is not an exhaustive list and it is not the responsibility of staff or volunteers to determine if abuse is occurring but to report their concerns. These signs are not always necessarily evidence of abuse and may have innocent explanations. Some disabled people may feel more at risk in making others aware of abuse because of their reliance on the abuser. People are rarely abused by strangers, it is usually someone known to them who has a measure of control over them.

- Changes in behaviour; immediate or over time (e.g., becoming withdrawn or depressed)
- Injuries for which there are no explanations, or the explanation given raises concern
- Fear of certain adults

- Behaves like a much younger person
- Does not socialise and has few friends
- Uses sexually explicit language and actions
- Confuses affection with sexual behaviour and seeks secretive relationships
- Is unresponsive, nervous, attention seeking, aggressive or lethargic
- Appearance deteriorates physically or hygienically
- Seems to be a 'loner' and does not integrate with the group
- A reluctance to participate or go home
- They tell you they are being abused
- A third party tells you they are being abused

Responding to Alleged or Suspected Incidents

Glossop Volunteer Centre recognises that it has a duty to act on reports or suspicions of abuse or neglect.

How to respond if you receive an allegation:

- Reassure the person concerned
- Listen to what they are saying
- Record what you have been told/witnessed as soon as possible
- Remain calm and do not show shock or disbelief
- Tell them that the information will be treated seriously
- Don't start to investigate or ask detailed or probing questions. Ask questions for clarification only, avoiding leading questions e.g. 'Did they ...?' (this assumes they did). Use open questions e.g. 'What happened?', 'Anything else?', 'And?' Allow them to speak in their own words and at their own pace
- Do not push for information, make suggestions or offer alternative explanations
- It is essential that the details of any alleged abuse are recorded correctly and legibly using the recording form, as this could be critical later in the proceedings.
- Do not share the information with other people. The only person you need to inform is the Designated Protection Officer or the referral agency.

If you witness abuse or abuse has just taken place the priorities will be:

- To call an ambulance if required
- To call the police if a crime has been committed
- To preserve evidence
- To keep yourself, staff, volunteers and service users safe
- To inform the Designated Named Person in your organisation
- To record what happened in the safeguarding file in the Community Companions Office at The Bureau.

Procedure for Dealing with Allegations of Abuse

It is **not** The Bureau's or the individual's responsibility to identify and investigate possible instances of abuse. This is the role of the statutory agencies. **It is** a statutory responsibility to report any adult at risk protection concerns.

Under no circumstances should any staff/volunteer attempt to deal with an allegation alone.

Formally record full details of the incident within 24 hours and pass to a Designated Protection Officer. In the case of allegations against any of the Designated Officers reports should be

passed directly to the Chief Officer or the Trustee Protection Co-ordinator. If a member of staff, a volunteer or trustee feels unable to raise this concern with the Designated Named Protection Officer then concerns can be raised directly with Adult Social Care via Call Derbyshire.

Call Derbyshire number - 08456 058 058 or 01629 533190. The phone line is open 24 hours a day, 7 days a week. In an emergency, dial 999.

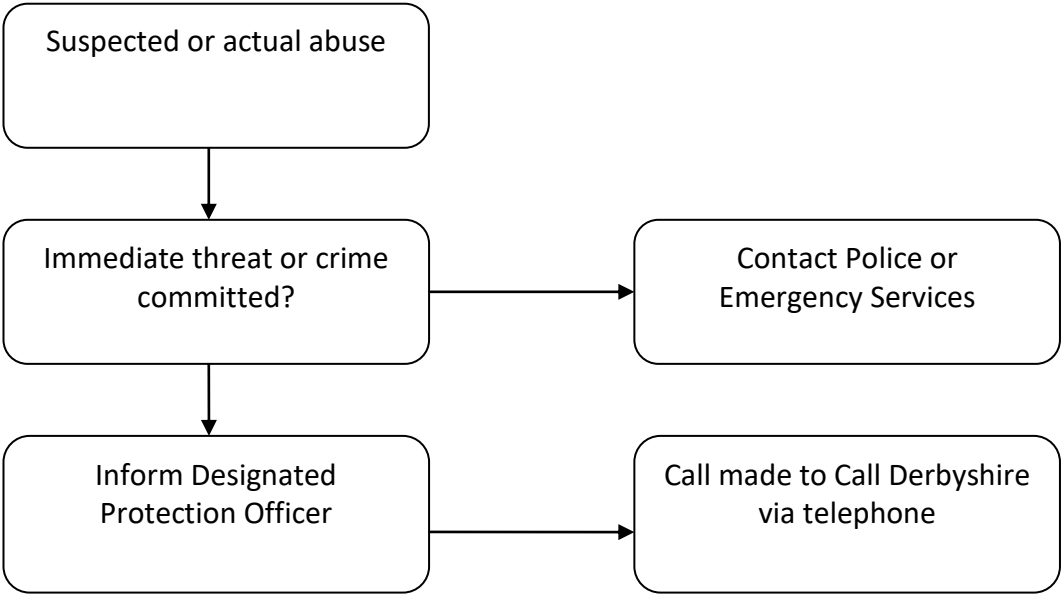
Information will be treated as confidential. The alleged victim will be told that this will happen.

If it is appropriate and there is consent from the individual, or there is a good reason to override consent, such as risk to others, a referral will be made to Adult Social Care.

It is essential that the details of any alleged abuse are recorded correctly and legibly, as this could be critical later in the proceedings.

The Designated Protection Officer may take advice at the above stage from Call Derbyshire on 01629 533190 or 08456 058 058 (the phone line is open 24 hours a day, 7 days a week) or try other advice giving organisations such as Police on 101.

Reporting into safeguarding may be done through making contact with the adult care team at a local DCC area office or through Call Derbyshire on the above number or Derbyshire Police on 101.



Remember:

- Do not try to investigate any suspicion of abuse. Only seek sufficient information to clarify whether a concern should be referred.
- Try not to show shock or disapproval when you are listening
- Do not jump to conclusions, make assumptions or interpretations

- The person may not regard the experience as bad or painful, they may not feel or show any emotion
- Be aware of your own feelings and make sure you have the opportunity to discuss them with someone at a later stage
- Do not destroy any evidence as it may be useful in a court of law
- Initial disclosure, even if retracted, must still be referred
- Only tell those people who need to know

Confidentiality and Sharing of Information

The Bureau adheres to the following principles of confidentiality and information sharing as outlined in the Derbyshire Safeguarding Adults Policy and Procedures.

Adults have the right to expect that any information they give to Volunteer Centre Glossop and other local agencies, will be treated with care and confidentiality. Where a member of staff considers that there is suspected abuse they may need to disclose confidential information to the relevant authority and other agencies. In such a situation every reasonable effort will be made to inform the person at risk that disclosure to a third party will be necessary.

Where such a need is established, disclosure should be on a **'need to know'** basis and limited in terms of the information passed and the third parties to whom it is disclosed. Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within the framework of the Caldicott Principles, the Data Protection Act 1998 and the Human Rights Act 1998.

In order to protect vulnerable adults, it may be necessary to share appropriate information, which would be regarded as confidential in other circumstances. Information about an adult who may be at risk of harm through abuse must be shared within the framework of Derbyshire's Safeguarding Adults Procedure. Staff will need to be able to justify why they are sharing information with another agency. However, the duty to protect an individual or others will in most cases outweigh the need to adhere to data protection and to maintain confidentiality.

Review

This policy will be reviewed every year or as guidance / legislation changes.

Date for Review: May 2017