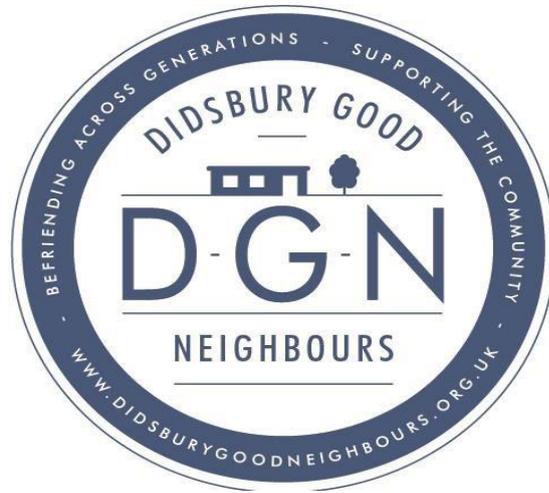


# DIDSBURY GOOD NEIGHBOURS

*Registered Charity: 1145943*



## Safeguarding (Adults) Policy

This policy was adopted on:

Date: 31/1/20

Review Date: 31/1/22

Signed:

Chair of Trustees: Sue Thurston

### **Part1: Policy Statement**

#### **Definitions**

An adult at risk is defined as someone over 16 who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or exploitation."

*Law Commission, 'Making Decisions' Lord Chancellors Dept 1999*

"**Abuse** is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways..."

*Centre for Policy on Ageing (1996)*

## **Aim and scope of this policy**

This policy covers all Trustees, staff and volunteers and areas of work. Its aim is to raise awareness of adult protection issues among Trustees, employees and volunteers and to provide a clear framework for action when abuse is suspected. It is aimed at protecting both the adult at risk and the worker/volunteer.

The primary responsibility of every employee or volunteer is to protect the adult at risk. The responsibility of the organisation is to ensure they are supported in doing so. The policy complies with the Care Act 2014 – Safeguarding adults at risk of abuse and neglect.

## **Responsibilities of the organisation**

- To ensure staff and volunteers are aware and adequately trained
- To notify the appropriate agencies if abuse is identified or suspected
- To support and where possible protect individuals and ensure that all referrals carry full information in relation to identified risk and vulnerability
- To be guided by its Criminal Records Policy in considering the need for disclosure checks

## **Responsibilities of employees and volunteers**

- To be familiar with and follow the policy.
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

## **Support for those who report abuse**

All those making a complaint or allegation or expressing concern, whether they be staff, members, 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.
- If members, they will be given immediate protection from the risk of reprisals or intimidation.
- If Staff they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998.

## **Rights of adults at risk**

The adult at risk has the right:

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously
- To receive fair and respectful treatment throughout
- To be involved in any process as appropriate
- To receive information about the outcome

## ***Part 2: Organisational procedures***

### **Recruitment of staff and Volunteers**

- Risk assessment of role to assess need for DBS Disclosures
- Completion of an application form
- Check references thoroughly including appropriate Disclosure
- All staff and volunteers have a duty to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

### **Training and Guidance**

- Practice Guide for staff
- Familiarisation with policies and procedures during induction
- Access to training through Manchester Safeguarding Adults Board
- Further training, dependent on nature of role, in e.g. risk assessment & management, listening skills

### **Management and Supervision**

It is the line manager's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with adults at risk with whom they may be in contact. Regular supervision for staff and volunteers will monitor the work and offer the opportunity to raise any issues.

### **Record Keeping**

There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person, and will be kept for as long as deemed necessary, in line with Data Protection principles. All incidents should be discussed in supervision with line manager.

Records kept by paid workers about vulnerable adults should only include contacts and referrals made, including date, time, reason and referral agency. (Any specific projects that need to keep more detailed records will be identified by the Coordinator and made known to the team.)

### **Planning**

Wherever possible, paid staff and volunteers should avoid lone working with an adult at risk, but if unavoidable, one to one contact should take place in an environment where other staff or volunteers are present or within sight.

### **Access to an independent person**

Any adult at risk who comes into contact with staff or volunteers regularly should be given information on their right to talk with an independent person, and their name and contact arrangements. This will normally be the Coordinator.

### **Actions and Considerations**

The first priority should always be to ensure the safety and protection of the adult at risk. To this end it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)

- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the adult at risk, offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.
- Where an adult at risk expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the member's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the adult's wishes may be overridden in favour of considerations of safety.
- Decisions to override the adult's wish not to take the matter further should if possible be the product of discussion with appropriate line management.
- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the Coordinator.

REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE. By supporting the adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.

Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

## **Discussion and Decision Making**

Information should be shared with the Coordinator, who must approve any actions to be taken and any documentation or correspondence being sent out.

Employees and volunteers with concerns – whether about a member or a colleague --- should discuss them with their line manager on the same day. If the line manager is not available, then any concerns should be discussed with the Coordinator or the Chair.

The decision to refer or not to refer should be made by the Coordinator. The Chair should be informed.

When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services) the following should be taken into account:

- The wishes of the adult at risk, & their right to self-determination
- The mental capacity of the adult at risk
- Known indicators of abuse
- Definitions of abuse
- Level of risk to this individual (repetition, escalation etc)
- The seriousness of the abuse (extent, duration etc)
- The impact of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation.

## **Mental Capacity and Consent**

The consent of the adult at risk must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests; or
- Others may be at risk; or
- A crime has been committed.

### Summary of Coordinator’s responsibilities

On being informed, the **Coordinator will:**

- Ascertain whether the situation might fall within the definitions of abuse outlined in this policy
- Consider the adult at risk’s capacity to make decisions
- Ascertain whether an advocate or appropriate adult might be necessary
- Ascertain any immediate action required
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures
- Where abuse is suspected conclude that a referral be made to the appropriate agency

### Key contacts for referral or reporting of concerns

- **Adult Social Care: 0161 234 5001.**
- Greater Manchester Police: 0161 872 5050 if the abuse may constitute a crime, or 999 if there is an emergency where delay may result in serious harm to the vulnerable adult.

### Information required for referral

- Name of alleged victim, address, age, gender, ethnic background, principal language spoken, any disability
- Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual
- If appropriate, advice on preferred method or environment when approaching the alleged victim or perpetrator.
- Details of alleged abuse and information about suspicions
- Reasons / background to concerns and therefore this referral
- Details of any protection arrangements which have already been made
- Details of anyone else to whom this referral has also been made
- Details of the alleged perpetrator and if they are a vulnerable adult
- Details of any other professional involved
- Details of carers and any significant family members, neighbours, friends

Information passed on must be relevant, necessary and up to date. Confirm in writing information given verbally.

DO	DON'T
<ul style="list-style-type: none"> <li>▪ Stay Calm</li> <li>▪ Listen patiently</li> <li>▪ Reassure the person they are doing the right thing by telling you</li> <li>▪ Explain what you are going to do</li> <li>▪ Report to relevant Manager</li> </ul>	<ul style="list-style-type: none"> <li>▪ Appear shocked, horrified, disgusted or angry</li> <li>▪ Press the individual for details (unless requested to do so)</li> <li>▪ Make comments or judgements other than to show concern</li> </ul>

DO	DON'T
<ul style="list-style-type: none"><li>▪ Write a factual account of what you have seen, immediately.</li></ul>	<ul style="list-style-type: none"><li>▪ Promise to keep secrets</li><li>▪ Confront the abuser</li><li>▪ Risk contaminating evidence</li></ul>

## **Part 3: Guidance**

### **Examples of abuse**

#### **Physical**

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive.
- Medical/healthcare maltreatment.

#### **Sexual**

- Rape, incest, acts of indecency, sexual assault or harassment.
- Engagement in sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- Exposure to pornographic materials, being made to witness sexual acts.

#### **Psychological or emotional**

- Threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation.
- Bullying, shouting, swearing.

#### **Negligent**

- Ignoring medical or physical care needs; failure to provide access to appropriate health, social care or educational services
- Withholding necessities of life, such as medication, adequate nutrition and heating.

#### **Financial or material**

- Theft, fraud, exploitation; pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

#### **Discriminatory**

- Harassment, slurs or other unfair treatment based on a person's race, sex, or disability.

#### **People who might abuse**

Abuse can happen anywhere and be by anyone e.g. informal carers, family, friends, neighbours; paid staff, volunteers; other members; strangers.

#### **Identification of abuse**

##### **Physical abuse signs**

NB: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries

- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing
- recurring crises/hospital admissions

### **Sexual abuse signs**

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two members found in a toilet area, one in a distressed state

### **Psychological or emotional signs**

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

### **Neglect signs**

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

### **Financial or material signs**

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts

- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets
- Cyber abuse, grooming, long-con

### **Discriminatory signs**

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

### **Other signs of abuse**

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and members.