



Safeguarding Adults at Risk Policy

1 Scope

- 1.1 This policy applies to all staff (including temporary staff), volunteers, contractors and associates who work for Blended People Development Limited. ('we', 'us', 'organisation')
- 1.2 Our safeguarding responsibilities for anyone under 18 years old are set out in our Safeguarding Children Policy.
- 1.3 This policy relates to circumstances where another person is causing harm to the adult at risk. It does not look to address issues of self-neglect, but it does recognise that sometimes self-neglect can be an indicator of safeguarding adult issues.

2 Policy Statement

- 2.1 Safeguarding is everyone's responsibility; for those adults we work with or come into contact with to be safe and for our services to be effective, each employee, volunteer, contractor or associate must play their part in safeguarding vulnerable adults.
- 2.2 Anyone raising a safeguarding concern or alert will be listened to, taken seriously and reassured that their concern will be acted upon.
- 2.3 Safeguarding training will be delivered to all staff (including temporary staff), volunteers, contractors and associates dependent of their level of responsibility and their likelihood of direct or indirect contact with vulnerable adults.
- 2.4 All staff (including temporary staff), volunteers, contractors and associates will have access to a Designated Lead Officer who they can report safeguarding concerns to.
- 2.5 The Designated Lead Officer will maintain safeguarding practices at a strategic level as well as day to day and will be responsible for ensuring the implementation of this policy.



3 Definitions

3.1 Who is an adult at risk of abuse?

An adult at risk is a person aged over 18 years who may be in need of community care services due to mental health issues, learning or physical disability, sensory impairment, illness or age and is or may be unable to take care of him/herself, or unable to protect him/herself against harm or exploitation. (Department of Health – No Secrets Guidance, 2000)

3.2 What does mental capacity mean?

Mental capacity refers to an individual's ability to make decisions for themselves or about their own life. Under the Mental Capacity Act 2005 there are laws governing who can make decisions on someone else's behalf to help safeguard adults at risk.

3.3 What is abuse?

Abuse is a violation of a person's human rights or dignity by any other person or persons. (Department of Health – No Secrets Guidance, 2000) There are many kinds of abuse, which can be carried out deliberately or unknowingly and it may be a single or repeated act.

Abuse includes but is not limited to:

- ❖ **Physical:** Including hitting, slapping, pushing, kicking, squeezing, shaking, suffocating, punching, drowning, burning/scalding, restraint or inappropriate sanctions
- ❖ **Sexual:** Including rape and sexual assault or sexual acts including activities such as looking at or being involved in the production of pornographic material, watching sexual activities or encouraging individuals to behave in sexually inappropriate ways; to which the adult at risk has not consented, could not consent or was pressured into consenting
- ❖ **Psychological:** Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation/belittling, name-calling, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.



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- ❖ **Financial or material:** Including theft, fraud, selling of assets, exploitation, pressure in connection with wills, property or inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits
 - ❖ **Neglect or acts of omission:** Including ignoring medical or physical care needs, failure to provide access to appropriate health care, social care, education services or misuse of medication, adequate nutrition or heating, leaving in soiled clothes, exposing a person to unacceptable risk, omitting to provide or ensure adequate care and supervision
 - ❖ **Discriminatory:** Including racist, sexist behaviour and harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability, and other forms of harassment, slurs or similar treatment
 - ❖ **Institutional abuse:** This can sometimes happen in residential homes, nursing homes or hospitals when people are mistreated because of poor or inadequate care, neglect and poor practice that affect the whole of that service
 - ❖ **Human and Civil Rights:** the denial of or coercive influence on an individual's rights to be registered to vote; the right to be treated as an equal with dignity and respect; the right to speech and movement (where physically possible)

3.4 Who can be an abuser?

The person who is responsible for the abuse may be a stranger but is often well known to the person being abused and could be:

- ❖ A relative/family member
- ❖ Professional/staff member
- ❖ Paid care worker
- ❖ Volunteer
- ❖ Neighbour
- ❖ Friend or associate



3.5 What are the signs?

Some of the following signs might be indicators of abuse or neglect:

- ❖ Multiple bruising or finger-marks
- ❖ Injuries the person cannot give a good reason for
- ❖ Deterioration of health for no apparent reason
- ❖ Loss of weight
- ❖ Inappropriate or inadequate clothing
- ❖ Withdrawal or mood changes
- ❖ An unexplained shortage of money
- ❖ Posting of inappropriate photos, images or videos
- ❖ Suicide notes or good-bye letters
- ❖ Discussion of intentions to undertake risky activities, e.g. self-harm or injury
- ❖ Discussion of illegal activities, e.g. substance misuse
- ❖ Sharing of personal information or pressuring others to share personal information, e.g. email addresses, phone numbers, instant messaging
- ❖ Change in the tone of messages
- ❖ Direct reference to issues of a safeguarding nature, e.g. disclosure of abuse

4 Reporting Allegations or Suspicions of Abuse: staff (including temporary staff), volunteers, contractors and associates

4.1 If an adult discloses concerns/abuse, staff (including temporary staff), volunteers, contractors and associates should:

- ❖ Listen to and acknowledge what is being said
- ❖ Be reassuring and calm
- ❖ Be aware that the person's ability to recount their concern or allegation will depend on age, culture, language and communication skills and disability
- ❖ Not promise full confidentiality



- ◀ Ask their consent to take up their concerns
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- ◀ Explain what you'll do next
 - ◀ Try to encourage and support them to share their information
 - ◀ Not talk to the alleged abuser
 - ◀ Not delay in reporting the abuse – the sooner the abuse is reported after disclosure the better. Details will be fresh in your mind and action can be taken quickly
 - ◀ Consult with your Designated Lead Officer
- 4.2 If a concern or allegation is made about a staff member or volunteer within the organisation: do not inform the person in question as this might prejudice any police investigations. Contact your line manager immediately, who in turn will contact the Designated Lead Officer and/or an organisation Director.
- 4.3 All staff (including temporary staff), volunteers, contractors and associates are responsible for contacting their Designated Lead Officer as a matter of urgency to discuss a concern to reduce any further harm to the vulnerable adult.
- 4.4 The person reporting the concern must complete the Blended People Development Limited's Safeguarding Vulnerable Adults Alert form within 24 hours of the concern being raised.
- 4.5 Staff and volunteers should never feel inhibited to seek advice and guidance about any concern for a vulnerable adult's safety and wellbeing.
5. **Confidentiality**
- 5.1 All clients should be made aware that complete confidentiality is not possible where there is risk of significant harm or abuse to them or any other individual.
- 5.2 Any decision to breach or not to breach confidentiality, together with those reasons for doing so, must be recorded in the Safeguarding Vulnerable Adults Alert Form.



5.3 It is good practice to inform an adult at risk from abuse that a safeguarding referral concerning them is being made where appropriate, dependent on the capacity and understanding of the adult. It should be made clear that this will be a statutory agency that will make a decision about what help and support they need to stay safe.

6. Recording Guidance

6.1 Whenever concerns are raised about an adult at risk, whether through an allegation or the observation of a set of circumstances, it is crucial to make and keep an accurate record.

6.2 The following guidance should be followed:

- ❖ Whenever possible and practical, take notes during any conversation
- ❖ Ask for consent to do this and explain the importance of recording information
- ❖ Explain to the person giving you the information that they can have access to any information about them
- ❖ Where it is not appropriate to take notes at the time, make a written record as soon as possible afterwards and always before the end of the day
- ❖ Record the time, date, location, format of information (e.g. letter, telephone call, direct contact) and the persons present when the information was given
- ❖ Include as much information as possible but be clear about which information is fact, hearsay, opinion and do not make assumptions or speculate
- ❖ Include the context and background leading to the concern or disclosure
- ❖ Include full details of referrals to Adult Social Care and the Police
- ❖ Pass all original records to the Designated Lead Officer



7 Safe Recruitment

- 7.1 We follow rigorous procedures throughout the recruitment and selection of staff and volunteers.
- 7.2 Disclosure and Barring Service (DBS) checks are completed on all relevant persons when recruiting staff and volunteers to work in a 'regulated' activity. These are reviewed every three years.

8 Designated Lead Officer

- 8.1 The DLO for Blended People Development is Laura Broome. Telephone 01603 733006, email laurab@cakepd.co.uk
- 8.2 In the DLO's absence all contact for report concerns should go to the directors.

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