# Felixstowe Youth Development Group



## Policy Number 32

**SAFEGUARDING ADULTS AT RISK**

**POLICY AND PROCEDURES**

**(Issue 10 – June 2022)**

**Approved by Trustees on\_\_20/09/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Registered Charity Number: 1102380

**Registered Address: 2nd Floor, 54 Cobbold Road, Felixstowe, IP11 7EL**

**SAFEGUARDING ADULTS AT RISK**

**1. POLICY**

* 1. **Declaration of Rights**

Level Two Youth Project recognises that, under the Human Rights Act 1998 and the Care Act of 2014 it has a duty for the care and protection of adults at risk.

Whilst acknowledging that some people are more vulnerable to abuse than others because they are disempowered within society, it is also understood that some people may be additionally susceptible because of disability, age, impairment or illness.

Therefore the key principles which underpin the policy and procedures ensure that:

* Every person has the right to live a life free from abuse, exploitation and neglect.
* Adults at risk of abuse must be made aware of their rights and given information, advice and support, and must be encouraged and enabled to access protection from the law and legal processes.
* Every effort must be made to promote the well-being, security and safety of adults at risk of abuse consistent with their rights, mental capacity and personal choices.
* In most cases, the adult at risk of abuse should be the person who decides on the chosen course of action, whilst being given all possible support to do so.
* In some cases, an adult with mental capacity may choose to remain in an abusive environment or situation. In these cases it is still extremely important to consider what advice and support can be offered to reduce their risk from harm.

One of the key changes in the Care Act 2014 is the introduction of a duty to promote the wellbeing of adults. Wellbeing is described as:

• Personal dignity including respect

• Physical and mental health and emotional wellbeing

• Protection from abuse and neglect

• Control by the individual over their day-to-day life (including over care and support provided and the way it is provided)

• Participation in work, education, training or recreation

• Social and economic wellbeing

• Domestic, family and personal relationships

Every effort will be made to promote the well-being, security and safety of adults at risk of abuse consistent with their rights, mental capacity and personal choices.

* 1. **Level Two Interpretation**

Level Two Youth Project will ensure that:

i) All staff, (paid and unpaid) are committed to the importance of safeguarding and promoting the welfare, security and safety of vulnerable people consistent with their rights, capacity and personal choices, and prevent abuse occurring wherever possible.

ii) All members of staff who have contact with vulnerable adults and/or families, have a clear understanding of the responsibilities for safeguarding and know how to report any concerns or information that they have which indicates that an adult is, or may be, experiencing abuse. Practice will be compliant with Suffolk Safeguarding Partnership.

iii) Staff have a duty of care to protect service users from harm.

iv) Where there is a safeguarding concern staff can & will keep information about abuse confidential, what they will not do is keep it secret. They must make it clear to anyone who shares such information with them that they will have to pass it on.

v) All Level Two Youth Project Policies and Procedures will be followed.

vi) Six key principles underpin all adult safeguarding work:

* Principle 1 Empowerment – Personalisation and the presumption of person-led decisions and informed consent.
* Principle 2 Prevention – It is better to take action before harm occurs.
* Principle 3 Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
* Principle 4 Protection – Support and representation for those in greatest need, being mindful of the Mental Capacity Act.
* Principle 5 Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
* Principle 6 Accountability – Accountability and transparency in delivering safeguarding.

**2. PROCEDURE**

**2.1 Purpose**

This procedure establishes the guidelines to be followed by Level Two Youth Project staff (paid and unpaid), for the protection of everyone who comes into contact with our service, including staff, volunteers, parents & professionals. All adults at risk have a right to protection and their welfare is paramount.

Section 3.1 sets out some of the ways in which abuse of Adults at Risk may be recognised and Section 3.2 shows how to respond in situations where disclosure has taken place.

Level Two Youth Project undertakes to ensure that all staff (including volunteers) are appropriately trained in safeguarding and understand their safeguarding responsibilities and that of their colleagues.

Every effort will be made to promote the well-being, security and safety of adults at risk of abuse consistent with their rights, mental capacity and personal choices.

**2.2 Persons Affected**

* All staff, paid and unpaid, this includes volunteers
* All service users
* All visitors and contractors

**2.3 Responsibilities**

All members of staff (paid and unpaid) are required to report any suspected abuse to the Designated Safeguarding Lead (DSL).

The DSL will ensure that adults are safeguarded from harm. They are responsible for checking reports of abuse and if needed, check that other appropriate external bodies have been informed.

The DSL Contact details are: -

Project Manager Shez Hopkins (07724356723)

Management Board Safeguarding Officer Rosie Smithson (07388814978)

**2.4 Level Two Youth Project Requirements**

* + 1. **Protection**

Level Two staff will ensure that everyone who comes into contact with our service, including staff, volunteers, parents & professionals are protected from harm.

This procedure establishes the guidelines to be followed by Level Two Youth Project staff (paid and unpaid), for the protection of Handling a Safeguarding Situation.

Where there is a safeguarding concern staff can & will keep information about abuse confidential, what they will not do is keep it secret. They must make it clear to anyone who shares such information with them that they will have to pass it on & follow this procedure.

* Take any immediate action needed to safeguard the health or safety of the person for whom there is concern or anyone else who may be at risk.
* If an adult is in immediate danger the police must be contacted.
* Suffolk Police have a 24 / 7 response to all abuse
* Call 999 if emergency or call 101 to make a Self-referral/direct referral. Also see [www.suffolksp.org.uk](http://www.suffolksp.org.uk) for other contacts & support services. The Safeguarding Lead must also be informed immediately.
* Once the Police & Safeguarding Lead have been informed then Suffolk County Council Adult Social Services must be informed via the Customer First service (see para 2.4.4).
* All details and information must be recorded clearly including dates and times when events took place. Facts and opinion should be clearly differentiated.
* Further guidance from Suffolk Safeguarding Partnership is given in Section 3.

**2.4.3 Timescales**

* All records should be made as soon as possible after an event and ideally, within 24 hours.
* All cases in which there is reason to believe that an adult is at immediate risk, or in danger of abuse, or is a victim of criminal activity must be reported immediately.
* Concerns arising as a result of a suspicion, worry, allegation, or disclosure of abuse should be reported to the Safeguarding Lead with in 24hrs.

**2.4.4 Reporting**

Reporting a concern accurately and with sufficient detail is essential. This means:

* Make a note of the date, time and setting in which the concern, allegation or disclosure refers to.
* Record what was said using the adult at risk’s own words.
* Record all information as soon as possible, but no later than 24 hours after the concern or incident was disclosed.
* This record should be saved on the Drive & shared with the DSL.
* Remember that records and notes may be required as part of any subsequent legal action or disciplinary procedures.
* If the situation cannot be resolved within Level Two (e.g. because help is required from a partner agency), see [www.suffolksp.org.uk](http://www.suffolksp.org.uk)for referral forms accessed through the safeguarding portal referral pages.
* Forward referral forms to: - Adult Safeguarding Portal earlyhelpportal.suffolk.gov.uk

The MASH consultation Line for professionals: - 0345 6061499 Mon – Thurs, 9am to 5pm & Fri: 9:00 - 4:25pm.

**PREVENT -** All staff will be aware of the Governments PREVENT strategy, which aims to reduce the risk of radicalisation and extremism. See Appendix 2 for referral form. When in doubt, or staff need support they should speak with the DSL, or a member of the SLT.

**Managing Allegations against staff in a Position of Trust** – This includes Level Two Youth Project Staff, (including contractors and volunteers). If an allegation is made, this must report to the Project Manager in the first instance, within 24hrs. If the Project Manager is the alleged perpetrator, the complainant must be advised to report to another Designated Safeguarding Lead or the Safeguarding Trustee. All allegations must be dealt with at the earliest opportunity. These concerns will need to be reported via the Suffolk Position of Trust Concerns (POT) Form. To make a POT please email [positionoftrust@suffolk.gov.uk](mailto:positionoftrust@suffolk.gov.uk) and ask for a POT form. Alternatively contact the MASH Consultation line who will forward a POT form.

* When a person’s conduct towards an adult may impact on their suitability to work with or continue to work with children, this must be referred to the Local Authority’s Designated Officer (LADO)
* DBS checks are renewed in accordance with current legislation (3 years at present).

**2.5. Definitions**

**2.5.1 Adult at Risk**

Anyone can become an adult at risk; therefore this policy / procedures are there for all adults who come into contact with our services. Some adults’ maybe more vulnerable to risk as a result of many issues, these could include:-

* A mental health problem or mental illness
* A physical disability
* Drug and alcohol related problems
* A sensory impairment
* A learning difficulty
* A physical illness
* An acquired brain injury
* Are frail

# 2.5.2 Abuse

This will include all forms of harm and mistreatment. Such abuse is a violation of an individual’s human or civil rights by any other person or persons. It is a single or repeated act or omission, occurring within a personal or other close relationship where there is an expectation of trust, which causes harm to a vulnerable adult. Abuse concerns the misuse of power, control and/or authority and can be perpetrated by an individual, a group or an organisation. It may be intentional or unintentional. (See Section 3.1 for further information and main categories of abuse.)

**3. SUFFOLK SAFEGUARDING PARTNERSHIP**

**3.1 Recognising Abuse of Adults at Risk**

The notes below are purely for guidance. The presence of one or more indicator does not automatically confirm abuse. The existence of a number of the indicators may however suggest a potential for abuse and should therefore necessitate further assessment or scrutiny. If there is any concern at all about the possibility of abuse then advice should be sought from the Safeguarding Lead.

According to the Suffolk Safeguarding Partnership, categories of abuse are: -

* Physical
* Sexual
* Psychological
* Financial / Material
* Modern Slavery
* Neglect / Self Neglect
* Emotional
* Discriminatory
* Organisational / Institutional
* Domestic Abuse

**3.1.1 Physical Abuse**

This includes physical assault ranging from rough, inappropriate or careless handling to direct physical violence – hitting, slapping, pushing, and kicking. It can include medical mistreatment such as the misuse of medication, withholding or inappropriately altering medication or treatment regimes. It is also the misuse of restraint, forced isolation and confinement, inappropriate methods of restraint and/or inappropriate sanctions.

**Indicators of physical abuse**

* Unexplained bruising
* Hand slap marks
* Marks made by an implement
* Pinch or grab marks
* Grip marks – this could indicate that the person has been shaken, inappropriately
* Restrained, or forcibly moved
* Black eyes
* Person flinches at physical contact
* A history of unexplained falls or minor injuries
* Evidence of improper use of medication e.g. excessive or repeat prescriptions, under use of medication
* The general level of care is insufficient or deteriorating e.g. person is unwashed, unkempt or inappropriately dressed, clothing is dirty or soiled
* Evidence of malnutrition

**Other types of injury**

* Burns inside the mouth; inside arms
* Cigarette burns

**3.1.2 Sexual Abuse**

This includes rape and sexual assault, or sexual acts to which the vulnerable adult has not consented, or could not consent, or was pressured into consenting. Acts of a sexual nature where one of the participants is in a position of trust, power or authority. Sexual abuse occurs when someone is forced, or coerced into taking part in sexual activity to which they have not consented or do not fully understand. It includes rape, incest, inappropriate touch, coercing a person into taking part in any sexual activity.

**Indicators**

* Uncharacteristic sexually explicit/seductive behaviour which may include promiscuity
* Use of sexually explicit language
* A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant
* Self-mutilation

**3.1.3 Psychological Abuse**

Including verbal abuse, emotional abuse, threats, bullying, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks, hostility, rejection, threats, oppressive language etc.

**Indicators of psychological/emotional abuse**

The person who is neglected or abused may display uncharacteristic behaviour that may signal distress. The behavioural signs and symptoms may range from slight to severe. Onset may be sudden or gradual. One or several signs and symptoms may be displayed. Every category of abuse will almost certainly involve elements of psychological abuse. Indicators of psychological abuse therefore could indicate that other forms of abuse are taking place.

* Appears scared, anxious or withdrawn
* May be subdued in the presence of particular individuals
* They display acting out, aggressive, destructive, irritable behaviour at less powerful people, animals or objects
* Attempt to achieve a sense of control over their feelings through self-harm
* Eating problems (changes in appetite, unusual weight gain/loss)
* Sudden withdrawal or absenteeism from activities or services

**3.1.4 Financial or Material Abuse**

Including theft, fraud, and exploitation, pressure, in connection with wills, property, pension, benefits or inheritance.

**Indicators of financial abuse**

* Unexplained or sudden inability to pay bills
* Apparent lack of knowledge of income, financial resources and assets
* Disparity between income/assets and satisfactory living conditions
* Extraordinary interest by others in the person’s finances
* Extortionate demands for payments for services e.g. building or repair work

In addition there are certain factors that may increase the risk of a person being financially abused:

* Person has a guaranteed high income
* Person is unable to administer their own money due to a lack of capacity or numeric skills
* Person is dependent on other people to administer money
* Others become financially dependent on a person/service user

**3.1.5 Neglect or Acts of Omission**

Including ignoring medical, physical or social care needs, failure to provide access to appropriate health, social care or educational services, the withholding of daily living needs, such as medication, shelter, heating, clothing, hygiene, personal care, food and drink, or heating.

**Indicators of neglect**

* Person has inadequate heating and/or lighting
* Person cannot access appropriate medication or medical care
* Person is exposed to unacceptable risk

**3.1.6 Discriminatory Abuse**

Including racist or sexist remarks or comments based upon a person’s impairment, origin, colour, disability, age, illness, sexual orientation or gender, and other forms of harassment, oppressive treatment, slurs or similar behaviours.

Discriminatory abuse can manifest itself as physical abuse/assault, sexual abuse/assault, financial abuse/theft, neglect, psychological abuse/harassment. Abuse of this nature could also be identified as hate crime.

**3.1.7 Institutional Abuse**

Involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through prejudice, ignorance, thoughtlessness, stereotyping, or malicious intent. It includes failure to ensure necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other care providers. It includes any word, action or care regime which negatively affects the dignity and respect to which every person is entitled.

**Indicators of institutional abuse**

* Is unacceptable practice encouraged, tolerated or left unchallenged?
* Are service users respected and treated with dignity?
* Do staff receive training?
* Is there a high staff turnover?
* Does the organisation have an adult protection and whistle blowing policy?

**3.2 Responding to a Disclosure or Allegation of Abuse**

The way you respond to the vulnerable adult is crucial:

* Give priority to ensuring their immediate safety
* Don’t panic
* Try and remain calm
* Take time to listen carefully to what is being said
* Questions which begin with WHO, WHAT, WHY, WHEN and HOW will encourage the person to tell their story freely and will ensure that your questions are non-leading
* Do not interrupt. Allow them to share whatever is important to them
* Do not ask too many questions or press the person for more details (this may be done during any subsequent investigation, so it is important to avoid unnecessary stress and repetition for the person concerned)
* Accept what is being said without comment or judgement
* Treat the allegation seriously
* Reassure the person by telling them that you are treating the information seriously, that it was not their fault and they have done the right thing by sharing the information
* Keep an open-mind
* Ask the person what they would like to do about what has happened
* Do not promise to keep the information a secret. Make explicit the fact that you will need to share what you are told, but only to people who need to know
* Explain that you are required to share the information with your line manager, but not with other staff or service users
* Do not break the confidentiality agreed between the person disclosing the information, you and your line manager. Do not talk to others about the information that has been disclosed to you.
* Reassure the person that their wishes will be taken into account at all times
* Make a note of what was said, where it was said and who was there, including any questions that you have asked
* Report to the DSL as soon as possible, in accordance with these procedures.

See Appendix 1) Suffolk Safeguarding Partnership Reporting Flowchart

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**Policy Review**

This Policy, in accordance with our Policy review schedule, will be reviewed annually by the Project Manager, & changes approved by the Trustees at the next Board meeting.