



Headway North Cumbria

www.headwaynorthcumbria.org.uk

the brain injury association

HEADWAY NORTH CUMBRIA SAFEGUARDING POLICY

INTRODUCTION

1. Safeguarding means protecting an adult's right to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, with regard to their views, wishes, feelings and beliefs in deciding any action. At Headway North Cumbria we must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

AIM OF THE POLICY

2. The purpose of this policy is to better safeguard adults at risk of abuse and in using this document better encourage the continuous development of best practice. This policy should be operated within the legislation and policy framework of:

- Safeguarding Vulnerable Groups Act 2006
- The Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (DOLS)
- The Care Act Safeguarding Adults 2014
- The Equality Act 2010
- Data Protection Act 1998

3. Headway North Cumbria believes that people who receive our services should never experience abuse of any kind. We have a responsibility to promote the welfare of all people and to keep them safe. We are committed to practice in a way that protects them. Volunteers will come into contact with adults who may be classed as vulnerable or at risk. Therefore, volunteers should be aware of how they and the organisation should respond should they be made aware or observe any behaviours or have concerns about the wellbeing of people who use Headway North Cumbria's services.

DEFINITION AND FORMS OF ABUSE

4. Abuse is defined as “*Any act or failure to act, which results in a significant breach of a vulnerable person’s human rights, civil liberties, bodily integrity, dignity or general well-being, whether intended or inadvertent, including sexual relationships or financial transactions to which a person has not or cannot validly consent or which are deliberately exploitative*”.¹

5. Abuse may include one or more of the following:

a. **Physical Abuse:** including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint, or inappropriate sanctions.

b. **Sexual Abuse:** including rape and sexual assault, contact or non-contact sexual acts to which the adult at risk has not consented, or could not consent or was pressurised into consenting.

c. **Psychological Abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

d. **Financial or Material Abuse:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

e. **Neglect or Acts of Omission:** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; failure to report abuse or risk of abuse.

f. **Discriminatory Abuse:** including that based on a person’s ethnic origin, religion, language, age, sexuality, gender, disability, and other forms of harassment, slurs or similar treatment.

g. **Organisational Abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for

¹ Safeguarding Adults and Children with Disabilities against abuse: Council of Europe 2002

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.

h. **Domestic Abuse:** any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16² or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological physical sexual financial and emotional.

i. **Modern Slavery:** encompassing 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.

j. **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

k. **Cyber abuse:** involves using internet and mobile technologies with the intention of bullying or threatening another person with the possible intention of harm.

l. **Hate Crime:** when a vulnerable person is befriended or groomed for exploitation and abuse.

WHO IS AN ADULT AT RISK?

6. In brief the definition of an adult at risk (or vulnerable adult) is someone who is aged 18 years or over:

a. who may be in need of community care services by reason of mental or other disability, age or illness; and

b. who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

² As defined by the Home Office. Although the definition refers to those over 16, in the context of this policy, safeguarding adults refers to victims of domestic abuse who are 18 years or over.

SAFEGUARDING PRINCIPLES

7. The introduction of the Care Act 2014 puts adult safeguarding on a statutory footing for the first time, embracing the principle that the ‘person knows best’. It lays the foundation for change in the way that care and support is provided to adults, encouraging greater self-determination, so people maintain independence and have real choice. There is an emphasis on working with adults at risk of abuse and neglect to have greater control in their lives to both prevent it from happening, and to give meaningful options of dealing with it should it occur. The Care Act provides clearer guidance and supports pathways to working in an integrated way, breaking down barriers between organisations.

8. Headway North Cumbria follows the core principles embedded in the Care Act 2014 which are:

- a. **Empowerment** - Presumption of person led decisions and informed consent.
- b. **Protection** - Support and representation for those in greatest need.
- c. **Prevention** - It is better to take action before harm occurs.
- d. **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.
- e. **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

PROCEDURES - ALERTING, MAKING AN ALERT, REPORTING, REACTING

9. All agencies which provide a service to adults at risk have a duty to report any allegations or suspicions that an adult at risk is being abused in accordance with the Policy and Procedures for Safeguarding Adults at Risk. This places an individual responsibility on volunteers to report abuse as well as a responsibility of Headway North Cumbria as an organisation to ensure that all volunteers receive support and training in safeguarding adults’ issues.

10. Any person from any service working with adults at risk must be aware of the potential for adult abuse. Anyone who has a suspicion or a concern that abuse may have taken place, or might take place if no preventative measures are taken, is an “Alerted Person”. It is essential that any allegation of abuse is taken seriously however insignificant it may seem at the time.

11. Where the alerted person believes a serious crime has been committed, or there is a need to protect or secure evidence or the individual is in immediate danger, phone emergency services or the police control room. If it is not an emergency the alerted person must contact one of the appropriate Adult Care Teams; Adult Social Care Teams, Learning Disability Team, Hospital Social Work Teams; or Mental Health Teams.

12. The alerted person will need to give all the information they can about their suspicion, discovery or any disclosure made to them. These need to include any views the adult at risk may have about the incident of which the alerted person is aware. Whilst in general most people would wish to discuss this with their Line Manager before “alerting” it is not necessary to do so to comply with this policy and must not result in any unnecessary delay.

13. Where possible, you must act in accordance with the wishes of the adult at risk. Circumstances where their wishes may be overridden or where other considerations may apply, will be dependent on capacity.

14. It is important to follow these guidelines in order to be able to follow best practice:

a. Do

Listen carefully to the information given.

Reassure the person that they have done the right thing and have a right to be safe.

Tell the person what you are going to do and why – unless by doing so you are increasing the risk of harm to them or others.

Seek consent to share information if possible.

Ask the person if there is anything else they want you to do, or anyone they want to contact.

Be supportive and ensure the person knows how to contact the relevant service or additional support if they wish.

Report to the Headway North Cumbria Committee as soon as possible.

b. Do Not

Appear frightened, panicked or unable to cope with what the person is telling you.

Make negative comments about the alleged abuser.

Trivialise or minimise any aspect of abusive behaviour.

Speculate, judge, or make assumptions about the information or circumstances.

Make promises you can't keep, such as promising that everything will be alright.

Promise to keep the information a secret.

Undertake an 'interview' in relation to the information disclosed.

Ask leading questions by suggesting how an alleged abuse could have occurred or enter discussion that later could be construed as having contaminated any potential enquiry.

Probe for additional information; you are not responsible for the investigation the allegation.

15. If the adult does not want you to report but the disclosure puts the adult or others at risk then the volunteer must report it. If the volunteer is in any doubt they should seek advice as soon as possible and if safe and appropriate to do so, the volunteer should explain to the adult at risk that they will report the disclosure and why they must do so.

16. Recording the information being given is important. The following guidelines in order to be able to follow best practice

a. Try to record the information verbatim.

b. Record the information at the time of the conversation, or as soon as possible afterwards.

c. Record the information objectively. However, do identify where you have been subjective, or where you have interpreted information, particularly if the person has difficulty communicating clearly.

- d. All information recorded must be given as soon as possible to the Headway North Cumbria Committee.

WHAT HAPPENS ONCE A REPORT OF ALLEGED ABUSE HAS BEEN MADE?

17. If you report abuse, whether it is by phone, Adult Safeguarding Referral Form or in person, then the process as set out under the Policy and Procedures for Safeguarding at Risk begins. The primary responsibility for co-ordinating an investigation in the alleged abuse lies with adult care teams. They will work in close partnership with the Police as they have a Safeguarding Adults Investigation Team.

18. Any investigation could involve joint investigation or could lead to disciplinary procedures where allegations are made against committee members or volunteers. You may be asked to attend an Early Strategy meeting to plan an investigation or may be involved in any discussions about progressing the alert. You may be asked to attend an Adult Safeguarding Conference and then Adult Safeguarding Reviews and may be part of any plan that is drawn up to ensure the safety of the adult at risk.

CONFIDENTIALITY

19. Confidentiality should be adhered to at all times in accordance with Headway North Cumbria's Confidentiality Policy when recording and making a referral for an alert. The alert should not be discussed with anyone else unless it is necessary to protect the vulnerable person, or to secure evidence. On no account should the matter be discussed with the alleged abuser.

INDUCTION AND TRAINING

20. This Safeguarding policy must be adhered to by all Headway North Cumbria staff and volunteers. As a part of the induction process relevant policies including safeguarding, confidentiality, whistle-blowing and lone working will be included and communicated to ensure the safety of adults in our care.

21. Headway North Cumbria will ensure that there is a robust recruitment in place for all staff and volunteers. Procedures include:

- a. Completion of application form.
- b. A formal interview.
- c. Enhanced Disclosure and Barring Service checks.



- d. Two references.
- e. Probationary period and review of performance.
- f. Regular supervision.
- g. Comprehensive induction training.

22. All staff will receive mandatory training in safeguarding to be able to identify abuse, how to prevent abuse and how to report any concerns. Headway North Cumbria is committed to ensure that all staff will be made aware at the time of their induction of their responsibility to report any allegations or suspicions of abuse.

23. As part of this process this policy should be signed by all Headway North Cumbria committee members and volunteers to confirm that they have read and understood the contents of this Safeguarding Policy.

RELATED HEADWAY NORTH CUMBRIA POLICIES AND POROCEDURES

Comments, Compliments and Complaints Procedure
Confidentiality Policy