



Charity number 117 499

# **Safeguarding Adults at Risk of Harm**

## **Policy-Guidance and Procedures**

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## 1. INTRODUCTION

### 1.1. Purpose

This policy and guidance document exists to ensure that the East Yorkshire Parent Carer Forum (EYPCF) implements appropriate arrangements, systems and procedures to ensure that the organization has the right knowledge, skills and resources to protect and safeguard adults at risk of harm and that staff and volunteers know what to do if they become aware of abuse.

### 1.2. What is 'Adult Safeguarding'

**The Care Act 2014 provides a definition and framework for Safeguarding Adults**

“Safeguarding means protecting an adult’s right to live in safety, 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, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances”.

### 1.3. What are the aims of Adult Safeguarding'

**The aims of adult safeguarding are to:**

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect

## 2. POLICY

### 2.1 Policy Statement

EYPCF recognises safeguarding means protecting an adult's right to live in safety, free from abuse and neglect and we take our responsibility seriously to promote safeguarding within our organisation and with any groups or organisations with whom we work.

EYPCF will ensure staff, volunteers, trustees and networks are fully informed in regards to defining the parameters surrounding the Safeguarding Adult agenda.

EYPCF staff & volunteers may be particularly well-placed to spot abuse and neglect; the adult may say or do things that hint that all is not well. It may come in the form of a complaint, or an expression of concern. Everyone within the organisation should understand what to do, and where to go locally to get help, support and advice. It is vital that everyone within the organisation is vigilant on behalf of those unable to protect themselves, including:

- Knowing about different types of abuse and neglect and their signs
- Supporting adults to keep safe
- Knowing who to tell about suspected abuse or neglect and
- Supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

EYPCF will support adult safeguarding by:

- Ensuring the Safeguarding Adult policy and procedure reflects the Care Act 2014 and the East Riding Safeguarding Adults Board Multi Agency Procedures.
- Ensuring that we follow safe recruitment & selection procedures and that all of our staff and volunteers are carefully selected and trained to ensure their awareness of safeguarding issues relating to adults.
- Having a Safeguarding Adult policy and procedure which is clearly understood, so that any member of staff, volunteer or trustee has an appreciation of the appropriate guidance to follow, should a concern be raised.
- Reviewing our Safeguarding Adult policy and procedure annually in order to ensure it is in line with national and local policy. This will be done as part of our ongoing practice of annual reviewing of all policies with trustees/steering group.
- Ensuring that a dedicated officer is appointed, to hold a specific role in relation to advising staff and volunteers, whereby advice and a clear course of action can be offered in relation to any safeguarding adult concerns. In the event of the lead officer not being available at the time the issue arises, a deputy lead officer will be appointed and will deputise in this role for advice and guidance. If both officers are unavailable, and the situation warrants a swift response, the matter will be referred directly to the relevant local authority Safeguarding Adult Team. (Appendix 2)
- Ensuring that paid staff and volunteers, who work with 'adults at risk of harm' and their carers, develop practice which ensures they know how to report their concerns about a 'adult at risk of harm', staff member or volunteer. This will be achieved by ensuring an

appropriate induction is carried out, which will include information on our Safeguarding Adult policies and procedures.

## 2.2 Key Safeguarding Principles

EYPCF will be guided in the implementation of this policy by the safeguarding principles set out in The Care Act 2014 and aim to demonstrate and promote these principles in our work.

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

## 2.3 Other relevant Policy & Procedure

This Safeguarding Adult policy, procedures and guidance should be read and cross referenced in conjunction with the following EYPCF policies and procedures:

- Safeguarding Children
- Confidentiality
- Comments and Complaints
- Code of Conduct
- Communications
- Conflict of interest
- GDPR
- Bullying and harassment
- Mental Capacity Act 2005

### 3. GUIDANCE

#### 3.1 Who is at risk & in what way?

EYPCF recognises that we have a duty to act on reports, or suspicions of abuse/neglect, including allegations made against paid staff or volunteers. This will be done in accordance with this guidance, the relevant local area multi agency procedures and if necessary in conjunction with and guidance from, the relevant local authority Safeguarding Adult Team.

Staff, Volunteers & Trustees must be familiar with this guidance and know what to do and where to obtain further support and guidance if they become aware of abuse or neglect.

The statutory adult safeguarding duties apply to an adult who:

- Is 18 and over;
- 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

#### 3.2 Who may have Care & Support Needs?

Whilst the following list is not exhaustive it should serve as a guide as to who may have Care & Support needs, it may be a person who:

- Is elderly and frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability and or a sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long term illness/condition
- Misuses substances, drugs or alcohol

Any or a combination of the above factors may indicate someone has care and support needs that may make them more vulnerable to abuse or neglect and this is when the local authority statutory duty applies.

#### 3.3 What Constitutes Abuse and Neglect?

The Care Act 2014 statutory guidance defines the following 10 areas of abuse and neglect; they are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry. A more detailed explanation including signs and symptoms can be found at **Appendix 1**.

The Care Act places the types of harm caused by people on ‘adults at risk’ into 10 different categories; the table at **Appendix 1** provides a fuller explanation to the types of abuse.

<b>Physical</b>	<b>Organisational</b>
<b>Psychological</b>	<b>Financial</b>
<b>Neglect</b>	<b>Modern Slavery</b>
<b>Self-neglect</b>	<b>Sexual</b>
<b>Discriminatory</b>	<b>Domestic Abuse</b>

This is not intended to be an exhaustive list but an indicative guide as to the sort of behaviour which could give rise to a safeguarding concern. We should not limit our view of what constitutes abuse or neglect, as they can take many forms and the circumstances of each individual case should always be considered.

### 3.4. Adult Abuse and the Police

The abuse of ‘Adults at Risk of Harm’ can sometimes involve the police, on occasions the abuse may also be a crime and a criminal investigation will be necessary. The lead for Adult Safeguarding is the local authority but when a crime is suspected the lead agency will be the police. The local authority and the police have arrangements in place that ensure they work closely together in such incidents.

### 3.5. Who May Potential Abusers Be?

Abuse may be carried out deliberately or unknowingly and may be a single act or repeated acts. People who behave abusively come from all backgrounds and walks of life. They may be staff members, carers, doctors, nurses, social workers, advocates, 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, people who deliberately exploit vulnerable people and strangers.

### 3.6 In What Circumstances can Abuse Occur?

Abuse can take place in any context. It may occur when an adult at risk lives alone or with a relative; it may also occur within nursing, residential or day care settings, in hospitals, in community settings, social situations custodial situations, support services into people’s own homes, and other places previously assumed safe, or in public places.

### 3.7. Patterns of Abuse

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- Serial abusing in which the perpetrator seeks out and ‘grooms’ vulnerable individuals. Sexual abuse usually falls into this pattern as do some forms of financial abuse
- Long term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations
- Opportunistic abuse such as theft occurring because money has been left around
- Situational abuse which arises because pressures have been built up and/or because of difficult or challenging behaviour;
- Neglect of a person’s needs because those around him or her are not able to be responsible for their care, for example if the carer has difficulties attributable to such issues as debt, alcohol or mental health problems;
- Unacceptable ‘treatments’ or programmes which include sanctions or punishment such as withholding of food and drink, seclusion, unnecessary and unauthorised use of control and restraint
- Failure of agencies to ensure staff receive appropriate guidance on anti-racist and anti-discriminatory practice
- Failure to access key services such as health care, dentistry, prostheses
- Misappropriation of benefits and/or use of the persons money by other members of the household
- Fraud or intimidation in connection with wills, property or other assets.

### 3.8 Making Safeguarding Personal

The Making Safeguarding Personal (MSP) programme has been running since 2010. The Care Act 2014 guidance required adult safeguarding practice to be person led and outcome focused, aiming towards resolution or recovery. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

In its simplest form MSP means putting the person at the centre of everything we do during a safeguarding enquiry from the **very beginning** to the very end.

EYPCF recognises the importance of the MSP way of working and will ensure that any safeguarding concerns that are raised by their staff volunteers or trustees follow this approach

#### **We will:**

- Ask if the person who has or may have been abused if they require any immediate support to keep themselves safe
- Explain how safeguarding works
- Ask what the person would like to happen
- Support the person in a way to give choice and control to improve their quality of life, wellbeing and safety
- Be open and honest with the person if we feel we must share our concerns with someone else

**We promise to:**

- Listen to the person who has or may have been abused
- Understand their views and wishes
- Take them seriously
- Treat them with respect
- Support them to feel as safe
- Support them to make their own decisions
- Keep them informed and involved
- Tell them what will happen next

**3.9 Mental Capacity**

EYPCF recognises the important role mental capacity plays when working with Adults at Risk of Harm and especially when this relates to Adult Safeguarding and raising safeguarding concerns.

Mental capacity means the level of understanding a person has to make decisions. Some people may have had very limited mental capacity from birth. Other people may develop an illness or suffer an injury later in life that affects their understanding

**When can people make their own decisions?**

Some people can make all decisions in life; possibly with help and advice. Some people can make some decisions, about what to eat, or what to wear, but not bigger decisions such as whether to have an operation or where to live. Other people can make almost no decisions in their lives.

The law (Mental Capacity Act 2005) takes a positive approach. It starts by presuming someone has enough understanding (mental capacity) to make decisions. If there is a real doubt about this, the law sets out a method to judge whether someone has capacity to make a particular decision e.g. whether to pay their rent or to spend the money on other things, or whether to move into a care home.

It is easy to think that a person cannot make a decision when they want to do something that we think is wrong or harmful. If someone wants to live on their own, but they will be at risk because they are forgetful, then we naturally want to protect them and keep them safe. But the law says that, provided the person understands the risks they are taking and chooses to take those risks, they are capable of making the decision and have the right to make decisions even if we think they are unwise.

In the real world, it can be very hard to decide whether someone is making a decision we think is unwise, or whether they lack capacity to make the decision at all. There are many borderline cases. That is why the law has set out a way to decide when people can make their own decisions.

Before deciding that a person lacks the capacity to make a decision, the law says that as much support as possible must be given to help the person decide for themselves. For instance, this might include making sure the person is comfortable, explaining things very

carefully and clearly, using sign language, or having someone else there who is good at communicating with and understanding the person.

We need to understand and always work in line with the Mental Capacity Act 2005 (MCA) and seek support and guidance when we have concerns regarding an adult's capacity.

Further guidance about how mental capacity is assessed and who decides whether a person can make a decision can be found at Appendix 2

### **3.10 Promoting Adult Safeguarding within East Yorkshire Parent Carer forum (EYPCF)**

To assist in the prevention of adult abuse the following areas of practice are highlighted as priority areas and must be followed:

- Rigorous recruitment practices (including volunteers)
- Training for all staff, volunteers and trustees
- Internal guidelines for staff

### **3.11 Safe Recruitment & Selection**

EYPCF have a Safe Recruitment & Selection procedure which covers all potential staff.

We ensure that all potential new staff;

- Complete an application form or a letter of application. This includes: address, evidence of relevant qualifications paid work and voluntary work experience and all criminal convictions.
- Provide two pieces of identification which confirm both identity and address.
- Undergo an interview (formal or informal) involving at least two interviewers.
- Provide at least two references which are followed up before a post is offered. One reference is from the last employer or an organization that has knowledge of the applicant's work.
- If undertaking a regulatory activity or if the is post eligible obtain consent to a Disclosure and Barring Service check (formally CRB check) to and sign up to the update service and agree to EYPCF requesting an annual update.

We ensure all volunteers/trustees:

- Complete an application which includes address and any experience and all criminal convictions
- Undergo an induction and probationary period.

### **3.12 Disclosure and Barring<sup>1</sup>**

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

DBS are responsible for:

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<sup>1</sup> <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about#barring>

- processing requests for criminal records checks
- deciding whether it is appropriate for a person to be placed on or removed from a barred list
- placing or removing people from the DBS children's barred list and adults' barred list for England, Wales and Northern Ireland

The Disclosure & Barring Service search police records and, in relevant cases, barred list information, and then issue a DBS certificate to the applicant.

DBS recognise that information released on DBS certificates can be extremely sensitive and personal. Further information regarding the code of practice for recipients of criminal record information can be found at

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

### 3.13 Managing the Recruitment & Selection Process

#### EYPCF

- Understand that a person who is barred from working with children or vulnerable adults is breaking the law if they work or volunteer, or try to work or volunteer with these groups.
- Understand that an organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.
- Understand that if our organisation dismisses a member of staff or volunteer because they have harmed a child or vulnerable adult, or would have done so if they had not left, we must make referral to the Disclosure and Barring Service.

EYPCF are committed to minimising and preventing abuse and recognise the importance of safe recruitment policies and practices for paid staff, volunteers and trustees. We recognise it is important to be robust in emphasising appropriate safeguarding measures when screening potential trustees, staff and volunteers to work with Adults at Risk of Harm.

EYPCF has the following items in place for managing its staff and volunteers:

- All staff and volunteers are provided with a job description (paid staff) or a role profile (volunteers) outlining their main responsibilities. This includes a requirement to comply with the Safeguarding Policy and Procedures and Code of Conduct.
- Trustees, staff and volunteers will have a period of induction where they will complete any induction training which includes relevant information on all the organisation's policies and procedures.
- Staff and volunteers will be subject to a probationary period (6 months for staff, 3 months for volunteers) during which they will be supervised and overseen by a manager or other trustees/steering group member.
- All paid staff complete a role review at the end of their induction period before being confirmed in post. Inductions will be completed within 6 months.

- All volunteers have review with a trustees/steering group member at the end of 3 months.
- All volunteers are supported during their induction by trustees/steering group members.
- Disciplinary and grievance procedures are implemented for all paid staff, which comply with the ACAS2 Code of Practice. <http://www.acas.org.uk/index.aspx?articleid=2174>
- All trustees, paid staff and volunteers attend regular safeguarding training appropriate to their role.
- All staff and volunteers read and understand the Safeguarding Adult Policy and for this to be reviewed to ensure up-to-date knowledge

### 3.14 Training

EYPCF will promote awareness of Adult Safeguarding issues, to its Trustees, Staff, Volunteers, broader membership and service users

Trustees, Staff and Volunteers all receive Adult Safeguarding training appropriate to their role. For all staff who are working or volunteering with adults at risk this requires them as a minimum to have completed the East Riding Safeguarding Adult Board Level 1 Recognising Adult Abuse training (or equivalent) that enables them to:

- Develop an Understanding of Safeguarding Adults at Risk of Harm within the East Riding of Yorkshire alongside key legislation and National & local guidance including:
  - The Care Act 2014
  - Making Safeguarding personal
  - Mental Capacity Act 2005
  - East Riding Safeguarding Adults Board Multi Agency Procedures
- State what Adult Safeguarding is and be able to identify relevant legislation
- Explain who may abuse, who may be abused and why abuse might occur
- Identify different types of abuse and their signs and indicators
- Respond appropriately to abusive situations
- Report their concerns in the most appropriate manner.

### 3.15 Additional Information

Further information on Adult Safeguarding in general, including national & local guidance and the work of the Safeguarding Adult Boards in the East Riding and Hull can be found at:

[www.ersab.org.uk](http://www.ersab.org.uk)

[www.safeguardingadultshull.com](http://www.safeguardingadultshull.com)

## 4 HANDLING THE DISCLOSURE OF ABUSE AND RAISING A CONCERN

### 4.1. Urgent Actions

In most situations there will not be an immediate threat and the decision about protecting the person with safeguarding needs will be taken in consultation with themselves your designated adult safeguarding lead and/or Adult Social Care.

**However there are some cases that may require an urgent response**

- If you suspect a serious criminal act has taken place, telephone 999. Tell them if you think it might be adult abuse.
- If the individual is injured seek immediate medical treatment. Tell the ambulance personnel or A&E staff that this is a potential adult abuse situation.

### 4.2 Initial Response to safeguarding concerns

Any member of staff or volunteer who becomes aware that an adult is or is at risk of, being abused or has safeguarding needs should raise the matter **as soon as is possible with the designated safeguarding lead.**

**A check list of immediate actions can be found at Appendix 3**

Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements no member of staff or volunteer should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult.

You will need to inform your designated lead of:

- Name of the person subject of the concern, their address if known and where they are currently located
- Nature of the concern, including time, day date when it happened,
- If known, the name of the person or organisation who may have caused the person harm
- What you or someone else may have done to protect the adult from further harm
- Has the person harmed already consented to you raising this concern beyond your supervision?

More detailed guidance on further actions to protect the adult can be found at **Appendix 3** of this guidance.

### 4.3. Consent and Capacity

EYPCF recognises the importance of gaining consent within its safeguarding adults at risk of harm policies and procedures. If a disclosure of alleged abuse is received we will ensure that consent is gained to share the information and or raise a safeguarding concern.

If an individual agrees to share information about them to others, they have given consent. If individuals do not consent, then on occasions this has to be accepted; **however** this does not prevent you discussing your concerns with your designated lead and this should be done as a matter of procedure. Equally we understand that there will be occasions where decisions not to consent can be overridden. It may be that an individual is not able to give informed consent because they lack capacity (see 3.9 above) or others might be at risk of abuse from the same person, (public interest) on these occasions it will be appropriate to raise your concerns without the consent of the person concerned, however every effort should always be made to obtain their consent if this is at all possible; if you decide it is necessary to share information without consent you should on most occasions inform the person concerned that you intend to do this and why.

**Further guidance on the actions that should be taken when a concern is raised can be found at Appendix 3.**

#### **4.4 Recording**

A written record must be kept in regard to any concern regarding an adult with safeguarding needs. This must include details of the person involved, the nature of the concern and the actions you have taken to protect the adult at risk of harm.

The recordings must be signed and dated. All records must be securely and confidentially filed.

#### **4.5 What might not be a safeguarding concern?**

On occasions you may become concerned that someone needs more help at home, this would not be considered safeguarding. However if you are concerned that someone needs help and support to look after themselves at home, a referral may need to be made to one of the adult care management teams. In most cases a referral will need the knowledge and/or consent of the person concerned. To access the most appropriate team or social care service you should contact Customer Services; who based on the information you provide will discuss the most appropriate option with you.

To contact Customer Services

Email: [customer.services@eastriding.gov.uk](mailto:customer.services@eastriding.gov.uk)

Tel (01482) 393939

#### 4.6 How to raise a concern?

In the first instance you should raise your concerns with the East Yorkshire Parent Carer Forum designated officer.

East Yorkshire Parent Carer Forum designated officer for Adult Safeguarding is:

**Designated Officer: Tanya Kyle-Kitchin      Contact Tel: 07818441166**

**Deputy Officer: Sheena Withers                      Contact Tel: 01377 271331**

**Or email the office on [admin@eypcf.co.uk](mailto:admin@eypcf.co.uk) and mark the email private and confidential for the safeguarding officer.**

The designated officer or their deputy will discuss your concerns with you and ensure the initial actions listed at Appendix 3 have been completed or considered.

If a safeguarding concern is to be raised it will be done immediately or within 24 Hours. Concerns should be reported to the local authority in the area where the abuse is happening, (see 4.7 below).

In the East Riding it is preferred if the concern can be raised using the appropriate 'Concern Form'; an Electronic Concern form & on line web form can be found at [www.ersab.org.uk](http://www.ersab.org.uk), the web form is the preferred option.

If using the electronic 'MS Word' based form this should then be sent to; [safeguardingadultsteam@eastriding.gcsx.gov.uk](mailto:safeguardingadultsteam@eastriding.gcsx.gov.uk)

Contact details for the East riding Safeguarding Adults Team can be found at 4.7 below.

#### 4.7 Local Safeguarding Adults Teams Contact Details

The Safeguarding Adult Teams are central teams which receive concerns about suspected abuse and coordinate any enquiry. It is important that all volunteers and staff are aware of who to contact in case of raising a concern or any other matter relating to keeping adults at risk of harm safe.

##### **East Riding of Yorkshire**

Tel (01482) 396940 (Mon-Thurs 9.am-5pm Fri 9am-4.30pm)

**Out of hours (01377) 241273**

**Secure email: [safeguardingadultsteam@eastriding.gcsx.gov.uk](mailto:safeguardingadultsteam@eastriding.gcsx.gov.uk)**

**Electronic Concern form & on line web forms can be found at [www.ersab.org.uk](http://www.ersab.org.uk)**

**Hull**

The Hull team would recommend that you discuss your concern with the Multi Agency Safeguarding Hub before completing the concern form. A member of the team will be able to give you guidance and support and agree the next steps with you.

**Multi Agency Safeguarding Hub details**

**Address:** Brunswick House, Strand Close, Beverley Road, Hull HU2 9DB

**Tel:** 01482 616092 - ask for the adults safeguarding team duty officer

**Tel:** 01482 300304 - after 5:00pm or during weekends

**Email:** adultsafeguarding@hullcc.gcsx.gov.uk (secure)

**4.8 Whistleblowing**

An important part of promoting dignity in any organisation ensuring a working environment that encourages employees to challenge poor or dangerous practice. Good leadership and an open and honest culture can enable individuals to feel comfortable about raising concerns with their colleagues or managers.

The [Public Interest Disclosure Act 1998](#) provides a framework for whistleblowing across the private, public and voluntary sectors.

EYPCF staff, trustees and volunteers have a duty to share concerns regarding culture and practice from within the organisation. Without this challenge and scrutiny, there is a potential for safeguarding concerns to arise for our services users, their needs may go unmet and they become at an increased risk of harm.

A variety of feelings and concerns may be generated by the discovery that a member of staff or a volunteer is, or may be abusing a vulnerable person and this may raise concerns amongst other staff and volunteers. EYPCF makes it clear that we will fully support all staff and volunteers and protect anyone who, in good faith and without malicious intent, reports his or her concern about a colleague's practice or the possibility that a person may be being abused without fear of victimisation, subsequent discrimination or disadvantage.

Staff are encouraged to speak to designated safeguarding officer regarding concerns; if it is the designated safeguarding officer they have the concerns about or are implicated through friendship with the person of concern, then staff are encouraged to speak to the Chair of the board of trustees if the suspicion or allegation concerns the DSO.

## 5. ADMINISTRATION.

- 5.1 EYPCF will ensure that the Safeguarding Adults policy and procedures are reviewed annually by the Board of Trustees/steering group. The named Safeguarding Adults Officers will be involved in this process and can recommend any changes. The named Safeguarding Adults Officers will also ensure that any changes are clearly communicated to staff, volunteers and service users.

<b>Approved by Board of Trustees</b>	<b>Date: 31/7/18</b>
<b>Revision</b>	<b>Review Date: 31/7/ 2019</b>

**Reviewed and approved by Board of Trustees date.....**

**Review due Oct 2020**

## 6 Other Sources of information

Age UK Factsheet 78 [www.ageuk.org.uk/Documents/EN-GB/Factsheets/FS78\\_Safeguarding\\_older\\_people\\_from\\_abuse\\_fcs.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/FS78_Safeguarding_older_people_from_abuse_fcs.pdf?dtrk=true)

East Riding Safeguarding Adults Board website [www.ersab.org.uk](http://www.ersab.org.uk)

Social Care Institute for Excellence website [www.scie.org.uk](http://www.scie.org.uk)

### TYPES OF ABUSE & POSSIBLE INDICATORS.

#### Physical abuse

##### Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

##### Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

#### Domestic abuse

Domestic abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage. Coercive or controlling behaviour is a core part of domestic abuse

<b>Types of domestic abuse</b>	<b>Possible indicators of domestic abuse</b>
<p>Domestic abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:</p> <ul style="list-style-type: none"> <li>• psychological</li> <li>• physical</li> <li>• sexual</li> <li>• financial</li> <li>• emotional.</li> </ul> <p>Coercive behaviour can include:</p> <ul style="list-style-type: none"> <li>• acts of assault, threats, humiliation and intimidation</li> <li>• harming, punishing, or frightening the person</li> <li>• isolating the person from sources of support</li> <li>• exploitation of resources or money</li> <li>• preventing the person from escaping abuse</li> <li>• regulating everyday behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Feeling that the abuse is their fault when it is not</li> <li>• Physical evidence of violence such as bruising, cuts, broken bones</li> <li>• Verbal abuse and humiliation in front of others</li> <li>• Fear of outside intervention</li> <li>• Damage to home or property</li> <li>• Isolation – not seeing friends and family</li> <li>• Limited access to money</li> </ul>
<b><u>Sexual abuse</u></b>	
<b>Types of sexual abuse</b>	<b>Possible indicators of sexual abuse</b>

<ul style="list-style-type: none"> <li>• Rape, attempted rape or sexual assault</li> <li>• Inappropriate touch anywhere</li> <li>• Non- consensual masturbation of either or both persons</li> <li>• Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth</li> <li>• Any sexual activity that the person lacks the capacity to consent to</li> <li>• Inappropriate looking, sexual teasing or innuendo or sexual harassment</li> <li>• Sexual photography or forced use of pornography or witnessing of sexual acts</li> <li>• Indecent exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck</li> <li>• Torn, stained or bloody underclothing</li> <li>• Bleeding, pain or itching in the genital area</li> <li>• Unusual difficulty in walking or sitting</li> <li>• Foreign bodies in genital or rectal openings</li> <li>• Infections, unexplained genital discharge, or sexually transmitted diseases</li> <li>• Pregnancy in a woman who is unable to consent to sexual intercourse</li> <li>• The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude</li> <li>• Incontinence not related to any medical diagnosis</li> <li>• Self-harming</li> <li>• Poor concentration, withdrawal, sleep disturbance</li> <li>• Excessive fear/apprehension of, or withdrawal from, relationships</li> <li>• Fear of receiving help with personal care</li> <li>• Reluctance to be alone with a particular person.</li> </ul>
<b><u>Psychological abuse</u></b>	
<b>Types of psychological abuse</b>	<b>Possible indicators of psychological abuse</b>
<ul style="list-style-type: none"> <li>• Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends</li> </ul>	<ul style="list-style-type: none"> <li>• An air of silence when a particular person is present</li> <li>• Withdrawal or change in the psychological state of the person</li> </ul>

<ul style="list-style-type: none"> <li>• Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance</li> <li>• Preventing someone from meeting their religious and cultural needs</li> <li>• Preventing the expression of choice and opinion</li> <li>• Failure to respect privacy</li> <li>• Preventing stimulation, meaningful occupation or activities</li> <li>• Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse</li> <li>• Addressing a person in a patronising or infantilising way</li> <li>• Threats of harm or abandonment</li> <li>• Cyber bullying</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Insomnia</li> <li>• Low self-esteem</li> <li>• Uncooperative and aggressive behaviour</li> <li>• A change of appetite, weight loss/gain</li> <li>• Signs of distress: tearfulness, anger</li> <li>• Apparent false claims, by someone involved with the person, to attract unnecessary treatment</li> </ul>
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**Financial or material abuse**

<b>Types of financial or material abuse</b>	<b>Possible indicators of financial or material abuse</b>
<ul style="list-style-type: none"> <li>• Theft of money or possessions</li> <li>• Fraud, scamming</li> <li>• Preventing a person from accessing their own money, benefits or assets</li> <li>• Employees taking a loan from a person using the service</li> </ul>	<ul style="list-style-type: none"> <li>• Missing personal possessions</li> <li>• Unexplained lack of money or inability to maintain lifestyle</li> <li>• Unexplained withdrawal of funds from accounts</li> <li>• Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity</li> </ul>

<ul style="list-style-type: none"> <li>• Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions</li> <li>• Arranging less care than is needed to save money to maximise inheritance</li> <li>• Denying assistance to manage/monitor financial affairs</li> <li>• Denying assistance to access benefits</li> <li>• Misuse of personal allowance in a care home</li> <li>• Misuse of benefits or direct payments in a family home</li> <li>• Someone moving into a person's home and living rent free without agreement or under duress</li> <li>• False representation, using another person's bank account, cards or documents</li> <li>• Exploitation of a person's money or assets, e.g. unauthorised use of a car</li> <li>• Misuse of a power of attorney, deputy, appointeeship or other legal authority</li> <li>• Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so</li> <li>• The person allocated to manage financial affairs is evasive or uncooperative</li> <li>• The family or others show unusual interest in the assets of the person</li> <li>• Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or Lasting Power of Attorney (LPA)</li> <li>• Recent changes in deeds or title to property</li> <li>• Rent arrears and eviction notices</li> <li>• A lack of clear financial accounts held by a care home or service</li> <li>• Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person</li> <li>• Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house</li> <li>• Unnecessary property repairs</li> </ul>
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### Discriminatory abuse

<b>Types of discriminatory abuse</b>	<b>Possible indicators of discriminatory abuse</b>
<ul style="list-style-type: none"> <li>• Unequal treatment based on age, disability, gender</li> </ul>	<ul style="list-style-type: none"> <li>• The person appears withdrawn and isolated</li> </ul>

<p>reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as <b>‘protected characteristics’ under the Equality Act 2010’</b>).</p> <ul style="list-style-type: none"> <li>• Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic</li> <li>• Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader</li> <li>• Harassment or deliberate exclusion on the grounds of a protected characteristic</li> <li>• Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic</li> <li>• Substandard service provision relating to a protected characteristic</li> </ul>	<ul style="list-style-type: none"> <li>• Expressions of anger, frustration, fear or anxiety</li> <li>• The support on offer does not take account of the person’s individual needs in terms of a protected characteristic</li> </ul>
<b>Organisational abuse</b>	
<b>Types of organisational abuse</b>	<b>Possible indicators of organisational abuse</b>
<ul style="list-style-type: none"> <li>• Discouraging visits or the involvement of relatives or friends</li> <li>• Run-down or overcrowded establishment</li> <li>• Authoritarian management or rigid regimes</li> <li>• Lack of leadership and supervision</li> <li>• Insufficient staff or high turnover resulting in poor quality care</li> <li>• Abusive and disrespectful attitudes towards people using the</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of flexibility and choice for people using the service</li> <li>• Inadequate staffing levels</li> <li>• People being hungry or dehydrated</li> <li>• Poor standards of care</li> <li>• Lack of personal clothing and possessions and communal use of personal items</li> </ul>

<p>service</p> <ul style="list-style-type: none"> <li>• Inappropriate use of restraints</li> <li>• Lack of respect for dignity and privacy</li> <li>• Failure to manage residents with abusive behaviour</li> <li>• Not providing adequate food and drink, or assistance with eating</li> <li>• Not offering choice or promoting independence</li> <li>• Misuse of medication</li> <li>• Failure to provide care with dentures, spectacles or hearing aids</li> <li>• Not taking account of individuals' cultural, religious or ethnic needs</li> <li>• Failure to respond to abuse appropriately</li> <li>• Interference with personal correspondence or communication</li> <li>• Failure to respond to complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of adequate procedures</li> <li>• Poor record-keeping and missing documents</li> <li>• Absence of visitors</li> <li>• Few social, recreational and educational activities</li> <li>• Public discussion of personal matters</li> <li>• Unnecessary exposure during bathing or using the toilet</li> <li>• Absence of individual care plans</li> <li>• Lack of management overview and support</li> </ul>
<b>Neglect and acts of omission</b>	
<b>Types of neglect and acts of omission</b>	<b>Possible indicators of neglect and acts of omission</b>
<ul style="list-style-type: none"> <li>• Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care</li> <li>• Providing care in a way that the person dislikes</li> <li>• Failure to administer medication as prescribed</li> </ul>	<ul style="list-style-type: none"> <li>• Poor environment – dirty or unhygienic</li> <li>• Poor physical condition and/or personal hygiene</li> <li>• Pressure sores or ulcers</li> <li>• Malnutrition or unexplained weight loss</li> <li>• Untreated injuries and medical problems</li> </ul>

<ul style="list-style-type: none"> <li>• Refusal of access to visitors</li> <li>• Not taking account of individuals' cultural, religious or ethnic needs</li> <li>• Not taking account of educational, social and recreational needs</li> <li>• Ignoring or isolating the person</li> <li>• Preventing the person from making their own decisions</li> <li>• Preventing access to glasses, hearing aids, dentures, etc.</li> <li>• Failure to ensure privacy and dignity</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent or reluctant contact with medical and social care organisations</li> <li>• Accumulation of untaken medication</li> <li>• Uncharacteristic failure to engage in social interaction</li> <li>• Inappropriate or inadequate clothing</li> </ul>
<b>Self-neglect</b>	
<b>Types of self-neglect</b>	<b>Indicators of self-neglect</b>
<ul style="list-style-type: none"> <li>• Lack of self-care to an extent that it threatens personal health and safety</li> <li>• Neglecting to care for one's personal hygiene, health or surroundings</li> <li>• Inability to avoid self-harm</li> <li>• Failure to seek help or access services to meet health and social care needs</li> <li>• Inability or unwillingness to manage one's personal affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Very poor personal hygiene</li> <li>• Unkempt appearance</li> <li>• Lack of essential food, clothing or shelter</li> <li>• Malnutrition and/or dehydration</li> <li>• Living in squalid or unsanitary conditions</li> <li>• Neglecting household maintenance</li> </ul>

	<ul style="list-style-type: none"> <li>• Hoarding</li> <li>• Collecting a large number of animals in inappropriate conditions</li> <li>• Lack of co-operation with health or care services</li> <li>• Inability or unwillingness to take medication or treat illness or injury</li> <li>•</li> </ul>
<b>Modern slavery</b>	
<b>Types of modern slavery</b>	<b>Possible indicators of modern slavery</b>
<ul style="list-style-type: none"> <li>• Human trafficking</li> <li>• Forced labour</li> <li>• Domestic servitude</li> <li>• Sexual exploitation, such as escort work, prostitution and pornography</li> <li>• Debt bondage – being forced to work to pay off debts that realistically they never will be able to.</li> </ul>	<ul style="list-style-type: none"> <li>• Signs of physical or emotional abuse</li> <li>• Appearing to be malnourished, unkempt or withdrawn</li> <li>• Isolation from the community, seeming under the control or influence of others</li> <li>• Living in dirty, cramped or overcrowded accommodation and or living and working at the same address</li> <li>• Lack of personal effects or identification documents</li> <li>• Always wearing the same clothes</li> <li>• Avoidance of eye contact, appearing frightened or hesitant to talk to strangers</li> <li>• Fear of law enforcers</li> </ul>



### Mental Capacity & Best Interest Decisions

#### **How is mental capacity assessed, and who decides whether a person can make a decision?**

The law asks:

- (1) Does the person have an impairment of or disturbance in their mind or brain (temporary or permanent)? If so,
- (2) Does that prevent the person making a decision?

There are four more questions to ask to find out whether the person can make the decision:

- Can they understand the information needed to make that decision?
- Can they remember the information for long enough to make the decision?
- Can they weigh up the consequences of deciding one way or another?
- Can they communicate their decision? (This may be by a nod or a blink, as well as by speech or by signing).

For day to day living, these decisions are often made by people working with the person such as carers or regular volunteers– for instance, deciding whether a person can choose what to wear that day, what to eat or what activities to do.

Some decisions about mental capacity are the responsibility of other people. For example, a social worker carrying out a community care assessment is responsible for judging whether someone can make a decision about their care support or where they want to live. Medical staff are responsible for judging whether someone can make a decision to have health treatment. Professionals, like carers, must make every effort to help the person to understand the information and to make a decision, before judging that the person can or cannot make their own decisions. Your knowledge of the person will help make sure that this is done properly.

#### **Best interest decision-making**

If a person can't make a decision, then someone else has to take that responsibility. Very often, a carer, family member or support worker might do that about all sorts of important day to day things. If it is a decision about community care services or health treatment, then usually the social worker or doctor has to make the decision, but with help and advice from those closest to the person.

The law says that where a person can't make their own decisions they must be made in the 'best interests' of the person. That means taking all the relevant factors into account, including:

- consulting carers/support workers and any other family members and close friends
- involving the person as much as possible and listening to what they say
- as far as possible, their past opinions, values and beliefs must be taken into account
- restricting the person's freedom as little as possible.

Those close to the person will probably know more about them than anyone else, and will want the best for them, therefore; listening to their opinions and respecting their knowledge of the person is generally more likely to obtain an outcome that is truly in the person's best interest. If the person has lost mental capacity because of an illness or an injury, then those that knew the person before they were unable to make decisions will be able to explain what they were like and what was important to them when they were able to make all their own decisions.

## **Actions to take when you become aware of a safeguarding concern**

### **Initial Action**

These actions can normally be undertaken by anyone who becomes aware of abuse and neglect.

- Remain calm and non-judgemental
- Take whatever action is required to ensure the immediate safety or medical welfare of the adult
- Do not discourage the adult from further disclosure
- Listen to the adult, clarify the main facts and summarise what has been said to you
- Remain sensitive, supportive and attentive
- Give reassurance but do not press for more detail or make promises
- Retain, record and report information
- Ensure all potential evidence has been preserved
- If you are a paid worker or formal volunteer you will need to inform the designated safeguarding person or their deputy

### **Further Action**

The actions in this section will normally be taken by the designated safeguarding person or their deputy. It is important that this person ensures the initial actions have been completed or at least considered.

- Take all reasonable steps to ensure the adult is in no immediate danger of further harm
- Explain that you cannot keep information about alleged or suspected abuse confidential.
- Seek permission to share information with others.
- Consider the importance of; Capacity, Consent, Best Interest and Public Interest
- Offer future support from yourself or others.
- Review any records that have been made and or make a record of what has occurred and the action taken so far.

### **Follow Up Actions**

These actions will normally be carried out by the designated safeguarding person or their deputy

- Review the actions taken to ensure the adult is in no immediate danger of further harm
- Ensure all potential evidence has been preserved
- Review or if appropriate develop a protection plan to protect the adult
- Review any records made and ensure they are factual/accurate and correspond to the account given
- Discuss any remaining concerns you have with the local councils safeguarding adults team
- When necessary and appropriate complete and forward the safeguarding adults concern form to the local authority safeguarding adults' team.
- Inform a trustee if necessary.