



## **Safeguarding Adults at Risk Policy**

**Adopted:** 10 September 2019

**Next Review:** 10 September 2020

### **Policy Statement**

Hednesford Town Council is committed to ensuring the protection of adults at risk through the implementation of this policy and best practice. Members of the Council, staff and volunteers recognise and accept our responsibility to raise awareness of the issues involved in working with adults at risk. Relevant legislation and guidance relating to the protection of adults at risk are reflected in this policy, including:

- Human Rights Act 1998
- Youth Justice and Criminal Evidence Act 1999
- Domestic Violence, Crime & Victims Act 2004
- Mental Capacity Act (MCA) 2005, amendment 2012
- Mental Health Act (2007)
- Introduction of Deprivation of Liberty Safeguards into the MCA in April 2009
- Care Act 2014
- Care and Support Statutory Guidance issued under the Care Act – March 2016.

### **Who is an adult at risk?**

Safeguarding duties apply to any adult who is in need of care and support, 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.

### **Designated lead/s for safeguarding**

The current designated safeguarding lead is the Town Clerk and the Deputy Town Clerk in their absence. In the unlikely event of both being absent, the matter should be raised with the Chair of the Council, or then the Vice Chair.

### **This policy is based on the following principles:**

- Providing an environment in which adults at risk can feel safe
- All adults at risk, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity have the right to protection from abuse
- Everyone at the Town Council (all staff, volunteers and councillors) have a responsibility to be aware of the issues and to report any concerns to a designated person
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately

### **We will aim to safeguard adults at risk by:**

- adopting a general code of conduct including which all councillors, staff & volunteers will work to
- exercising our Duty of Care and sharing information and/or concerns in a confidential manner with the appropriate outside agencies
- following appropriate procedures for recruitment and selection of staff and volunteers
- implementing safeguarding induction and training as appropriate
- managing staff and volunteers in accordance with this policy
- reviewing and updating this policy and our practice as required and at least annually

## **Recognising and initial responses to allegations of abuse**

### **Principles**

- i. Empowerment – people being supported to make their own decisions and informed consent
- ii. Protection – support and representation for those in greatest need
- iii. Prevention – it is better to take action before harm occurs
- iv. Proportionality – proportionate and least intrusive response appropriate to the risk presented
- v. Partnership – local solutions through services working with their communities; who have a part to play in preventing, detecting and reporting neglect and abuse
- vi. Accountability – accountability and transparency in delivering safeguarding

### **Definitions of abuse**

Abuse may be defined as the wrongful application of power by someone in a dominant position. It involves an imbalance of power and exploitation without a full and informed consent. Abuse can take several different forms and may be a single act or repeated acts. Please see Appendix 3a for a further breakdown of categories and types of abuse.

### **Recognising abuse**

There are many potential indicators and signs of abuse, most of which may also be signs of other forms of injury or ill health. Those working with adults at risk should familiarise themselves. Please see Appendix 3b for a list of potential signs of abuse.

### **Responding to an adult at risk making an allegation of abuse**

- Stay calm, listen carefully to what is being said
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others-do not promise to keep secrets
- Allow the adult at risk to continue at his/her own pace
- Ask questions for clarification only; avoid asking questions that suggest a particular answer
- Reassure the adult at risk that they have done the right thing in telling you
- Establish their views and what they would like to happen next
- Be aware that evidence may be needed
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using the adult at risk's own words and ask the person reporting to read it back and sign & date it as a true record of the discussion
- Report to the designated lead

### **Helpful statements to make**

- I believe you (or showing acceptance of what the adult at risk says)
- Thank you for telling me
- Its not your fault
- I will help you

### **Do not say**

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises

### **Do**

- Call for help if necessary from emergency services
- Ensure the person's immediate safety
- Act within the individual's wishes, as far as possible
- Reassure them that they will be supported

### **Do not**

- Promise not to tell anyone

- Act within the individual's wishes if it would put them or others at risk
- Be judgemental
- Contact the alleged perpetrator or anyone else in the allegation
- Touch or move anything/ contaminate evidence

### **Physical injury, including sexual abuse or neglect**

If an adult at risk has a symptom of physical injury or neglect the designated lead will support you to ensure:

1. Any emergency medical attention is sought immediately and that the medic is informed of any suspicions of abuse or neglect
2. Social Services are contacted for advice in cases of suspected deliberate injury or concerns about the immediate safety of the adult at risk. Family members or carers should not be informed in these circumstances until advice has been sought, as this may place the adult at further risk
3. When appropriate the family member or carer is contacted, and encouraged to seek help from Social Services. If the family member or carer fails to act the designated lead should in case of real concern support the adult at risk, with contacting Social Services directly
4. Under no circumstances should you or the designated lead attempt to carry out any investigation into the allegations or suspicions. The role of the designated lead is to clarify the precise details of the allegation or suspicion and to provide this information to Social Services whose task it is to investigate the matter

## **What to after someone reports abuse to you, if you suspect that abuse may have occurred or that someone is at risk of abuse**

1. Make further written notes as soon as possible about the allegation or write down the nature of your suspicions. In addition to the record you have made of the allegation, you should write down exactly what you said in reply and what was happening immediately before being told (i.e. the activity being delivered). You should record the dates, times and when you made the record. All hand written notes should be kept securely. You should use the form "Reporting Suspected Abuse" (Appendix 2).
2. You should report your discussion with the designated lead for safeguarding as soon as possible. If the designated person is implicated you need to report to the Chair of the Council. If both are implicated report directly to Social Services.
3. The designated lead should carefully consider whether or not it is safe for an adult at risk to return home to potentially abusive situation. On these rare occasions it may be necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.
4. Suspicions should not be discussed with anyone other than the designated lead and/or a statutory risk protection official
5. It is the right of any individual to make direct referrals to the adult at risk protection agencies. If for any reason you believe that the designated lead has not responded appropriately to your concerns, then it is your right to contact the adult at risk protection agencies directly (see Appendix 1)

### **The role of the designated lead is to support with**

- Obtaining information from the person who has reported the adult at risk concerns and to record this information accurately
- Assessing the information quickly and carefully and ask for further information as appropriate
- Consulting with a statutory adult at risk protection agency such as the local Social Services department to clarify any doubts or worries
- Making a referral to a statutory adult at risk protection agency or the police without delay (see Appendix 1)

The designated lead has been nominated to support with referring allegations or suspicions of neglect or abuse to the statutory authorities. The designated lead will make a judgement as to who is in the best position to convey/make the actual referral. If in doubt they will make the referral.

## **Recruitment and appointment of workers and volunteers**

In recruiting and appointing workers, the Town Council will be responsible for the following:

- We will identify the tasks and responsibilities involved and the type of person most suitable for the job.
- We will draw up the selection criteria and put together a list of essential and desirable qualifications, skills and experience; including those relating to adults at risk
- All applicants should apply in writing and their application will cover their personal details, previous and current work/volunteering experience.
- We will make sure that we measure the application against the selection criteria.
- The Rehabilitation of Offenders Act (1974) requires that people applying for positions working with adults at risk must declare all previous convictions. They are also required to declare any pending case against them. It is important that your applicant in this particular category understands that all information will be dealt with confidentially and will not be used against them unfairly. This will be reflected on the application form.
- For appropriate roles, applicants will be notified that a Disclosure and Barring (DBS) Check will be undertaken and assessed at the application stage.
- We will always interview our candidates.

Following an offer of employment or volunteering:

- We will ask for photographic evidence to confirm the identity of the applicant e.g. their passport.
- We may request to see documentation of any qualifications detailed by the applicant.
- We will request two written references from people who are not family members or friends and who have knowledge of the applicant's experience of working with adults at risk if relevant to the post. We will ask the referee to comment on their suitability for working with adults at risk.
- If relevant to the post we will ensure that our successful applicant obtains the appropriate level of DBS check as required from the Disclosure and Barring Service. They will need to show the Enhanced DBS before we will confirm them in post.
- We will include our safeguarding adults at risk policy in the induction process including the code of conduct (appendix 4)

## **Support and Training**

The Council is committed to the provision of adult at risk protection training and refresher training for all relevant personnel.

## **Additional arrangements for the management of Council activities/services**

We will further aim to protect adults at risk from abuse and our team members from false allegations by adopting the following guidelines:

- We will keep a record of the job roles and activities in which we are involved where adults at risk are present or likely to be present (this may take the form of the register of DBS checked roles)
- Personnel will record the dates/times they are present in relation to the above and sign in and out using the attendance logs provided, whether Council or at external organisations/premises
- Our team members will record any unusual events using incident forms
- Where possible our team members should not be alone with an adult at risk, although we recognise that there may be times when this may be necessary or helpful
- We recognise that physical touch between adults and adults at risk can be healthy (eg. a hand shake) and acceptable in public places. However this is discouraged in circumstances where an adult and adult at risk are left alone
- All team members should treat all adults at risk with dignity and respect in attitude, language and actions

## **Allegations against Town Council personnel**

We will assure all staff, volunteers and Councillors that the Town Council will fully support and protect anyone, who in good faith reports his or her concern that a colleague is, or may be, abusing an adult at risk. Where there is a complaint against our personnel there may be three types of investigation:

- A criminal investigation
- An adult at risk protection investigation
- A disciplinary or misconduct investigation.

The results of the police and adult at risk protection investigation may well influence the disciplinary investigation, but not necessarily.

### **1. Concerns about poor practice:**

- If, following consideration, the allegation is clearly about poor practice; this will be dealt with as a misconduct issue.
- If the allegation is about poor practice by the designated lead or if the matter has been handled inadequately and concerns remain, it should be reported to the Chair of the Council, who will decide how to deal with the allegation and whether or not the organisation should initiate disciplinary proceedings.

### **2. Concerns about suspected abuse**

- Any suspicion that an adult at risk has been abused by council personnel should be reported to the designated lead, who will take such steps as considered necessary to ensure the safety of the adult at risk in question.
- The designated lead will refer the allegation to the Social Services department who may involve the police, or go directly to the police if out-of-hours.
- The parents or carers of the adult at risk will be contacted as soon as possible following advice from the Social Services department.
- If the designated lead is the subject of the suspicion/allegation, the report must be made to the Chair who will refer the allegation to Social Services.

### **3. Internal Inquiries and Suspension**

- The designated lead will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and Social Services enquiries.
- Irrespective of the findings of the Social Services or police enquiries the organisation will assess all individual cases to decide whether personnel can be reinstated and how this can be sensitively handled. This may be a difficult decision; particularly where there is insufficient evidence to uphold any action by the police. In such cases, the organisation must reach a decision based upon the available information which could suggest that on a balance of probability, it is more likely than not that the allegation is true. The welfare of the adult at risk should remain of paramount importance throughout.

## **Appendix 1: Reporting allegations or suspicions of abuse**

If you have any concerns about an adult at risk being abused you should inform the designated lead

### **Important contacts outside the organisation**

**Staffordshire County Council Social Services**

**Phone:** 0345 604 2719

**Email:** [vastaffordshire@staffordshire.gov.uk](mailto:vastaffordshire@staffordshire.gov.uk)

A trained member of staff will be available to help you between 8:30am - 5:00pm, Monday-Thursday (excluding Bank Holidays) and 08:30am - 4:30pm Fridays

To report a concern outside of these hours, please contact the **Emergency Duty Service**

**Phone:** 0345 604 2886

**Fax:** 01785 277321

**Text:** 07815 492613

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### **Other numbers**

Staffordshire Police, non Emergency	101
Crimestoppers	0800 555 111
Action on Elder Abuse	0808 808 8141
Care Quality Commission (CQC)	03000 616 161

**If you believe someone is at immediate risk of harm you should call the emergency services on 999**

## Appendix 2: Reporting Suspected Abuse - Recording Sheet

Organisation

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Name of person reporting

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Name of adult at risk

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Age and date of birth

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Ethnicity

---

Religion

---

First language

---

Disability

---

Family Member/Carer's name(s)

---

Home address/Tel no

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Are you reporting your concerns or reporting someone else's. Please give details.

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Brief description of what has prompted the concerns:

Details of harm caused to adult

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Immediate action required to protect adult

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Any physical signs? Behavioural signs? Indirect signs?

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Have you spoken to the adult at risk? If so, what was said? Did they agree to a referral?

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Have you spoken to the family member/carer(s)? if so, what was said?

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Has anybody been alleged to be the abuser? If so, please give details?

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Are there any others at risk? If so, please give details?

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Have you consulted anybody else? Please give details

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Person reported to and date of reporting

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Signature of person reporting

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Today's date

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Action taken

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Notes relating to adults views and wishes, information relating to mental capacity and views of yourself making the referral

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## **Appendix 3a: Categories and Types of Abuse**

### **Physical abuse**

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

### **Sexual abuse**

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse

### **Psychological/emotional abuse includes:**

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

### **Neglect and 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 – importantly, it may not always be clear in the case of an adult at risk, who is responsible for the neglect

### **Financial or material**

- Including theft and fraud
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

### **Discriminatory abuse**

- Including racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment.

### **Self-neglect**

- Including failure to take care of own basic needs
- Neglecting care for personal hygiene and surroundings and hoarding

### **Modern Slavery**

- Including slavery, human trafficking, forced labour, domestic servitude, coercion, deception, and life of inhumane treatment

### **Organisational abuse**

- Including denial of rights, denial of access to family, friends, Doctor, Solicitor, denial of access to money or information
- Neglect, poor care practice, threats of punishment, loss of personal possessions and evictions to ensure compliance, lack of choice of meal times, bed times due to the fact it makes it easier for the organisations

### **Domestic abuse**

- Including threatening behaviour, intimidation, violence
- Between family members or those who are or have been intimate partners. Includes sexual, financial, emotional, physical and "honour based" violence

## Appendix 3b: Signs of Abuse

### Physical abuse signs

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

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

### Sexual abuse signs

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

### Psychological/emotional signs:

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

### Neglect signs

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

### Financial or material signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the adult at risks assets

### Discriminatory signs

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

### Self-neglect signs

- Not engaging with a network of support
- Unwilling or unable to meet necessary care to meet needs
- Unable to make reasonable and informed decisions due to mental disorder, illness or acquired brain injury
- Unable to protect themselves against exploitation or abuse

- Refusing essential support without which their health & safety needs cannot be met and the individual lacks the insight to recognise this

#### **Modern slavery signs**

- Signs of physical or psychological abuse, malnourished, withdrawn
- Not allowed independent travel
- Seem under the influence of others, reluctant to seek help
- Don't interact with the neighbourhood
- Few or no personal belongings or document
- Avoid eye contact, appear frightened or hesitate to talk to strangers
- Living/working in the same place

#### **Organisational signs**

- Poor standards
- Inflexible routines
- Lack of personal belongings and stark or unhomey environment
- Deprived environmental surroundings and lack of stimuli
- Inappropriate physical intervention
- Inappropriate use of power
- Denial of visits by friends or family

#### **Domestic abuse signs**

- Signs can be the same as any type of abuse or neglect

#### **Other signs of abuse**

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

## Appendix 4: Code of Conduct

This code of conduct gives guidance on what is expected of staff and volunteers in terms of behaviour when working with adults at risk. This is in addition to the General Service Conditions for staff and the guidance in Part 8 of this policy, Supervisory arrangements for the management of Support Staffordshire activities and services.

Staff and volunteers working with adults at risk should observe the following:

1. Treat everyone with respect and dignity in respect of attitude, language and actions.
2. Follow all the policies and procedures of Support Staffordshire and to inform your line manager in the event of a breach of these.
3. Participate in any induction and training/development including safeguarding training.
4. Maintain confidentiality and never discuss or disclose any information to anyone who is not authorised to receive it.
5. If any requests come in from the media for comments or any information, pass these on to the appropriate person unless authorised to speak on behalf of the organisation.
6. If offered any gifts, check first with line manager to ascertain if they are acceptable.
7. Abide by all health & safety rules and be aware that health & safety is the responsibility of everyone.
8. Report incidents or near misses as soon as possible
9. Follow signing in and out procedures so that your presence/absence can be verified
10. Conduct yourself in a professional, presentable manner and not undermine the organisation's reputation in any way.
11. Ensure that you keep relationships with clients on a professional basis and do not become involved with clients on a more informal basis.
12. Ensure that wherever possible, you are not working in tightly enclosed spaces and never be out of sight of other adults. If unavoidable, notify a colleague of the need to be working one to one
13. We recognise that physical touch between adults and adults at risk can be healthy and acceptable in public places. However this is discouraged in circumstances where an adult and adult at risk are left alone.