



Safeguarding Adults Policy and Procedure

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Contact details:

Nominated Safeguarding Person (NSP): Daija Angeli, info@hamunitedgroup.org.uk

Chair: Sufiyo Andersson, info@hamunitedgroup.org.uk

1. Purpose and aim

Ham United Group (HUG) is a Community Interest Company (CIC). Our purpose is to improve the environment and the quality of life for the people in Ham and Petersham. We do this by creating and delivering projects and activities that help make our community more sustainable.

We take the safeguarding of adults at risk very seriously. HUG is committed to ensuring we support adults at risk's rights and create and maintain the safest possible environment for them while engaged in any of our activities.

This policy applies to anyone in HUG - including directors, volunteers or anyone else working on behalf of Ham United Group such as consultants. As an organisation we are committed to ensuring that every person has the same protection regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity.

This policy outlines the steps HUG will take to safeguard an adult with care and support needs if they are deemed to be at risk of harm and neglect. This policy sets out the roles and responsibilities of HUG in working together with other professionals and agencies in promoting the adult's welfare and safeguarding them from abuse and neglect.

HUG will ensure that decisions made will allow adults to make their own choices and include them in any decision making. HUG will also ensure that safe and effective working practices are in place.

Safeguarding incidents are rare and ensuring that adults at risk of harm and you are protected from unnecessary risks or allegations is mostly a matter of common sense.

The best defence against abuse is the strength of the values incorporated in HUG's culture and the practical application of the mechanisms and procedures described in this document to protect adults at risk from harm and neglect. We want to provide activities that are safe and

enjoyable, mitigating risk as much as possible, and reducing the risk of harm and neglect to everyone engaged in our charitable activity. In order to help us do this everyone involved in the delivery of a HUG activity which involves adults at risk is required to:

- Complete basic checks prior to recruitment (see section 5)
- Read this policy, and sign it to say you have understood its contents and your responsibilities within it
- Complete e-learning Safeguarding Adults Level 1 course provided by Richmond and Wandsworth TPD Learning Portal
- Abide by the HUG code of conduct, and only act within the boundaries of your HUG volunteer roles and responsibilities.
- Report concerns to the Nominated Safeguarding Person for HUG (Daija Angeli, info@hamunitedgroup.org.uk)

2. Background

This policy has been written using the legal and social care framework detailed in the following:

- Mental Capacity Act 2005
- The Care Act 2014
- London Safeguarding Adults Policy and Procedure 2016

“Safeguarding” means protecting the health well-being and human rights of adults at risk we interact with, enabling them to live safely, free from abuse and neglect. An adult at risk is someone who may be in need of help because they have care and support needs. They may be unable to stop someone else from harming or exploiting them. Abuse may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it. The categories of abuse include physical abuse, domestic violence, sexual abuse, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, and self-neglect (see Appendix A for details).

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or is 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.

People with care and support needs are not inherently vulnerable, but they may come to be at risk of abuse or neglect at any point due to:

- physical or mental ill-health
- becoming disabled
- getting older
- not having support networks
- inappropriate accommodation
- financial circumstances

- being socially isolated.

HUG adheres to following the six principles of safeguarding (Appendix B) that underpin all adult safeguarding it is important that this policy is proportionate to the level of activity and involvement that you have with this client group.

3. Our responsibilities

HUG does not currently deliver any direct services for adults with care and support needs. As HUG's activities are open to everyone in the community, we may find ourselves working with adults at risk.

HUG recognizes its duty of care to both its beneficiaries and its volunteers. We have a responsibility to recruit safely, provide training and behave in ways that minimize the risk of harm to adults at risk that attend our activities. We also have a responsibility to report incidents that we witness or hear about. **All involved in delivering HUG functions in relation to safeguarding should follow the rule of 4Rs, Recognise/ Respond/ Refer/ Record (see Section 4).**

Daija Angeli is the Nominated Safeguarding Person (NSP) at Ham United Group. Her responsibility is to ensure that this policy is up to date, and to act as the reporting point of contact for all concerns. Ultimately the HUG directors have legal responsibility for ensuring that adult protection and safeguarding procedures are sufficient and appropriate for HUG operations, and the Nominated Safeguarding Person is required to report concerns raised to them at the earliest opportunity.

All Directors and volunteers are aware of the forms, signs and indicators of abuse set out in Appendix A and know how to share their concerns appropriately.

4. Process in the event of a safeguarding issue

If whilst working for HUG an adult discloses to you some information that suggests they have been subject to some form of abuse (see Appendix A) OR you witness an act of abuse or behavior towards an adult that causes you concern follow this process.

I. Respond

- If someone is injured or at immediate risk, take immediate action. **Seek help by dialing 999 for police or ambulance.**
- Get brief details about what has happened and what the adult would like done about it, but do not probe or conduct a mini-investigation
- Seek consent from the adult to take action and to report the concern. Consider whether the adult may lack capacity to make decisions about their own and other people's safety and wellbeing. If you decide to act against their wishes or without their consent, you must record your decision and the reasons for this.

II. Report

- Report the incident to Daija Angeli, your Nominated Safeguarding Person
- Make sure you are aware of the Data Protection Act (2018) and local protocols about confidentiality and information sharing, and tell only the people who need to know.

III. Record

- Make a written record of the concern (see Appendix C) and pass this on to your Nominated Safeguarding Person.

IV. Refer

In making a decision whether to refer or not, the Nominated Safeguarding Person should take into account:

- a. the adult's wishes and preferred outcome
- b. whether the adult has mental capacity to make an informed decision about their own and others' safety
- c. the safety or wellbeing of children or other adults with care and support needs
- d. whether there is a person in a position of trust involved
- e. whether a crime has been committed

This should inform the decision whether to notify the concern to the following people:

- the police if a crime has been committed and/or
- Richmond and Wandsworth Safeguarding Adults Board via an online form, https://richmond.gov.uk/report_adult_abuse#report_online
- family/relatives as appropriate (seek advice from the Richmond and Wandsworth Safeguarding Adults Board)

The Nominated Safeguarding Person will keep a record of the reasons for referring the concern or reasons for not referring. These records will be kept securely and only shared as appropriate to relevant agencies. The directors will be informed of any disclosure or concerns raised.

It is important to remember is that if you suspect or become aware of an adult at risk of harm and neglect being subject to any form of abuse then it is your responsibility to report it as a first step to helping to protect them. Do not assume that someone else will do it. Seek the advice of the Nominated Safeguarding Person if you have any questions.

5. Recruitment, Induction and Supervision of Volunteers

All reasonable steps will be taken to ensure unsuitable individuals are prevented from having any involvement with HUG.

- HUGs commitment to safeguarding will be stated in all adverts for volunteers.
- We will ask prospective volunteers to disclose any past convictions, cautions, reprimands and final warnings as well as any pending cases. Volunteers will be asked if they have ever had any complaints of abuse against them.
- Prior to appointment, two references will be taken and proof of ID required.
- At induction, all new volunteers will be expected to read and sign this policy and be aware of their role/responsibility with regard to confidentiality and safeguarding issues and be aware of how to identify signs of potential abuse and how to report any concerns.
- Supervision and support of volunteers will include monitoring of safeguarding practice.

6. DBS checks

In some rare circumstances it may be appropriate for volunteers to have a basic or enhanced DBS check. This is usually only required where staff are regularly working with adults at risk of

harm or neglect, or there is a chance that they could work unsupervised with these groups. This currently does not apply to our work.

In the event that HUG were to develop a project that worked directly with adults at risk and met the threshold for regulated activity, a satisfactory enhanced DBS check, along with experience of working with relevant groups, would be a requirement of being able to take on the role.

7. Photography, Mobile Phones & Social Media

All Directors and volunteers are required to adhere to the following:

- Never give out your personal contact details and do not “friend” or follow adults at risk you are working with on social media
- At events, we will inform people that we will be taking photographs or film and ask them to let us know if they do not want to be involved. If at all possible, take crowd shots at such an angle that full faces are not clearly visible, or aerial or soft focus shots that blur identities.
- When an adult is the main subject or would be recognised we will seek specific consent from the adult, letting them know how exactly their image will be used. Consideration should also be given to the appropriateness of images used (e.g. ensure appropriate clothing)
- Adults must be able to consent to their image being used. If an adult lacks capacity to consent to the use of their photo then it is not appropriate to use their image in HUG communications. Only the adult themselves can consent to the use of their image; family members or care/support workers should not be approached for consent.
- If you have any concerns that an adult does not have the capacity to give consent to photography or filming, or understand that photographs or films are being taken during an activity, you must discuss this with them, including if appropriate, any support person or personal assistant for the adult.
- If in doubt, don't use the photos/video footage.

Appendix A – Forms of Abuse

1. Self-neglect

This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings.

Types of self-neglect

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Signs and indicators

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

2. Modern Slavery

This encompasses slavery, human trafficking, forced labour, and domestic servitude.

Types of modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography

- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Signs and indicators

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

3. Domestic Abuse

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse (psychological, physical, sexual, financial, and emotional 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.

Signs and indicators

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation

- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

4. Discriminatory

Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.

- Unequal treatment based on the protected characteristics.
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Signs and indicators

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic.

5. Organisational or institutional abuse

This includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in one's own home. Organisational abuse can range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes

- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Signs and indicators

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

6. Physical

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)

Signs and indicators

- 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

7. Sexual

Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth

- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Signs and indicators

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

8. Financial or Material

Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions

- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Signs and indicators

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- 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
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house

- Unnecessary property repairs

9. Neglect and Acts of Omission

This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Signs and indicators

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

10. Emotional or Psychological

Types of emotional or psychological abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment

Signs and indicators

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Four Additional Types of Harm

There are four additional types of harm that are not included in The Care Act, but they are also relevant to safeguarding adults.

11. Cyber Bullying

Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various different types of bullying, including racist bullying, homophobic bullying, or bullying related to special education needs and disabilities. The main difference is that, instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

12. Forced Marriage

This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-Social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

13. Mate Crime

A “mate crime” is when “vulnerable people are befriending by members of the community who go on to exploit and take advantage of them” (Safety Network Project, ARC). It may not be an illegal act, but it still has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private. In recent years there have been a number of Serious Care Reviews relating to people with a learning disability who were seriously harmed, or even murdered, by people who purported to be their friend.

14. Radicalisation

The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.

Appendix B - The six principles of safeguarding adults at risk of harm and neglect

Empowerment

People are supported and encouraged to make their own decisions and informed consent. *"I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens."*

Prevention

It is better to take action before harm occurs. *"I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help."*

Proportionality

The least intrusive response appropriate to the risk presented. *"I am sure that the professionals will work in my interest and they will only get involved as much as is necessary."*

Protection

Support and representation for those in greatest need. *"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*

Partnership

Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*

Accountability

Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved in my life and so do they."*

Appendix C - Safeguarding Reporting Form

Please complete this form as soon as possible after any safeguarding incident, make the nominated safeguarding person aware of the incident as soon as possible and then send them this form.

Name of the individual(s) that safeguarding concern is about

Their D.O.B/ age (if known)

Where did the incident happen

Their contact details (if known)

Describe the incident or your concern

Describe what action if any has been taken to stop any risk and/or address the risk of further harm

Detail who the incident or concern was reported to and how, including their contact details if known

Your details

Name:

Contact details:

Date and time reported:

Appendix D - Code of Conduct

All Ham United Group representatives and volunteers are required to operate within the boundaries of their role and should adhere to the following guidelines for appropriate behaviour:

Always

- Treat all people that you encounter with respect regardless of their gender, age, religion, ethnic background, disability or sexual orientation
- Always be aware that someone might misinterpret our actions no matter how well intentioned
- Keep an open environment with any activities that we organise, avoiding private or unobserved situations with attendees – this includes in an online setting
- Ensure that for any events that you are running, including those online, you are creating a safe environment for attendees. For online events this could mean password protect zoom meetings, don't publicise the link to the general public, only send it onto registered ticket holders etc. For in-person events this could mean careful consideration of which venues are most appropriate for each group, and ensuring that the right level of directors, volunteers and partners are present, giving particular consideration to the needs of a group.
- Set examples of appropriate behaviour and ensure that you challenge any inappropriate behaviour to prevent the abuse of members of a group that you work with through bullying, cruelty or any other forms of humiliation if you witness it
- Keep professional boundaries and remember that you are in a position of authority and power to the people that you work with
- Use appropriate language with children and young people and challenge any inappropriate language used by a young person or child or adults working with young people
- Always respect a young person's right to privacy.

Never

- Never exaggerate or trivialise abuse issues or make suggestive remarks or gestures about or to a person, even for fun
- Never engage in, and don't allow others to engage in, inappropriate behaviour or contact (this includes physical, verbal, sexual), or deliberately put yourself or others in compromising situations. Consider whether your actions might breach someone's trust or confidence in you, make them feel uncomfortable, cause harm or be misinterpreted. If in doubt, don't do it.