

# Age Concern Shipston Safeguarding Policy Statement

## Aim

The Trustees of Age Concern are committed to safeguarding as an integral part of our services for older people. The care and protection of all clients and volunteers is the responsibility of the Trustees and of everyone who has a role to play in the organisation.

Our aim is to ensure that we all understand the importance of safeguarding, the nature of the issues which might be faced within Age Concern, the underpinning legislative requirements and the actions we must take to ensure that we safely identify and act upon any safeguarding concerns which arise.

Our policy is based on our core values and guiding principles and offers three overarching policy commitments:

## Our core values

- We are respectful.
- We treat others as they would want to be treated.
- We are inclusive.
- We work together and are open and transparent in all our dealings with clients and with each other.

## Our Guiding Principles

**Everyone's responsibility** – All Trustees and Volunteers have a responsibility to respond to the needs of adults who need care and support safe from abuse and neglect.

**Prevention** – We will put measures in place to prevent abuse within our organisation, including the use of safe recruitment practices, promoting safe working practice and raising awareness of safeguarding. We will also set clear boundaries for the roles of our volunteers.

**Protection** – We will provide policy, procedures, information and training to enable all Trustees and Volunteers to identify and respond appropriately to concerns about abuse.

**Partnership** - We will work in partnership with statutory, regulatory and other relevant organisations to ensure that safeguarding concerns are responded to appropriately.

**Accountability** - We aim to be transparent in our approaches to all safeguarding issues.

## Policy Commitments

Our three overarching policy commitments are:

1. Promoting a safer environment and culture.
2. Safely recruiting and supporting all those with any responsibility related to vulnerable adults. This means ensuring that all Trustees and Volunteers:
  - Undertake a Disclosure Barring Service check
  - Are made aware of our Safeguarding policy and procedures
  - Have access to training as required
  - Know where to find support if needed

3. Responding promptly to every safeguarding concern or allegation
- Anyone who brings any safeguarding suspicion, concern, knowledge or allegation of abuse to our notice will be responded to respectfully and in a timely manner, in line with our safeguarding procedures and the Warwickshire Safeguarding Adults Board safeguarding practice guidance.
  - All suspicions, concerns, knowledge or allegations, that reach the threshold for reporting to the statutory authorities, will be reported via the Safeguarding Lead to the appropriate statutory authorities.

### **Good Safeguarding Practice**

The following key features will help us promote and maintain a safer culture that protects and promotes the welfare of our clients. These features are:

- A leadership commitment to the importance of safeguarding;
- A clear line of accountability within the organisation;
- Clear reporting procedures to deal with safeguarding concerns and allegations;
- Clear roles for Trustees and service co-ordinators;
- Safe recruitment procedures;
- Safeguarding training offered to all Trustees and volunteers;
- Effective working with statutory and voluntary sector partners;
- Effective information sharing;
- Good record keeping.

### **Roles and Responsibilities**

#### **All Trustees and Volunteers**

Every individual working for Age Concern irrespective of their role, has a part to play in safeguarding adults who need care and support. All Trustees and Volunteers will be offered training and will be made aware of our Safeguarding Policy and Procedures.

#### **Trustees**

Age Concern Trustees will approve the Safeguarding Policy and procedures; they will ensure that they are shared and that procedures are followed.

#### **Service Co-ordinators**

Activity organisers are responsible for ensuring that they, and the volunteers that they supervise, are aware of our safeguarding policy and procedures and access relevant training. They may be required to make decisions relating to safeguarding concerns and can seek advice from the Safeguarding Lead where required.

#### **Safeguarding Lead**

The Safeguarding Lead is the Designated Person for Safeguarding at Age Concern. S/he is responsible for developing safeguarding policy and procedures, for ensuring concerns are appropriately reported and recorded and for liaising with external stakeholders.

# Age Concern Shipston

## Adult Safeguarding Guidance Notes

This document begins with guidance for Volunteers and Trustees in carrying out their role. It then focuses on guidance on what to do when you think an adult with care and support needs:

- is experiencing, or is at risk of, abuse or neglect
- is unable to protect themselves from abuse or neglect.

### **1. The Volunteer Role - Boundaries and Managing Expectations**

It's important for the safety of both clients and volunteers working on behalf of Age Concern that we act in a way that complies with our expectations for safeguarding and also that we understand the limits or boundaries of our volunteer role and that we manage the expectations of the older people we support.

#### **1.1 As volunteers we:**

Support the wellbeing of older people by helping to provide the services offered by:

- providing meals and opportunity for social interaction, at lunch clubs, on trips and occasional additional events
- bringing to the attention of Trustees or activity co-ordinators any practical needs and any safeguarding concerns we learn of during our interactions with clients.

#### **1.2 The volunteer role mustn't include:**

- sharing personal details with the older person if this isn't required as part of the volunteering role
- sharing the personal details of anyone connected to Age Concern without their consent
- retaining or holding the keys to an older person's home
- providing health care or health information, for example, dispensing medication or advice
- providing personal care, for example help with eating/drinking or with washing
- managing money or handling cash on behalf of an older person
- lifting or carrying older people
- helping with general household tasks
- being involved in the conduct of the older person's affairs, for example acting as an advocate or as power of attorney
- accepting personal gifts from an older person
- providing a 'sitting' service, for example carer's respite
- offering counselling or therapy
- keeping secrets.

#### **1.3 Boundaries applying to older people with dementia**

We welcome both clients with dementia and their carers. But, in order to maintain safety within lunch clubs and on trips, lunch club and activity co-ordinators will have the discretion to refuse access to the service for any client not accompanied by a carer or deemed to be unsafe in relation to themselves or others.

## **2. Recognising Abuse or Neglect - Definitions**

## 2.1 Adults with care and support needs

This describes adults who need extra help to manage their lives and be independent. This may include:

- people with a learning disability or physical disability
- people with mental health needs
- people with sensory needs
- people with cognitive needs, e.g. acquired brain injury
- people who are experiencing short- or long-term illness
- people with age-related challenges.

However, it is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly unable to protect themselves from abuse or neglect. The Care Act guidance 2014 describes “care and support” as:

“The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers.”

## 2.2 Particular issues for older people

Abuse and neglect do not occur in isolation and an older person may be experiencing, or be at risk of, more than one kind of abuse or neglect. For example, financial abuse may include an element of physical abuse, or neglect may be a feature of coercive control.

Perpetrators of abuse or neglect are often people who are trusted and relied on by an older person, such as family members or care staff.

Safeguarding is not limited to situations where there is a breach of trust, as it includes situations such as risk of exposure to scams. It is important to be aware that anyone can commit abuse or neglect.

Official reports show that, compared to other age groups, people aged 85 and above are much more likely to be the subject of a safeguarding enquiry.

## 2.3 Abuse or neglect

The term “abuse” can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent. Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. The Care Act guidance identifies the following types of abuse or neglect:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse, so-called ‘honour’ based violence.

- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, stalking, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within a care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

### 3. Responding to abuse or neglect

#### 3.1 Introduction

The possibility of abuse can come to light in various ways, for example:

- an active disclosure of abuse by the adult
- a passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse
- a growing awareness that "something is not right"
- an allegation of abuse by a third party
- a complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse
- directly witnessing an incident.

#### 3.2 What to do if you suspect abuse but it is not disclosed

If possible, it is always best to discuss any concerns you have with the person at risk and obtain their agreement, where feasible and safe to do so, before you report

abuse or neglect. If you believe the person has the mental capacity to make decisions about their own safety, but does not want you to tell anyone what is going on or take matters further, you may need to accept that.

In general, you should seek the permission of the client before sharing concerns with members of their family.

But in the following situations you will need to take further advice:

- You feel that the person is unable to make a decision because they are being coerced by the abuser or subject to undue influence or duress.
- You feel that the person is choosing not to report abuse because they are afraid it will damage an important relationship.
- You feel that the person does not have the mental capacity to give consent to a concern being raised.
- You feel that the person would remain at risk, or the perpetrator of the abuse may also be putting other people at risk.

In these situations, speak to the local co-ordinator or Safeguarding Lead who will discuss options with you and consult the responsible local authority (Warwickshire County Council – see section 5 for details) if necessary. You may want to seek advice without initially disclosing the identity of the person you are concerned about in these cases.

### **3.3 Dealing with disclosures**

#### **3.3.1 Overview**

It is often difficult to believe that abuse or neglect can occur. It may have taken a great amount of courage for the person to tell you that something has happened. They may fear the abuse could get worse if they tell, and fear of not being believed can also cause people not to tell.

From the first stages of concerns being identified, the views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect and what outcomes they would like to achieve.

These views should directly inform what happens next. There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour. The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your lunch club or activity co-ordinator, safeguarding lead or from an external agency as appropriate.

#### **3.3.2 Speaking to the adult who is experiencing, or is at risk of, abuse or neglect**

When speaking to the adult:

- Speak to them in a private and safe place. The person alleged to be the source of the risk should not be present in all but the most exceptional of circumstances.

- Get the adult's views on the concern and what they want done about it.
- Accept what the person is saying. Do not question the person or get them to justify what they are saying. Reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts but try to avoid asking the same questions more than once or asking the person to repeat what they have said - this can make them feel they are not being believed.
- Don't promise the person that you'll keep what they tell you confidential or secret. Explain that you will need to tell another person, but you'll only tell people who need to know so that they can help.
- Discuss what could be done to make them feel safer.

You may also need to:

- Give the adult information about the adult safeguarding process and how that could help to make them safer.
- Identify communication needs, personal care arrangements and access requests.

### **3.4. What to do if directly witnessing abuse**

In the unlikely event that abuse is witnessed in one of the Age Concern settings (trips, lunch clubs etc) follow these steps:

#### **3.4.1 Take action to safeguard anyone at immediate risk of harm**

##### **If you think a crime has been committed:**

- Contact the Police immediately. Ask their advice about what to do.
- Where possible leave things as and where they are. Do not clean up.
- Do not throw anything away which could be evidence.

##### **If there is a medical need:**

- Call 999 if there is a medical emergency, danger to life or risk of imminent injury.
- When it's not a life-threatening situation, summon assistance from the GP, or other primary healthcare service, or consult NHS 111.

#### **3.4.2 Speak to the adult(s) concerned if it is safe to do so**

If it appears that a crime has been committed, this would be best left to the Police. Otherwise, get the views of the adult on the incident, and see what they would like to happen next. Listen to what they have to say, and ensure they are given the support they need. Offer reassurance and comfort as needed, but be wary of physical contact with either the victim or alleged perpetrator.

#### **3.4.2 Record the incident**

As soon as possible, make full written notes on the incident – what you witnessed, the people involved and the nature of the abuse.

#### **3.4.4. Make your report**

Report the matter internally through your internal reporting procedure on the same day.

### **3.5 What to do if abuse comes to our attention through another body with statutory responsibilities, eg, the Police or Orbit**

In this situation our response will be determined having regard to the decisions made by the body/bodies with overall safeguarding responsibility. But, at a minimum, we should:

- Check that the concern has been discussed with the complainant so that his/her wishes about what s/he would wish to happen have been taken into account
- Check that, where appropriate, the issue has been reported to the WCC Adult Safeguarding point of contact.
- Complete and log our Safeguarding form so that we have a written record of our decisions in relation to action taken.

Following on from this, if we have any concerns that appropriate action has not been taken, for example if the issue is raised again with us, we should raise these concerns with the WCC Adult Safeguarding point of contact.

## **4. Recording Safeguarding Concerns**

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- when the disclosure was made, or when you were told about/witnessed the incident/s
- who was involved, any other witnesses, including service-users and other volunteers
- exactly what happened or what you were told. Use the person's own words, keeping it factual and not interpreting what you saw or were told
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible
- make sure the written report is legible and is of a quality that can be photocopied
- print your name on the report and sign and date it
- keep the report/s confidential, storing them in a secure place until needed.

## **5. Reporting Adult Safeguarding Concerns**

**5.1** All abuse or neglect concerns relating to adults with care and support needs should be reported to Warwickshire County Council on the Adult Safeguarding single point of referral contact number: **01926 412080**

This will include any concerns you have about abuse taking place in a professional care setting, a care home, an NHS facility or in their own home.

**5.2** Concerns about the actions of attorneys or court appointed deputies would need to be raised with the Office of the Public Guardian. Concerns about an appointee for benefits should be raised with the Department for Work and Pensions.

**5.3** If the abuse or neglect is very serious, or a criminal offence has occurred or may occur, contact the Police immediately

- For non-emergencies dial **01926 415000**.
- If a crime is in progress or life is at risk, dial emergency **999**.

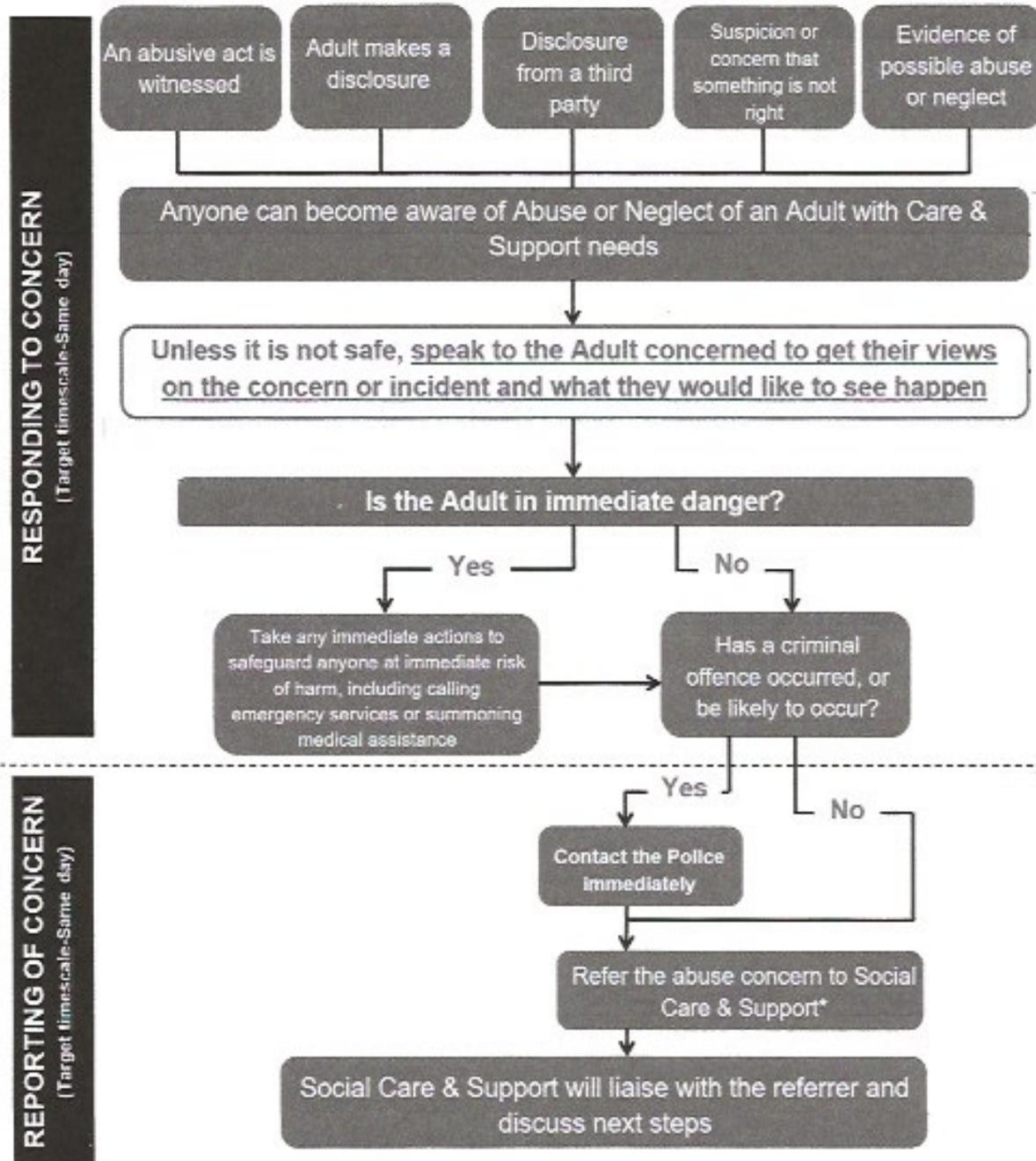
Then make the referral to the local authority as above.

**5.4** Referrals outside office hours will be directed to the Warwickshire County Council Emergency Duty Service who can be contacted directly on **01926 886922**.

## Appendix 1 – Flowchart of referral pathways from WSAB Guidelines

### 3.6. Flowchart - Referral Pathways for the Safeguarding Alert

This flowchart gives an overview summary of referral pathways. Please note it does not include other responsibilities which need to be considered through this process, such as preserving evidence and providing appropriate support to victims.



**Appendix 2**

**Age Concern Shipston  
Safeguarding Reporting Form**

**Who is making this report? (Print name or names if more than one witness)**

**About whom?**

**Time and place where concern raised**

**Describe in as much detail as possible the nature of the concern raised**

**Action taken or action recommended – including what the person wishes to happen**

**Any other relevant information (e.g. previous concerns)**

**Date of report**

**Signature**

**Now please ensure that this is passed to the local co-ordinator or Safeguarding Lead. Please store it securely if you are not able to do this immediately.**