

Safeguarding People At Risk
Policy and Procedure

See also: Child Protection Policy and Procedure

Compass Disability Services/CDST LTD
Units 11 – 12 Belvedere Trading Estate
Taunton, TA1 1BH

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Introduction

Compass Disability Services/CDST work with vulnerable adults as part of our activities. These include (for example):

- Wellbeing Centre e.g. groups, sessions designed specifically to welcome vulnerable adults
- Compass Independent Living e.g. direct payment support
- Off-site activities e.g. support groups at community locations
- Compass Disability Services e.g. volunteers
- Compass Everyday customers

This policy is formulated in recognition that safeguarding is everyone's responsibility and aims to promote protection, welfare and wellbeing.

In line with our Equal Opportunities Policy, the Care Act 2014 and the Equality Act 2010 Compass Disability Services/CDST is committed to ensuring that all individuals – regardless of their ethnic origin, beliefs, age, sexual orientation, gender or disability – have an equal right to live in safety, free from abuse and neglect.

The Data Protection Act 2018 gives protection to individuals' data, including images. Signed consent must be given freely by the person or their legal representative detailing what the data or image is to be used for and this consent must be updated at least every year. This applies to each image of a vulnerable adult before it can be stored or used for any purpose. The use and storage of any data must be in line with the ethos and specific requirements of the Act.

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The purpose of this policy is:

- To protect vulnerable adults that we come into contact with through our work.
- To provide customers, staff and volunteers with the overarching principles that guide our approach to safeguarding.

This policy applies to anyone working on with, or on behalf of Compass Disability Services/CDST including Senior Managers and the Board of Trustees, paid staff, volunteers, sessional workers and students.

Policy Principles

Compass Disability Services/CDST adopts the following policy principles in line with the 2014 Care Act:

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- All individuals have the right to live their lives free from violence, coercion, intimidation, fear, neglect, oppression and physical, sexual, emotional or mental harm;
- Prevention – It is better to take action before harm occurs;
- Individuals have a right to confidentiality in respect of personal information insofar as this does not infringe the rights of other people;
- All individuals have the right to receive full and comprehensive information to enable them to make informed choices about their own circumstances;
- All individuals have the right to the protection of the law and access to the judicial process;
- To work in partnership in preventing, detecting and reporting neglect and abuse.

Abuse is a violation of an individual’s human and civil rights by any other person(s). The risk of being abused depends upon the situation, the environment and the perpetrators, not on the behaviour of victims. Many incidents of abuse are criminal offences.

Definition of Adults at Risk

Under this policy Adults at Risk are those aged 18 years or over;

- Who may be in need of care and or support (whether or not a statutory body is meeting any of those needs) due to frailty in old age, physical disability, sensory impairment, mental ill health, learning disability, personality disorder or other disability, or illness, or as a result of misuse of substances or alcohol; or
- Who is limited in their capacity to make decisions and is in need of care and support; and is experiencing, or at risk of, abuse or neglect
- Who as a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Safeguarding Adults who Lack Capacity

We have a responsibility to help adults who lack capacity to stay safe from risk of and from actual harm and abuse. Some adults who lack capacity may be at further risk because of their level of dependency and or communication needs.

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Definition of Contact with Adults at Risk

For the purpose of this policy the term 'contact with adults at risk' also includes those staff and volunteers who provide on-going support and information and advice in a non-face to face manner, e.g. Direct Payment Support Payroll Service provided from head office.

Definition of Abuse

"Any act or failure to act, which results in a significant breach of a vulnerable person's human rights, civil liberties, bodily integrity, dignity or general wellbeing, whether intended or inadvertent, including sexual relationships or financial transactions to which a person has not or cannot validly consent or which are deliberately exploitative" *Safeguarding Adults and Children Against Abuse: Council of Europe 2002*

Types of abuse include; discrimination, domestic violence or abuse, financial, or material, modern slavery, neglect, or acts of omission, organisational, physical, psychological and sexual.

Abuse can comprise of a single act, repeated acts or a combination of acts, e.g. an individual may be being neglected and financially abused.

Indicators of Possible Abuse

Indicators of abuse should be seen as suggestive of (not proof of) abuse. Any one or group of indicators could arise from other causes other than abuse. However, recognition of one or more factors or symptoms in any one individual should give rise to concern and lead to further assessment or investigation. It is important to bear in mind that abuse may be perpetrated as a result of deliberate intent, negligence, or ignorance.

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Staff and Volunteer Support

Compass Disability Services/CDST recognise that identifying and reporting possible abuse has the potential to be very stressful for any member of staff and volunteer involved, and is therefore committed to providing support throughout this process. We also recognise that there are instances where staff and volunteers may want to speak in confidence or seek a second opinion if signs of abuse are noted; in circumstances such as these your line manager will be available. All discussions will take place in accordance with Compass Disability Services' Confidentiality Policy.

In the event of identifying abuse or the disclosure of abuse, all staff and volunteers will have one or more debriefing sessions with the Safeguarding Lead (the Contracts and Projects Development Manager) or a senior member of staff as appropriate after any report of abuse of a vulnerable adult has been made. In some situations confidential counselling may also be offered.

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Responsibilities

The prevention of abuse of adults at risk is everybody's responsibility. However, organisations, staff and volunteers in contact with adults at risk have a particular responsibility to be alert to the signs and early detection of abuse from whatever quarter, thus ensuring that appropriate action can be taken.

The Board of Trustees and Chief Executive officer have overall responsibility for ensuring compliance and accountability to relevant agencies in regards to safeguarding, as required by law.

The Contracts and Projects Development Manager is the delegated senior member of staff for safeguarding and is responsible for overseeing the implementation of the Safeguarding Policy and ensuring all staff and volunteers are adhering to their responsibilities. In the event of a safeguarding or child protection incident, a review will be undertaken by the Contracts and Projects Development Manager or other appropriate Senior Manager in their absence. The review will be undertaken to ensure that the organisation's systems, policies and procedures enabled staff and volunteers involved to act according to their role and responsibilities.

If action is required to improve our management of safeguarding incidences the risk register will be updated where relevant and will be reviewed at the Senior Team Review Meetings.

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The Board of Trustees or a member of staff (who has been delegated responsibility by the Board) has a responsibility to undertake the following:

- Refer someone to the Disclosure and Barring Service (DBS) if Compass Disability Services/CDST has :
 - Sacked an employee because they harmed a child or adult
 - Sacked an employee because they might have harmed a child or adult otherwise
 - Planned to sack an employee for either of these reasons, but the person resigned first.
- Report suspicions, allegations and incidents of abuse or mistreatment of vulnerable beneficiaries to the Charity Commission as well as the Police, Social Services, commissioners or other relevant agency.

All members of staff and volunteers have a duty to report allegations or suspicions of abuse, therefore Compass Disability Services/CDST as the employer, has a responsibility to provide these staff and volunteers with the necessary training and information in adult and child protection, as well as measures which are aimed at preventing abuse.

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This training will be provided for all staff and volunteers at a level appropriate to their role, upon induction and at regular intervals, at least every 2 years. Staff and volunteers will be made aware of the importance of following policies in the interests of their customers and for the protection of themselves. The training and information will ensure staff and volunteers know how to recognise neglect and abuse and respond in timely and appropriate manner. Training will also set out clear expectations of behaviour, manners and attitude.

The Care Act states that the primary responsibility for coordinating an investigation into the abuse of vulnerable people lies with the Local Authority. Compass Disability Services/CDST do not have any powers to investigate any form of abuse, however staff and volunteers have a responsibility to take action to protect a vulnerable adult from abuse if concerns are raised, and we will encourage opportunities to access services and information designed to protect people from abuse.

Multi-agency Working Statement

Compass Disability Services/CDST is committed to working with commissioners and other agencies to flag up actual or potential risk of abuse of adults at risk, and assist in investigations wherever possible. The Contracts and Projects Development Manager as the delegated member of staff for safeguarding or other appropriate Senior Manager in their absence will act as the main point of contact for liaison and coordination between agencies and staff.

Information Sharing Between Agencies

The appropriate sharing of information is essential in working together to safeguard adults at risk and children. However this needs to be done in a way which protects the confidentiality and rights of those concerned. Therefore the sharing of any information is strictly on a need to know basis when it is deemed in the best interest of an adult at risk in line with the 2014 Care Act guidance, the Data Protection Act 2018 and the organisations Confidentiality Policy and Whistleblowing policy.

Whistle-Blowing

Compass Disability Services/CDST promotes an open organisational culture which we anticipate would encourage staff, volunteers and customers to speak out and report concerns about abuse in line with the Public Interest Disclosure Act 1998. Compass Disability Services' Whistle-blowing Policy and Procedures are available to all staff and volunteers. This policy should be consulted if staff or volunteers suspect that a colleague is abusing, colluding with an alleged perpetrator of abuse or not taking an abuse matter seriously.

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Abuse Prevention

In acknowledging that abuse of adults at risk takes place we must also aim to reduce the risks of abuse by being aware of preventative measures.

In line with our Recruitment of Ex-offenders Policy, Compass Disability Services/CDST must exercise vigilance and rigour in the recruitment of staff and volunteers that will be working with vulnerable groups. Compass Disability Services/CDST follow safer recruitment guidance including obtaining and scrutinising a relevant disclosure from the Disclosure and Barring Service (DBS) for all employees and volunteers whose roles fall within the categories that are known as the Exceptions to the Rehabilitation of Offenders Act 1974. Compass Disability Services/CDST adheres to the Revised DBS Code of Practice as published under section 122 of the Police Act 1997.

Mental Capacity

In line with the Mental Capacity Act 2005 it is assumed that adults at risk have capacity to make informed decisions about their lives. Compass Disability Services/CDST staff and volunteers are in no way qualified or trained to assess an adult's capacity to make informed decisions. However where there are concerns around an individual's lack of capacity to make informed decisions in terms of safeguarding these will be reported to the relevant local authority's safeguarding team. Please see the Safeguarding Vulnerable People procedure for further information.

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Serious Self-neglect

Where there are concerns regarding serious self-neglect which could lead to significant harm to an individual's health and safety, this will be reported to the individual's named Social Worker or the generic Social Work team where this is not known.

Policy Revisions

This policy will be reviewed every two years and amended as necessary, or earlier in accordance with any forthcoming legislation. Where we hold a contract it will also be reviewed in line with the relevant Local Authority's Safeguarding Policy and Procedures. All employees and volunteers should pass suggestions or recommendations for the revision of any aspect of this policy through normal channels to the Chief Executive.

This policy should be read alongside other relevant policies and procedures including:

- Bullying and Harassment Policy
- Child Protection Policy and Procedures
- Confidentiality Policy

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- Complaints Policy
- Data Protection Policy
- Disclosure and Barring Service (DBS) Criminal Records Checks Policy
- Equal Opportunities Policy
- Recruitment Policy
- Recruitment of Ex-Offenders Policy
- Safeguarding Procedure
- Staff and Volunteer Handbook
- Whistleblowing Policy.

Additional information for staff:

- <https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding>

Additional Information about Child Protection:

‘What to do if you’re worried a child is being abused’

<https://www.actionforchildren.org.uk/how-to-help/worried-about-a-child/>

Additional Information for Trustees:

Charity Commission:

<https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees>

What counts as a serious incident in your charity and how to report it.

<https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity>

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Safeguarding Vulnerable People Procedure

To do nothing is not an option. Anyone who works with or has contact with adults at risk and/or children must be aware of the potential for abuse, and fulfil their duty to report any actual or suspected abuse.

If a member of staff or volunteer is concerned about an adult at risk, and/or indicator(s) of abuse have been noted, and he/she would like to seek a second opinion before taking action to report this, their line manager (or another senior manager) will be available to speak to. Any discussions will take place in accordance with Compass Disability Services' Confidentiality Policy.

To ensure consistency in reporting if a member of staff or volunteer has safeguarding concerns, suspicions of abuse or an actual disclosure has been made they must complete a Safeguarding Incident Reporting Form at the earliest opportunity. This form can be found on version control. The first part of the form is to be completed by the member of staff who has concerns or has identified abuse and passed on to the Contracts and Projects Development Manager or another member of the senior team in her absence to complete the second part of the form. The form will then be filed in the Management folder on the server.

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Disclosure of Abuse

Although staff and volunteers are encouraged to know about the signs and signals which make them suspect that someone might be being abused, many incidents will only come to light because the person discloses this themselves. A disclosure may take place many years after a traumatic event or when someone has just left a place where they were afraid. All disclosures should be taken seriously.

What to do if an adult at risk or child makes a disclosure regarding abuse:

DO

- Make sure the immediate safety of the person
- Stay calm and do not show shock or disbelief
- Listen carefully to what you are being told
- Tell the person:
 - They did the right thing in telling you
 - It was not their fault
- Preserve evidence e.g. paperwork, clothing, blood, semen, etc.
- Explain that you are required to share this information with the regulating authority (as appropriate)
- Explain that further investigations will be conducted sensitively and with their involvement as much as possible

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- Write down what the person has said remembering that this information may be used as evidence.

DO NOT

- Be judgmental (for example, “why didn’t you stop them...”)
- Promise to keep secrets or make promises that you will be unable to keep
- Press the person for more details
- Show them photos of the possible abuser or ask closed or leading questions
- Contact the alleged abuser or alleged victim (depending on who is making the disclosure)
- Pass on the information to anyone other than people that ‘need to know’
- ‘Sit’ on the information over the weekend or until you are on duty next, make sure you report the information as soon as possible.

Criminal Offences

If you witness abuse which is a criminal offence or someone makes a disclosure to you about being a victim of a recent criminal offence, in addition to the above you must:

- Call the emergency services by dialling 999
- Allow the police to conduct all questioning
- Take action to make sure that no-one else questions the victim, abuser or witnesses about what happened
- Ask the police for advice about whether the victims and witnesses should be kept apart before they have an opportunity to discuss the events they have witnessed
- Work with the police at the scene and co-operate with the Investigating Officer during any investigation

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Failure to comply with this process might result in any defence asking for evidence to be withdrawn on the grounds that the information has been unfairly obtained ‘due to leading the victim or a witness’.

NOTE: In all cases staff and volunteers should attempt to obtain the consent of an individual before calling the police. This is not always appropriate and the requirement to obtain consent may be overridden or dispensed with depending on the seriousness of the incident, where there is a duty of care to intervene, for example, a crime has been or may be committed, the risk to other adults at risk or children and/or the capacity of the individual to make the decision (see Mental Capacity).

DO NOT

- Move anything, clean anything or wash anything up
- Bathe the person or change their clothes

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- Remove or alter any documentation

Where sexual abuse is concerned, do not assume that it is too late to collect forensic evidence, even days after the alleged abuse – let the police decide.

If you are not sure if a criminal offence has taken place or not, see **Appendix 4** for whom to ask.

Recording Statements

It is important to write a report of the incident as soon as possible using the Safeguarding Incident Reporting Form which can be found on version control. Make sure your writing is legible and you must also date, sign and print your name on it.

- Write down any injuries, describing the colour, size, depth and shape
- Note in writing the state of the clothing of the person and the alleged perpetrator
- Note what was said, using the exact words and phrases spoken wherever possible, including dates and times
- Describe the circumstances in which the disclosure came about
- Note the setting and anyone else that was there at the time
- Write down exactly what happened – not your opinion
- Use a pen or biro with black ink so that it can be photocopied.

When the statement is complete it must be passed on to the Contracts and Projects Development Manager (or another member of the senior team in her absence) to complete the second part of the form. The form will then be filed in the Management folder on the server.

Be aware that your report may be required in the future as part of a legal action or disciplinary procedure.

You must remember that if you witness, discover or suspect abuse, or someone makes a disclosure to you, you have a duty to report it. Even if an allegation concerns a member of staff or volunteer (who may also be a colleague) it is still the clear duty of those concerned to report the matter.

Mental Capacity Act

In law, every adult has the right to make their own decisions and is assumed to have capacity to do so unless proved otherwise. Difficulties may arise when it is not known or clear whether the adult at risk has capacity to make a decision or whether the decision is being made under duress. As an organisation it is imperative that disclosures or suspicions of abuse along with concerns regarding capacity are passed on to the relevant authority, even if the person at risk does not want to take action against the abuse, obviously the wish of the person at risk must also be reported. When an adult at risk

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declines contact with the police, staff should then contact either the relevant Social Work team or Care Manager for an assessment as to what would be in the best interest of that person or other adults at risk or children. This decision must be discussed with the local Team Manager or Emergency Duty Team if out of office hours.

A summary of principles from The Mental Capacity Act 2005 can be found at **Appendix 2**.

How to make an Adult Safeguarding Referral

Compass Disability Services/CDST and its projects do not have any powers to investigate any form of abuse; however staff and volunteers do have a responsibility to take action to report the identification or disclosure of abuse or suspicions of abuse regarding an adult at risk or child.

In circumstances where abuse amounts to a criminal offence the emergency services must be called, firstly the Police/Ambulance and then the Social Work team or Care Manager or the relevant Out of Hours Emergency Duty Team.

The Chief Executive Officer and the Contracts and Projects Development Manager (as the delegated member of staff for Safeguarding) or in their absence another member of the Senior Management Team must be informed at the earliest opportunity. Where it is reported to a member of the Senior Management Team it is then their responsibility to inform the Chief Executive Officer and the Contracts and Projects Development Manager if they are on leave if appropriate, alternatively on their return.

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In the interests of confidentiality, when making the referral it is imperative not to disclose any details about the case (this could be personal details about the victim or the alleged abuser) until you are speaking to a person that 'needs to know'.

If the vulnerable adult/child lives in a care home, is receiving care from a domiciliary care agency or any registered service, you must also report the incident to the Care Quality Commission or the relevant regulatory authority.

If abuse is witnessed or suspected in services provided by a hospital, you should report your concerns to a senior manager. You may also report your concerns to the Patient Advocacy Liaison Service (PALS).

You will be advised as to which forms to complete to make the referral by whichever authority you have reported the incident/suspicion/allegation to.

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The Police or regulatory authority will then become responsible for investigating the alleged abuse. As the referrer you will undoubtedly be asked to assist in the investigation. In line with Compass Disability Services' Safeguarding Vulnerable People Policy you will contribute to the investigation as appropriate, however it is the role of the Police or other authority to ensure that the vulnerable adult or child is supported from this point forward.

See **Appendix 3** for flow diagram on how to report abuse. See **Appendix 4** for information on who to contact to make an adult or child protection referral.

Allegations of Abuse against Staff and volunteers

If a member of staff or a volunteer is alleged to be involved in an incidence of abuse, the Chief Executive must be informed as soon as possible, it would not be acceptable to wait until he/she returns from leave unless he/she is entirely un-contactable. If it is not possible to contact the Chief Executive, the next most senior member of staff should be contacted immediately; this would be the Contracts and Projects Development Manager, Operations Manager or the Business Development Manager.

The Chief Executive (or the next most senior member of staff) must contact the member of staff or volunteer against which the allegation has been made, to suspend them indefinitely pending further enquiries, making it clear that they are prohibited from contacting any customers especially the alleged victim, any member of the alleged victims' family or employees. In accordance with Compass Disability Services/CDST contracts with the County Councils, the Contracts department at the relevant County Council must be notified. From this point forward the relevant Council will dictate the necessary procedure.

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Types of abuse and indicators

This list is not exhaustive and should be used as a tool in the assessment of vulnerability and risk. Some of the indicators may relate to more than one type of abuse and may also be an indicator of offending behaviour.

- **Discriminatory Abuse including forms of** harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Sexual Abuse** includes rape and sexual assault, contact or non-contact sexual acts to which the individual has not consented, or an individual cannot understand and lacks the mental capacity to be able to give consent or was pressurised/enticed into consenting.

Non-contact activities such as grooming, involving children looking at pornographic material, watching sexual activities or encouraging children to behave in sexually inappropriate ways also constitutes sexual abuse, whether or not the child is aware of what is happening. Adults with severe learning disabilities are also not deemed in law to be able to give consent to sexual acts;

- **Psychological Abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or Material Abuse** includes theft, fraud, internet scamming, coercion, exploitation, pressure in connection with wills, property, inheritance or financial affairs, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect or Acts of Omission** includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, failure to report abuse or risk of abuse;
- **Physical Abuse** includes hitting, slapping, shaking, throwing, pushing, kicking, biting, burning or scalding, suffocating, poisoning or misuse of medication, inappropriate restraint, or inappropriate sanctions; female genital mutilation (FGM). Fabricated or Induced Illness (also known as Munchausen's Syndrome by Proxy) also constitutes physical abuse, whereby the parent/guardian fabricates symptoms or deliberately causes ill health in a child.

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- **Organisational Abuse** including physical, psychological, financial and sexual abuse, neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Domestic Abuse** - The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, 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. Including but not limited to physical, psychological, sexual, financial and emotional. Under the Serious Crime Act 2015, coercive and controlling behaviour in intimate and familial relationships was introduced as an offence, further changes in the law are currently being drafted.
- **Domestic Violence** including psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.
- **Modern Slavery** encompassing slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Exploitation or radicalisation** which could include cuckooing (a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for drug dealing) and/or county lines where gangs expand their activities into smaller towns using children and vulnerable adults to sell, move and/or store drugs or other criminal activities. Radicalisers exploit individuals by providing a sense of purpose or belonging. (See Prevent Strategy information)

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Possible Abuse Indicators

Indicators of abuse should be seen as suggestive of – not proof of – abuse. However it is also important to bear in mind that abuse may be perpetrated as a result of deliberate intent, negligence, or ignorance.

▪ Indicators of Discriminatory Abuse

- Failure to respect dietary, cultural and/or religious needs
- Signs of a substandard service offered to an individual
- Exclusion from rights/services e.g. health, education, employment, criminal justice and civic status

▪ Indicators of Sexual Abuse

- Significant change in sexual behaviour, language or outlook
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Wetting or soiling
- Unexplained responses to personal/medical care tasks
- Signs of withdrawal, depression or stress
- Overly sexualised language
- Unusual difficulty in walking and sitting
- Pain or itching, bruises or bleeding in genital area
- Sexually-transmitted disease, urinary tract/vaginal infections
- Psychosomatic disorders – stomach pains, excessive period pains

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▪ Indicators of Psychological Abuse

- Change in appetite
- Low self-esteem, deference, passivity and resignation
- Unexplained fear, defensiveness, ambivalence
- Emotional withdrawal
- Sudden change in behaviour
- Person managing care uses bullying, intimidation or threats to induce desired behaviour
- Person managing care has punitive approach to bodily functions or incontinence

▪ Indicators of Financial Abuse

- Change in living conditions
- Lack of heating, clothing or food
- Unexplained sudden inability to pay for bills or maintain lifestyle
- Person lacks belongings or services they can clearly afford
- Recent acquaintances expressing sudden or disproportionate affection for a person with money or property
- Lack of records and accounting of where money has been spent
- Unexplained withdrawals from an account

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- Withholding money
- Recent change of deeds or title of property sudden or unexpected changes in a will or other financial documents
- Unusual interest shown by family or others in the person or their assets
- Person managing financial affairs is evasive or uncooperative
- Selling or offering to sell possessions of a vulnerable adult who does not have the capacity to consent or know the full value of those possessions

▪ **Indicators of Neglect**

- Inadequate heating and/or lighting
- Inappropriate, old or shabby clothing, or being kept in night clothes during the day or clothing in poor condition e.g. unclean, wet, ragged
- Sensory deprivation, not allowed to have hearing aid, glasses or other aids to daily living
- Physical condition is poor e.g. bed sores, unwashed ulcers
- Inadequate physical environment
- Inadequate diet and/or malnutrition
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction
- Failure to give/offer prescribed medication
- Poor personal hygiene

▪ **Indicators of Physical Abuse**

- Any injury not fully explained by the history given
- Injuries inconsistent with the lifestyle of the vulnerable adult
- Bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- Cluster of injuries forming regular patterns or reflecting shape of article
- Burns, especially on soles, palms or back, immersion in hot water, friction burns, rope or electrical appliance burns
- Multiple fractures
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks
- Injuries at different stages of healing

Of course all children sustain injuries at times, ranging from minor cuts and bruises to broken limbs. Such injuries are a part of normal development and are usually the result of genuine accidents. Most falls and accidents produce one or more bruises on a single surface, usually on a bony protuberance. There may be abrasions on the child's hands as

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he/she tried to break the fall. However, it is always important to be alert to the possibility of abuse.

▪ **Indicators of Institutional Abuse**

- Inappropriate or poor care
- Misuse of medication
- Inappropriate restraint
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc.
- Lack of recording on client files
- Lack of respect shown to person
- Denial of visitors or phone calls
- Restricted access to toilet or bathing facilities
- Restricted access to appropriate medical or social care
- Lack of privacy or failure to ensure appropriate privacy or personal dignity
- Lack of flexibility and choice e.g. mealtimes, bedtimes, choice of food
- Lack of personal clothing and possessions
- Lack of adequate procedures e.g. for medication, financial management
- Controlling relationships between staff (or volunteers) and customers
- Poor professional practice
- Lack of response to complaints

Other Indicators

Other forms of abuse (for example domestic violence and cruelty to animals) may highlight that other abuse may be taking place.

Further details on the types and indicators of abuse

Social Care Institute of Excellence

<https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse>

National Society for the Prevention of Cruelty to Children

<https://www.nspcc.org.uk/what-is-child-abuse/spotting-signs-child-abuse/>

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Appendix 1

Measures to reduce the risk of abuse and harm occurring

Advocacy and Communication

- Make sure people know about advocacy services that are available to speak up or take action for children and adults at risk when necessary
- Support customer groups so that adults at risk can talk about issues that they are worried about
- Make sure information is available in different formats and is accessible and easy to understand
- Families, carers, colleges and care providers should make sure that children and adults at risk are made aware of abuse and are told about this in a way that they can understand
- Where possible adults at risk should share in any decisions that affect their lives.

Staff and volunteers can minimise risk by

- Developing a clear understanding of what abuse is
- Acknowledging that 'it could happen here'
- Being able to have open and honest discussions about any issues or concerns
- Learning from experience – own and others'
- Being prepared to question care practices that could be abusive
- Encouraging good communication between people who use the service, families and other employees and volunteers.

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Compass Disability Services/CDST aims to minimise risk by

- Having a Safeguarding Adults/Children Policy that takes account of our commissioners' Safeguarding Adults & Children Policies
- Recording and auditing complaints
- Having a Whistle-Blowing Policy
- Having policies to ensure new employees are properly checked and safe to work with children and adults at risk
- Giving potential customers 'the full picture' of services we provide and what their responsibilities and commitments would be to help inform their decision as to whether it would suit their needs
- Providing access to, advice and information on advocacy
- Encouraging good communication between staff and volunteers
- Making sure that staff and volunteers receive training to understand abuse
- Making sure staff and volunteers know who to tell and how if they have concerns
- Providing staff and volunteers with direct customer contact with an aide memoir highlighting what to do and who to contact in the event of safeguarding concerns, identifying abuse or the disclosure of abuse and displaying a safeguarding poster in each office with the same information.

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- Having clear and easy to understand policies which promote good practice
- Making sure that staff and volunteers receive regular and effective recorded supervision or support session in the case of volunteers and that notes are taken of things that were talked about and agreed
- Being prepared to listen and to respond to staff, volunteers, people who use services and families when care practices are questioned.

E-safety statement

We recognise that the welfare and wellbeing of children, young people and adults at risk who come into contact with our organisation is paramount and as such governs our approach to the use and management of electronic communications and online behaviour. We will therefore undertake the following:

- Set our Wi-Fi settings to filter inappropriate content to restrict the type of content people could access,
- Reviewing and updating the security of our information systems regularly.
- Promote and encourage the appropriate use of mobile phone technology and the internet in a way that keeps the customer safe and shows respect for others.
- Encourage parents and carers to do what they can to keep their children safe online, when using their mobile phone and or when gaming.
- Informing parents and carers of any incidents of concern as appropriate.
- Risk assessing in advance any social media tools used in the course of our work with children, young people and families.

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Appendix 2

The Mental Capacity Act 2005 – Principles underlying good practice

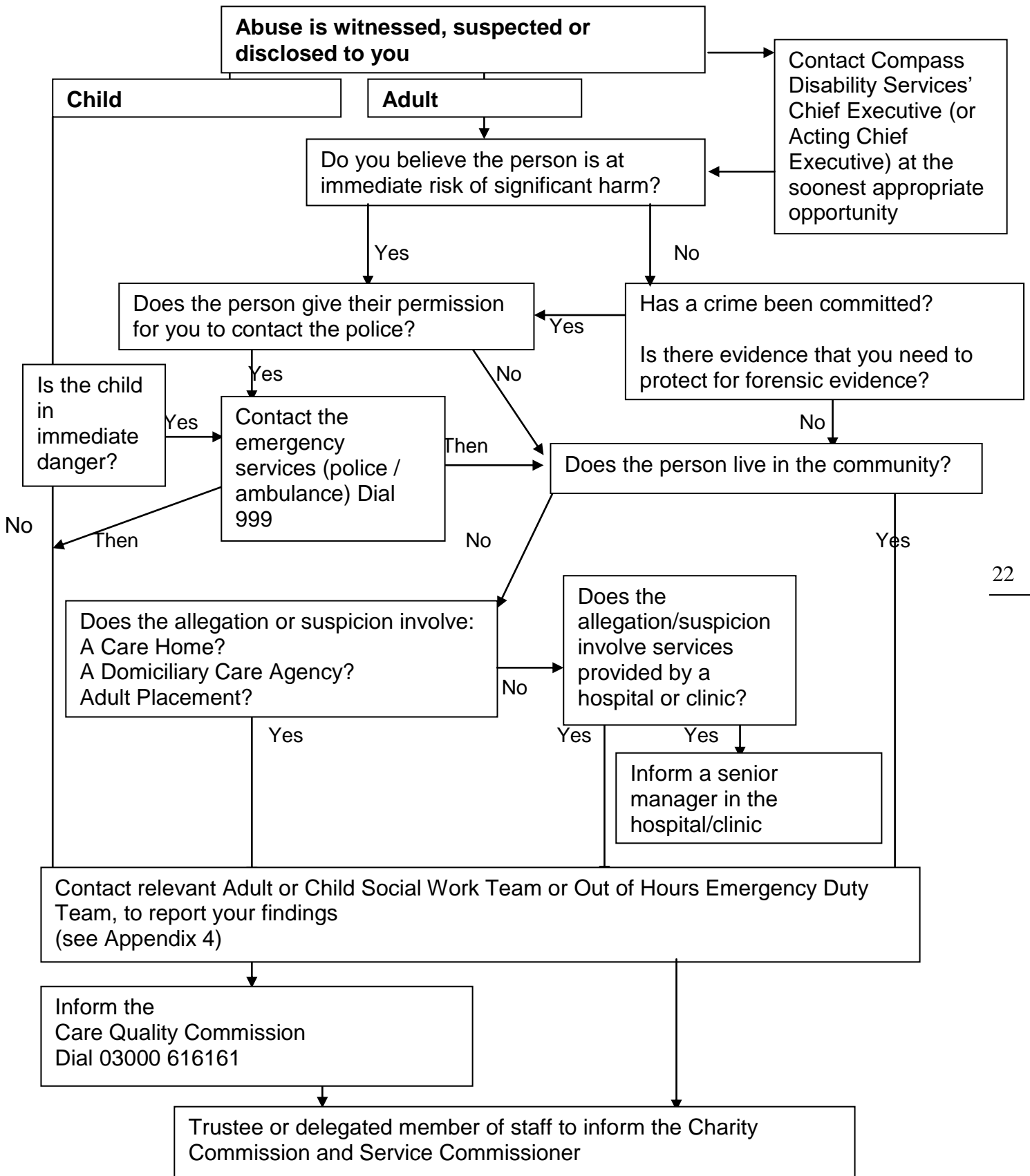
The principles, on which decisions about capacity are made, should be based on common law principles and are set out in Section 1 of The Mental Capacity Act 2005:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity
- A person is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision
- An act done or decision made for or on behalf of a person who lacks capacity must be in his/her best interests
- Before the act is done or the decision made, regard must be given as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action. This is the "minimum intervention principle" supporting practices that interfere least with the individual's freedom of action and follows the spirit of Article 8 of the European Convention of Human Rights.

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Appendix 3

How to Report Abuse of an Adult at Risk or Child



Appendix 4

Who to Contact to make an Adult or Child Protection Referral

Ask to speak to the relevant Social Worker or Duty Manager to make a report about a disclosure/suspicion/allegation of abuse against an adult at risk or a child.

NOTE: Remember; DO NOT disclose personal details (name or address of the victim or alleged abuser) about the case until you are speaking to a 'need to know' person to remain in accordance with our Confidentiality Policy.

Somerset	Tel:
Somerset Direct Adult Social Care and Children's services (Mon – Fri: 8 am – 6 pm, Sat: 9 am – 4 pm)	0300 123 2224
Out of hours Emergency Duty Team	0300 123 2327
Avon & Somerset Police Non-Emergency Contact Centre If you are not sure about whether or not a criminal offence has taken place (24 hours a day, 7 days a week)	101

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Bath & North East Somerset	Telephone
Adults Social Care	01225 396000
Children and Families Assessment and Intervention Team Monday – Friday office hours	01225 396312 or 01225 396313
Out of hours Emergency Duty Team	01454 615165
Avon & Somerset Police Police Non-Emergency If you are not sure about whether or not a criminal offence has taken place (24 hours a day, 7 days a week)	101

Birmingham	Telephone
Adults Social Care	0121 303 1234 (option 1)

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Services for Children, Young People and Families (Monday – Thursday : 8.45 am - 5:15pm and 4.15 pm on Friday)	0121 303 2590
Children - Multi-Agency Safeguarding Hub	0121 303 1888
Out of hours Emergency Duty Team	0121 464 9001
West Midlands Police Non-Emergency If you are not sure about whether or not a criminal offence has taken place (24 hours a day, 7 days a week)	101

Dorset	Tel:
Adults Bournemouth Care Direct	01202 454979
Dorset Adult Access Team	01305 221016
Borough of Poole Adult Social Care Help Desk	01202 633902
Out of Hours Service	01202 657279
Children	
Bournemouth: 01202 458102	Bridport: 01308 422234
Christchurch: 01202 474106	Dorchester: 01305 221450
Ferndown: 01202 877445	North Dorset: 01258 472652
Poole: 01202 735046	Purbeck: 01929 553456
Weymouth & Portland: 01305 760139	Out of Hours: 01202 657279
Police Non-Emergency If you are not sure about whether or not a criminal offence has taken place (24 hours a day, 7 days a week)	101

Swansea	Tel:
Adults 8.30 - 5.00 Monday - Thursday and 8.30 - 4.30 on Friday.	01792 636854
Children's Central Advice, Referral and Assessment Team	01792 635700
Emergency Duty Team (outside normal office hours)	01792 775501
Police Non-Emergency If you are not sure about whether or not a criminal offence has taken place (24 hours a day, 7 days a week)	101

Wiltshire	Tel:
Adult Social Care Helpdesk (Mon – Thurs: 8.30 am – 5.20 pm, Fri: 8.30 am – 4.20 pm)	0300 456 01111
Children - Wiltshire Multi-Agency Safeguarding Hub	0300 4560108
Out of Hours Emergency Duty Service	0845 607 0888
Wiltshire Police Non-Emergency If you are not sure about whether or not a criminal offence has taken place (24 hours a day, 7 days a week)	101