



Together Our Community (TOC)

Live, Learn and Work

Safeguarding Vulnerable Adults Policy

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Statement of Intent

This policy applies to all staff, including the leadership, paid staff, volunteers and session workers, agency staff, students or anyone working on behalf of TOC.

The purpose of this policy is:

- to protect adults who are experiencing, or at risk of, abuse and neglect and who are in receipt of TOC's services.
- to provide staff and volunteers with the overarching principles that guide our approach to safeguarding adults at risk.

We believe that no one should experience abuse of any kind. We have a responsibility to promote the welfare of all adults and to keep them safe. We are committed to practise in a way that protects them.

Definition of Adult Safeguarding

The official definition of "adult safeguarding" is working with adults who have care and support needs, to keep them safe from abuse or neglect.

This Safeguarding Policy applies to anyone over 18 who:

- has needs for care and support (whether or not the local authority is meeting any of those needs).
- is experiencing, or is at risk of, abuse or neglect.
- is unable to protect themselves from either the risk of, or the experience of, abuse or neglect, as a result of those care and support needs.

Adults who fulfil these criteria are considered to be 'adults at risk'.

People can have a need for care and support for a variety of reasons – for example they may have a learning disability, a physical disability, a chronic health condition or have a mental health issue. Such conditions may bring with them additional vulnerabilities, however having care and support needs does not mean that people are automatically adults at risk and need safeguarding.

Legal Framework

This policy has been written on the basis of the following law and guidance that seeks to protect adults at risk:

The Care Act 2014

We uphold the following 6 key principles of adult safeguarding as enshrined in the Care Act 2014:

1) Empowerment

People being encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens".

2) Prevention

It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help".

3) Proportionality

The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed".

4) 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".

5) Partnership

Local solutions through services working 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".

6) Accountability

Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they".

Mental Capacity Act (MCA) 2005

The Act protects people who may lack capacity to make decisions for themselves. It sets out how decisions should be made on their behalf and covers all sorts of decisions, from life-changing events to everyday matters. The Act states that:

"... a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain."

The presumption is that adults have the mental capacity to make informed choices about their safety and how they live their lives. Mental capacity and a person's ability to give informed consent are at the heart of decisions and actions that we take under this safeguarding policy. Every time we encounter a safeguarding issue we will take into account the ability of the adult at risk to make informed choices about the way they want to live and the risks they want to take.

We will seek to keep adults 'at risk' safe by:

- valuing them, listening to and respecting them
- appointing a Designated Safeguarding Officer (DSO) for Adults at Risk, plus a Deputy
- adopting safeguarding practices through procedures and a code of conduct for staff and volunteers

- developing and implementing an effective e-safety policy and related procedures
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- recruiting staff and volunteers safely, ensuring all necessary checks are made.
- recording and storing information professionally and securely, and sharing information about safeguarding and good practice with adults at risk, their families (where appropriate), staff and volunteers via leaflets, posters and one-to-one discussions
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving the adult themselves, families and carers appropriately.
- using our procedures to manage any allegations against staff and volunteers appropriately.
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.
- ensuring that we have effective complaints and whistleblowing measures in place.
- ensuring that we provide a safe physical environment for our clients, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance.

Policies and Procedures

This Safeguarding Policy should be read in conjunction with TOC’s other policies and procedures as they are reviewed and updated. Those highlighted below form part of this policy.

Policy
Safer Recruitment, Induction and Training – see below
Managing Allegations Against Staff and Volunteers – see below
Recording, Storing and Sharing Information – See below & Privacy Notices
Dealing with Disclosures About an Adult at Risk – see below process.
Role of the Designated Safeguarding Officer – see below
Code of Conduct for Staff and Volunteers – see below
Health and Safety – see H&S policy.

Contact Details

Designated Safeguarding Officer (DSO)

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Name: Hilary Freeborough
Phone: 07717168330
Email: hilary@tocommunity.org.uk

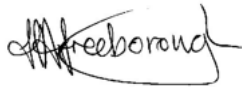
Deputy Designated Safeguarding Office

Name: Louise Collins
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We are committed to reviewing our policy and good practice annually

This policy was updated on: June 2024

Signed



Name: Hilary Freeborough

Position: CEO & Safeguarding Lead

Safer Recruitment, Induction and Training

- All paid staff and regular volunteers will as a minimum need to hold a standard Disclosure & Barring Service certificate. In addition those expected to have access to unaccompanied young adults, or that might handle sensitive information relating to them, will be required to have an enhanced DBS. Casual or short-term volunteers will be required to follow the standard safeguarding procedures and will only have accompanied access to the young adults.
- All staff and volunteers will be required to read this Safeguarding Policy. This will be reviewed to ensure that their knowledge is up to date.
- All newly appointed staff and regular volunteers will complete an application form. This will include details of previous employment, details of any conviction for criminal offences including spent convictions under the Rehabilitation of Offenders Act 1974, agreement for an enhanced DBS check, permission to contact 2 referees, including their current or most recent employer.
- The potential staff member or volunteer will be interviewed for their suitability by a nominated person.
- The interview panel must consist of at least one member of staff who has successfully undergone safer recruitment training, (to be retaken every 5 years).
- Staff and volunteers will be subject to a probationary period during which time they will be supervised and have regular meetings with their manager/supervisor to identify any concerns and training & support needs.
- Staff and volunteers will have a period of induction during which they will complete any induction training and familiarise themselves with internal policies.

Managing Allegations Against Staff and Volunteers

- All staff should take care not to place themselves in a vulnerable position with an adult at risk. Wherever possible interviews or work with an adult at risk should be conducted in view of other adults.
- Guidance about the code of conduct and safer working practice, including the safe use of mobile phones, media and offsite activities by staff and volunteers will be given at induction.
- Staff who have concerns about another staff member should immediately inform their line manager or a member of the safeguarding team.
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- If their concern is regarding their line manager, they should go directly to the safeguarding lead. Any concern regarding one of the safeguarding officers should be reported to another member of the safeguarding team or escalated to the TOC trustee board.
- The safeguarding team will liaise with local authorities, police and other professionals as appropriate for advice and guidance to adequately address any concerns.
- If an allegation is made, the member of staff may be disciplined or suspended as appropriate. Support will however be given to the member of staff should an allegation be made.
- The member of staff will be kept informed of the process and any investigation will be carried out in a timely manner.

Recording, Storing and Sharing Information

- - **TOC will apply the following principles:**
 - Ensure that we have named safeguarding staff who have undertaken appropriate safeguarding training, which is up to date.
 - Appoint Designated Safeguarding Officer (DSO)
 - Ensure that designated staff will take advice from a safeguarding specialist when managing complex cases.
 - There is a requirement to distinguish between fact, hearsay and opinion. There is also a need to ensure that opinions expressed are relevant to the situation, respectful and appropriate in tone. The DSO will investigate any issues or concerns immediately.
 - In cases of poorly explained serious injuries or where behaviour arouses suspicion, the DSO will consult with the relevant statutory authority, such as the Local Authority Designated Officer
 - TOC will keep written, signed and dated records detailing any allegation and action taken as near to the time of disclosure as possible, even when no investigation is undertaken. Verbal referrals will be followed up in writing within 24 hours.
 - The Safeguarding Lead will keep all records on file in a secure locked filing cabinet or secure ICT system and share concerns in accordance with information sharing protocols.
 - The Safeguarding Lead will retain all records in accordance with the TOC's policy on retention of records.

Dealing with Disclosures about an Adult at Risk

Anyone conducting an interview with an adult at risk who discloses abuse, will do so in accordance with the following guidelines:

DO . . .

Do treat any allegation seriously; act at all times towards them as if you believe what they are saying.

Do tell them that they are right to tell you.

Do reassure them that they are not to blame.

Do tell them what you are doing, when and who you will have to tell, and keep them up to date with what is happening.

Do take further action – you may be the only person in a position to prevent future abuse – tell your nominated person immediately.

Do make a record of the discussion and include time, place, persons present and what was said.

Don't . . .

Don't coach or prompt them to say something they weren't going to

Don't make promises you can't keep

Don't interrogate them – it is not your job to carry out an investigation – this is the role of the police or social workers who have experience in this area

Don't cast doubt on what they have told you, don't interrupt them or change the subject

Don't say anything that makes them feel responsible for the abuse

Don't take photographs of any injury

Don't do nothing – make sure you inform a member of the safeguarding team immediately – they will know what action to take and where to go for further advice

The Role of the Designated Safeguarding Officer

The Designated Safeguarding Officer (DSO) will be the CEO of TOC but duties will be shared with the deputy CEO. The DSO will take lead responsibility for adult safeguarding.

The DSO will have the appropriate status and authority within TOC to carry out the duties of the post. They will be given the time, funding, training resources and support to:

- Provide advice and support to other staff on safeguarding matters.
- Take part in strategy discussions and inter-agency meetings and/or to support other staff to do so.
- Contribute to the assessment of adults at risk.

The Designated Safeguarding Officer will be expected to:

- Refer cases of suspected abuse to the local authority as required.
- Support staff who make referrals to the local authority
- Make appropriate referrals to the Channel programme where there is concern of radicalisation.
- Make appropriate referrals to the Disclosure and Barring Service where a person has been dismissed or left due to risk or harm to an adult at risk.
- Make appropriate referrals to the police where a crime has been committed.
- Liaise with the case manager and the designated officer(s) at the local authority over adult safeguarding concerns and any case which involves a member of staff.
- Liaise with staff on all matters of safety and safeguarding and to provide staff with support, advice and expertise.
- Liaise with relevant agencies when deciding whether to make a referral.

Raising Awareness

The Designated Safeguarding Officer will:

- Ensure that TOC's safeguarding policies are known, understood and used appropriately.
- Ensure that the safeguarding policy is reviewed annually and the procedures and implementation are updated and reviewed regularly.
- Ensure that the safeguarding policy is made publicly available.
- Liaise with the Local Authority Designated Officer to ensure that staff are aware of training opportunities and the latest local policies on safeguarding.

Definitions of Abuse

Physical Abuse

Includes assault, hitting slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions.

Domestic Violence

Includes psychological, physical, sexual, financial, emotional abuse and what has been termed “honour” based violence.

Sexual Abuse

Includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.

Psychological Abuse

Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.

Financial or Material Abuse

Includes 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. Also the misuse or misappropriation of property, possessions or benefits

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.

Discriminatory Abuse

Includes types of harassment or insults based on someone’s race, gender or gender identity, age, disability, sexual orientation or religion.

Organisational

Includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone’s home. The abuse can be a one-off incident or repeated, on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.

Neglect and Acts of Omission

This includes ignoring medical, emotional or physical needs, failure to provide access to educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.

Self-neglect

This covers a wide range of behaviour which shows that someone isn't caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.

What to Do if You Have a Concern About an Adult

