

Safeguarding Adult Policy



About with Friends

“About with Friends is committed to safeguarding and promoting the welfare of its members with learning disabilities and expects all staff and volunteers to share this commitment.”

1. INTRODUCTORY STATEMENT

Safeguarding at About with Friends is considered everyone’s responsibility - About with Friends aims to create the safest environment within which every member has the opportunity to achieve their full potential. We recognise the contribution we can make in ensuring that all members feel that they will be listened to and appropriate action taken. We will do this by working in partnership with Norfolk Adults Safeguarding Board and other agencies and professionals to establish effective working relationships along with parents, carers and other colleagues to develop and provide activities and opportunities that will help to equip our members with the skills they need.

At About with Friends we avoid safeguarding arrangements that do not put people in control of their own lives or revert to a paternalistic and interventionist way of working. People have complex lives and being safe is only one of the things they want for themselves.

2. POLICY OBJECTIVES

The purpose of this policy is to

- a) Ensure the welfare of the adult is always paramount
- b) Ensure members and their families will be respected and listened to
- c) Ensure all staff and volunteers are well trained and knowledgeable about safeguarding issues and the associated procedures
- d) Ensure About with Friends policies and procedures follow and abide by the standards set out by the Norfolk Safeguarding Adults Board, being updated as necessary.
- e) Ensure staff have a clear understanding of the legal responsibility to safeguard and promote the welfare of all About with Friends members.
- f) Promote and maintain a culture where staff are encouraged to share concerns and respond to those concerns and allegations immediately and appropriately
- g) Ensure awareness that adults with learning disabilities may be more vulnerable to abuse
- h) Understand the legislation that affect adult protection and keep staff updated with all relevant change
- i) Detail how employee raises concern
- j) detail how employees will be supported in the event of reporting a concern

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3. PROMOTING AWARENESS OF SAFEGUARDING

The policy forms a key part of new staff induction. It is accessible on the About with Friends website, is displayed on staff notice boards, is available on the shared policy folder and available on request. We inform parents and carers about this policy when they join AWF

4. LEGAL CONTEXT

- 4.1 This policy has been drawn up on the basis of law and guidance that seeks to protect adults:
- Care Act 2014 Statutory Guidance (Department of Health, 2014)
 - Mental Capacity Act 2005 Code of Practice (Department of Constitutional Affairs, 2007)
 - Government Statement of Policy on Adult Safeguarding (HM Government, 2013)
 - Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
 - Norfolk Adult Safeguarding Board policies and procedures
- 4.2 Safeguarding duties apply to an adult who
- Has needs for care and support (whether or not the local authority is meeting those needs)
 - Is experiencing, or at risk of, abuse or neglect
 - 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

Table 1: Six principles of safeguarding

Empowerment	Personalisation and the presumption of person-led decisions and informed consent	<i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happened"</i>
Prevention	It is better to take action before harm occurs	<i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"</i>
Proportionality	Proportionate and least intrusive response appropriate to risk presented	<i>"I am sure that the professionals will work for my best interests as I see them and they will only get involved as much as needed"</i>
Protection	Support and representation for those in greatest need.	<i>"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able"</i>
Partnerships	Local solutions through services working with communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse	<i>"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 to get the best result for me"</i>
Accountability	Accountability and transparency in delivering safeguarding	<i>"I understand the role of everyone involved in my life"</i>

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5. SAFEGUARDING OFFICERS

5.1 Safeguarding Children & Adults Officers – Helen Dalton-Hare CEO, Sam Harwood

5.2 Safeguarding Officer for safeguarding children Beth Ward

5.3 Responsible Trustee for safeguarding – Barbara Lloyd Smith

5.4 Telephone 01263 515230 and Oncall number 07384 834134

6. RECOGNITION OF ABUSE AND/OR NEGLECT

6.1 We should not limit our view of what constitutes abuse or neglect, the following is not an exhaustive list but according to the Care and Support Statutory Guidance.

6.2 Sometimes a member will disclose to you an incident – you should alert the AWF Safeguarding Officer immediately and complete the incident / concern form.

If you have concerns or a member discloses to you a safeguarding concern please complete an **incident / concern form** and inform the AWF Safeguarding Officer

Type	Description	Possible indicators
Physical abuse	Including hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;	<ul style="list-style-type: none"> ▪ Low self-esteem ▪ Feeling abuse is their fault ▪ Physical evidence, bruise, cut, burn ▪ Fear of outside intervention ▪ Damage to home or property ▪ Isolation ▪ Cowering or flinching ▪ Accumulation of minor injuries
Domestic violence	Including psychological, physical, sexual, financial and emotional abuse	<ul style="list-style-type: none"> ▪ Low self-esteem ▪ Feeling abuse is their fault ▪ Physical evidence, bruise, cut ▪ Fear of outside intervention ▪ Damage to home or property ▪ Isolation ▪ Prevention from seeing friends or family
Sexual abuse	Including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;	<ul style="list-style-type: none"> ▪ Bruising particularly to thighs, buttocks, upper arms, neck ▪ Torn, stained or bloody clothing ▪ Bleeding, pain or itching in genital area ▪ Unusual difficulty in walking or sitting ▪ Foreign bodies in genital or rectal openings

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Type	Description	Possible indicators
Sexual abuse		<ul style="list-style-type: none"> ▪ Infection, discharge or sexually transmitted disease ▪ Pregnancy ▪ Uncharacteristic use of explicit sexual language or changes in sexual attitude / behaviour ▪ Self harming ▪ Poor sleep, concentration, withdrawal, ▪ Excessive fear/apprehension or withdrawal from relationships ▪ Fear of receiving help inc. personal care ▪ Reluctance to be alone with particular person
Psychological abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks;	<ul style="list-style-type: none"> ▪ 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 / 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.
Exploitation	Either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain. Encompasses	<ul style="list-style-type: none"> ▪
Financial or material abuse	Including theft, fraud, exploitation, 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	<ul style="list-style-type: none"> ▪ Missing personal possessions ▪ Unexplained lack of money or inability to maintain lifestyle ▪ Unexplained withdrawal of funds from accounts ▪ Unpaid bills ▪ Important possessions, documents or credit cards are missing ▪ Expensive gifts to the care giver ▪ Cheques are made out to 'cash' ▪ Pressure from next of kin for formal arrangements being set-up
Neglect and acts of omission	Including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of	<ul style="list-style-type: none"> ▪ Poor environment – dirty or unhygienic ▪ Poor physical condition ▪ Poor personal hygiene ▪ Pressure sores/ulcers ▪ Malnutrition or unexplained weight loss ▪ Untreated injuries / medical problems

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Type	Description	Possible indicators
	life, such as medication, adequate nutrition and heating	<ul style="list-style-type: none"> ▪ Inconsistent or reluctant contact with medical and social care organisations ▪ Accumulation or untaken medication ▪ Uncharacteristic failure to engage in social interaction ▪ Inappropriate or inadequate clothing
Self-neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding	<ul style="list-style-type: none"> ▪ Very poor personal hygiene ▪ Unkempt appearance ▪ Lack of essential food, clothing or shelter ▪ Malnutrition / dehydration ▪ Squalid or unsanitary living conditions ▪ Neglecting household maintenance ▪ Hoarding ▪ Animals in inappropriate conditions ▪ Non-compliance with health or care services ▪ Inability or unwillingness to take medication or treat illness or injury
Discriminatory abuse	Including discrimination on protected characteristics eg race, gender / identity, disability, sexual orientation, religion, and other forms of harassment, eg slurs	<ul style="list-style-type: none"> ▪ Adult is withdrawn and isolated ▪ Anger, frustration, fear or anxiety ▪ Support on offer does not take account of the persons individual needs in terms of a protected characteristic
Institutional (organisational) abuse	Including neglect and poor care practice within an institution or specific care setting like a hospital or care home, for example. This may range from isolated incidents to continuing ill-treatment.	<ul style="list-style-type: none"> ▪ Lack of flexibility and choice for people using the service ▪ Inadequate staffing levels ▪ People being hungry or dehydrated ▪ Poor standards of care ▪ Lack of adequate procedures ▪ Lack of Care Plans ▪ Poor record keeping / missing docs ▪ Public discussion of personal matters ▪ Unnecessary exposure during bathing or using the toilet ▪ Absence of individual support/car ▪ Lack of management and support

7. PERPETRATORS OF ABUSE

We need to be aware that anybody can carry out abuse. This includes

- Spouses/partners
- Other family members
- Paid staff or professionals
- Neighbours
- Co-tenants

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- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable to abuse
- Paid staff or professionals
- Volunteers and strangers
- Online contacts

8. WHERE ABUSE HAPPENS

- Anywhere
- Someone's own home
- The workplace
- Public place
- Hospital
- Care home
- College
- On the bus
- Online

9. RAISING A SAFEGUARDING CONCERN OR INCIDENT [\(appendix 1\)](#)

- 9.1 AWF managers are responsible for familiarising their staff team with the AWF safeguarding policy, procedures and forms.
- 9.2 Anyone, staff, volunteer, or visitor can raise a safeguarding concern or incident using the 'Incident / concern form'. The form should be completed immediately an incident / concern / accident is noted and passed to the AWF Safeguarding Officer straightaway.

The information required is:

- Name of member
 - Details of the observation you have made
 - The place where you made the observation
 - If there are bruising or marking please complete the body map
 - Or, who passed the information to you
 - The date and time of your observation
 - Your name and role and other personnel involved
 - Facts – not opinion
 - Exact words used
 - Keep form updated with dates and with whom you spoke
- 9.3 The Safeguarding Officer will assess the risk (for example further harm, encounter with alleged abuser), take all measures to reduce them and meet with the member to discuss next steps.
- 9.4 The first priority should always be to ensure the safety and well-being of the adult at risk and, when the adult has capacity to make their own decisions, to aim for any action to be in line with their wishes as far as appropriate.

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- 9.5 AWF safeguarding process must be empowering and supportive where an adult has capacity to make decisions about their safeguarding plans, and where no one else is at risk, then their wishes are very important.
- 9.6 Where an adult lacks capacity to make decisions about their safeguarding plans, then a range of options should be identified with the adult stay as much in control of their life as possible. Wherever possible, the adult should be supported to recognise risks and to manage them.
- 9.7 If in doubt AWF will use the two stage test of capacity (appendix 2)
- 9.8 The Safeguarding Officer (depending on their initial assessment and wishes of the member) will telephone the MASH ensuring the relevant [checklist information](#) is available including a copy of the incident / concern form.
- 9.9 The Safeguarding Officer should inform the parent / guardian. If a person appears to be having difficulty deciding whether to tell their family about a safeguarding concern it may be helpful to refer to the [Supported Decision Making; A guide for supporters](#)
- 9.10 We are committed to working with parents positively, openly and honestly. We ensure that all parents are treated with respect, dignity and courtesy. Inability to inform parents for any reason will not prevent a referral being made.

9.11 In the **absence** of an appointed **AWF Safeguarding Officer** staff should raise their concerns with the Senior Manager on duty who will undertake steps **9.3 to 9.10**

9.12 In the **absence of a Safeguarding Officer or Senior Manager** being available staff should undertake steps 9.3 to 9.10 consider the risk and the members wishes and phone **0344 800 8020**

If you have concerns regarding AWF staff or volunteer is harming a person we support and are in immediate danger and you feel you cannot talk to a manager, CEO, safeguarding officer (or they are unavailable), then 'Whistleblow', please call 0344 800 8020 immediately.

The charity undertakes that no one who reports any concerns under the Whistleblowing policy, in good faith, will be subjected to any detriment for coming forward. AWF will ensure that they are supported and protected, AWF is fully committed to an open, transparent and honest culture

The National Whistleblowing helpline provides free advice for people who witness or have cause to suspect wrongdoing at work but not sure how to raise their concern 08000 724 725

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What if someone does not want the concern / incident raised as safeguarding or reported to the police?

If a member makes a decision that you think is unwise or not in their interests, this does not necessarily mean that they lack the capacity to decide. There will be times when an adult who has capacity decides to accept a situation that you perceive as potentially abusive or neglectful.

This is a decision that they are free to make, unless:

1. other people are being put at risk (eg, letting friends who are abusive / exploitative into a shared living environment, putting other residents at risk)
2. a child is involved
3. the alleged perpetrator has care and support needs and may also be at risk
4. a serious crime has been committed
5. staff are implicated
6. coercion is involved
7. the person is at risk – we do have a **duty of care**, in this situation, we must evidence that the decision has been made in the persons best interest.

Should police be notified?

The police are a key safeguarding partner. In general terms, if there is a reasonable suspicion that a crime may have been committed and the harm caused to the adult concerned was deliberate, malicious or reckless, then it is sensible to have a discussion with the lead officer in the local police force.

10. CONFIDENTIALITY

All records made in relation to a referral will be kept confidentially and in a secure place. Information in relation to adult protection concerns will only be shared on a “need to know” basis. However, the sharing of information is vital to adult protection and, therefore, the issue of confidentiality is secondary to a child’s need for protection.

11. USEFUL CONTACT NUMBERS

Norfolk Multi-Agency Safeguarding Hub (MASH)
0344 800 8020
Mash@norfolk.gcsx.gov.uk

Helen Dalton Hare – 07769 266407
Sam Harwood – 07778 145726

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For specialist police advice you can contact the Duty Detective Sergeant
MASHsupervisors@norfolk.pnn.police.uk
01603 276151
Norfolk Police - 101

12. INDUCTON

All new starters receive a day's induction where key policies and procedures are read through and understood and welfare arrangements are pointed out. Part of About with Friends induction is a 'Safeguarding Induction Presentation' an interactive presentation with key parts of the policy highlighted.

13. TRAINING

Following induction, Safer programme training will be arranged as soon as possible, in cohorts of five.

All staff and volunteers at About with Friends receive safeguarding refresher training every year which raises their awareness of processes and procedures. Training also covers areas such as 'signs and symptoms' and 'internet safety'.

About with Friends Safeguarding Officers receive training on an annual basis including. About with Friends Trustees are offered safeguarding training.

14. SUPPORT FOR EMPLOYEES

About with Friends will ensure that employees who raise concerns are:

- Listened to and supported and provided with counselling if required
- Provided with ongoing support and reassurance during any investigation
- Supplied with information about external sources of support including consulting legal advice if needed
- Not treated in any that may be regarded as discriminatory

Court proceedings involving personnel

- In the case of any employee being summoned to court as a witness to give evidence, Trustees and the CEO will be informed immediately
- Once an employee is summoned, it is obligatory to co-operate and any claim of confidentiality is not permitted
- Any formal requests to release a member's or employee's personnel file will be referred to the CEO and Trustees
- Legal advice/support will be provided if necessary

15. RELEVANT ABOUT WITH FRIENDS POLICIES

Confidentiality Policy
Data Protection Policy
Disciplinary procedures
Equality and Diversity Policy

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Grievance Policy & Procedure
Health & Safety Policy
IT policy (includes social media)
Membership rules
Professional boundaries
Safer Recruitment Policy
Safeguarding Adults Policy
Staff Handbook
Whistleblowing Policy
Working with our Members handbook
Support and Supervision
Touch Policy
Trustee code of conduct
Volunteer guidelines

16. SAFER RECRUITMENT POLICY

About with Friends has a Safer Recruitment Policy that is reviewed and approved by Norfolk Children's Safeguarding Board. This Policy encompasses all aspects of Safeguarding and seeks to ensure that appropriate policies & practices are in place, and that About with Friends recruitment process is rigorous and all information is gathered and checked at every stage.

17. HEALTH AND SOCIAL CARE ACT 2008 (Regulated Activities) REGULATIONS 2014

9.13 Although AWF is not a registered provider at the time of updating this policy, AWF is undertaking a process to register. AWF, acknowledges that ['the fundamental standards'](#) are those regulations setting out the standards of care. There are two key standards concerned with safeguarding

9.14 AWF will ensure that it meets CQC regulations detailed below

9.15 Regulation 12 Safe care treatment

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.

(1) Care and treatment must be provided in a safe way.

- assessing the risks to the health and safety of those receiving the care or treatment;
- doing all that is reasonably practicable to mitigate any such risks;
- ensuring that staff have the qualifications, competence, skills and experience to support safely
- ensuring that premises are safe to use for their intended purpose and are used in a safe way;
- ensuring that the equipment we use is safe for such use and is used in a safe way;
- the proper and safe management of medicines;
- assess the risk of and prevent, detect and control the spread of infections
- be open with those that share responsibility for the people we support to keep people safe

9.16 Regulation 13 states that people must be protected from abuse and improper treatment.

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It defines abuse as:

- any behaviour towards a person we support that is an offence under the Sexual Offences Act 2003(a)
- ill-treatment (whether of a physical or psychological nature) of a person we support
- theft, misuse or misappropriation of money or property belonging to a person we support
- neglect of a person we support.

As improper treatment, it lists:

- discrimination against a person we support
- acts intended to control or restrain a person we support that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the person or another individual
- treatment that is degrading to the person we support
- actions that significantly disregard the needs of the person we support.

Regulation 13 also defines the control and restraint of a person we support as any circumstance in which another person:

- uses, or threatens to use, force to make a person we support do something they don't want to do
- restricts their liberty of movement, whether or not they resist – and includes physical, mechanical and chemical means.

The Care Quality Commission (CQC) makes plain in its Guidance for Providers on meeting the regulations that we may only use restraint:

- when absolutely necessary
- in a way that is proportionate to the risk of harm and the seriousness of that harm to the person we support or another person
- when we have taken into account the assessment of the person's needs and their capacity to consent to such treatment

and that we must regularly monitor and review our approach to, and use of, restraint and restrictive practices.

The Guidance also gives examples of degrading treatment to which we must never subject the people we support. These are as follows – but it is important to appreciate that the list is not exhaustive. We must **never**:

- not provide help and aids to support people with their continence needs
- leave people we support in soiled sheets for long periods
- leave people we support on the toilet for long periods and without the means to call for help
- leave people we support naked or partially or inappropriately covered
- make people we support carry out demeaning tasks or social activities
- ridicule people we support in any way.

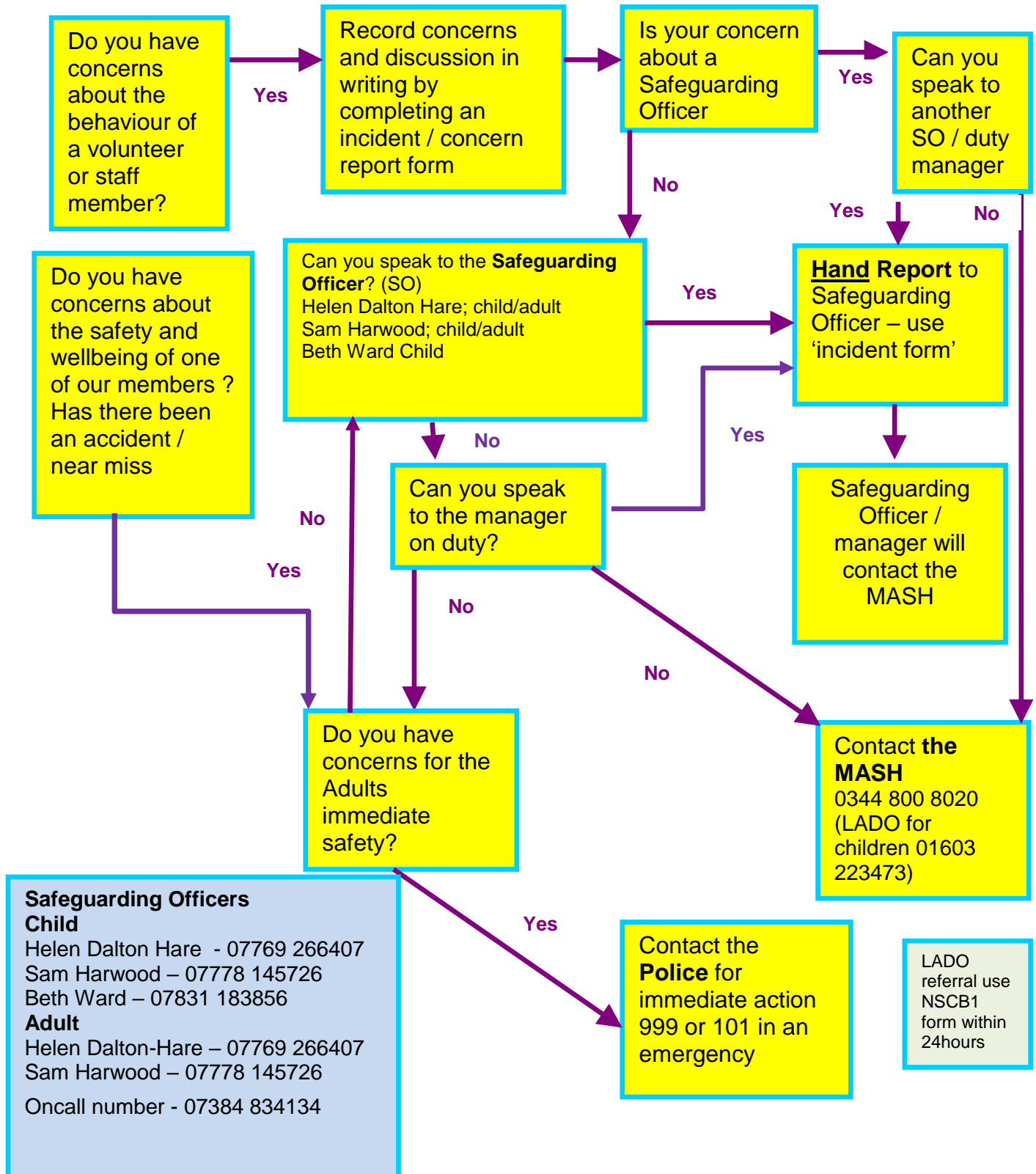
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And the Guidance stipulates that we should consult and consider the views of people we support when defining the means of 'degrading'.

End of policy

Version	Change	Author	Date
1	Safer	Verity Pelton	05/02/2015
2	E Lown removed M Cates added	Sam Harwood	8/9/2017
3	M Cates Removed	Sam Harwood	24/10/17
4	Checked by registered manager	Sam Harwood	20/02/2018
5	5.2 Michael Clancy removed, Helen Dalton-Hare, Karen Funnell, Sam Harwood, Matt McMahon added. 5.3 Main office and oncall telephone numbers added Appendix 1 – changes as 5.2	Nicola Cummins	11/04/19
	5.4 Karen Funnell & Mandy Wright removed	Lesley Osborne	13/05/2020
	5.5 Beth Ward Added	Sam Harwood	24/7/2020
	5.6 Matt McMahon removed	Sam Harwood	11/5/2021
	5.6 Barbara Lloyd Smith added Trustee	Sam Harwood	2/8/2022

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Appendix 1



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Appendix 2

Two-stage test of capacity

In order to decide whether an individual has the capacity to make a particular decision you must answer two questions

Stage 1. Is there an impairment of, or disturbance in the functioning of a person's mind or brain? If the answer is yes (as it will be for people with profound and multiple learning disabilities) you can move to the second stage

Stage 2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

The MCA says that a person is unable to make their own decision if they cannot do one or more of the following four things:

- Can they understand information given to them
- Can they retain that information long enough to be able to make the decision
- Can they weigh up the information available to make the decision
- Can they communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

Every effort should be made to find ways of communicating with someone before deciding that they lack capacity to make a decision based solely on their inability to communicate. Also, you will need to involve family, friends, carers or other professionals.

The assessment must be made on the balance of probabilities – is it more likely than not that the person lacks capacity? You should be able to show in your records why you have come to your conclusion that capacity is lacking for the particular decision.

If, after making every effort to help and support the adult to make a decision, the answer to any of these four questions is 'no' then you can conclude the person does not have the capacity for that decision.

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Appendix A

Norfolk County Council Referrers Checklist - Tel: 0344 800 8020

This Checklist is to assist you to have adequate information when you are making a referral as we know that it is often a very stressful conversation and you may forget vital information when you make the call. Referrals will be considered when some of this information is not available.

	Essential	Desirable
Name of Alerter (You can remain anonymous)		✓
Contact details of Alerter		✓
Relationship to Victim		✓
Organisation of Alerter		✓
Name (of Adult at risk of abuse or neglect)	✓	
Address of Adult at risk of abuse or neglect	✓	
Address, if different, of place of alleged abuse	✓	
Contact details of Adult at risk of abuse or neglect	✓	
Details of Category of Vulnerability (Older, frail, Mental Health, Learning Difficulties etc.)	✓	
Date of Birth or Age		✓
Gender		✓
Ethnicity		✓
Religion		✓
Capacity and understanding		✓
Communication needs (sensory loss, Language, other)		✓
Name of Alleged Perpetrator		✓
Address of Alleged Perpetrator		✓
Date of Birth of Alleged Perpetrator		✓
Details of Referral - You need to consider the following so that the person taking the referral can gain adequate information		
Nature of abuse/incident	✓	
When did it happen?	✓	
Where did it happen?	✓	
Was anyone else involved?		✓
Was the incident witnessed?		✓
Have you had previous concerns regarding this person? If so what?		✓
Does the adult at risk of abuse or neglect know you are making this referral?	✓	
Have you done anything to assist the Adult at risk of abuse or neglect at this time? (What actions have been taken?)	✓	
How do you want to be contacted in the future?	✓	

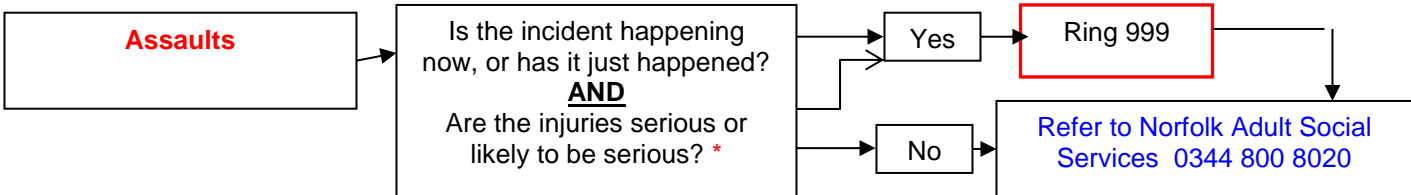
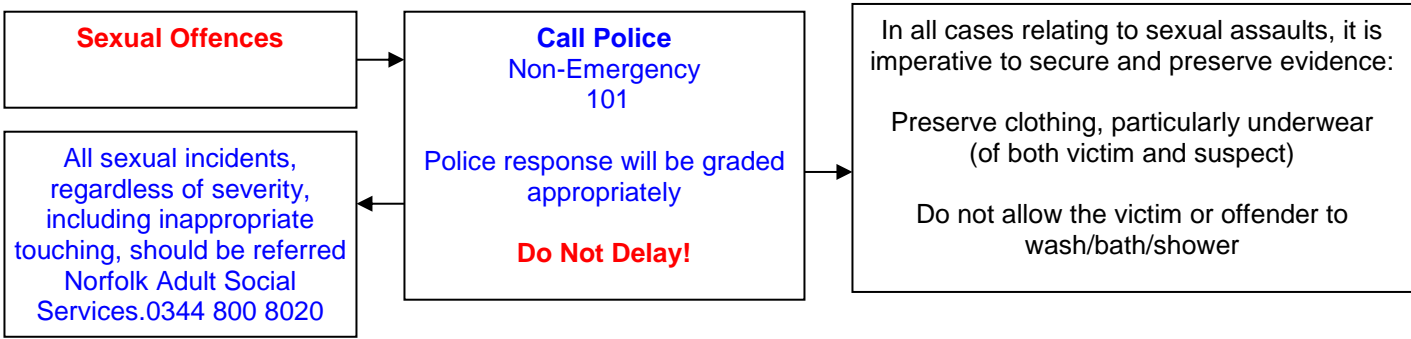
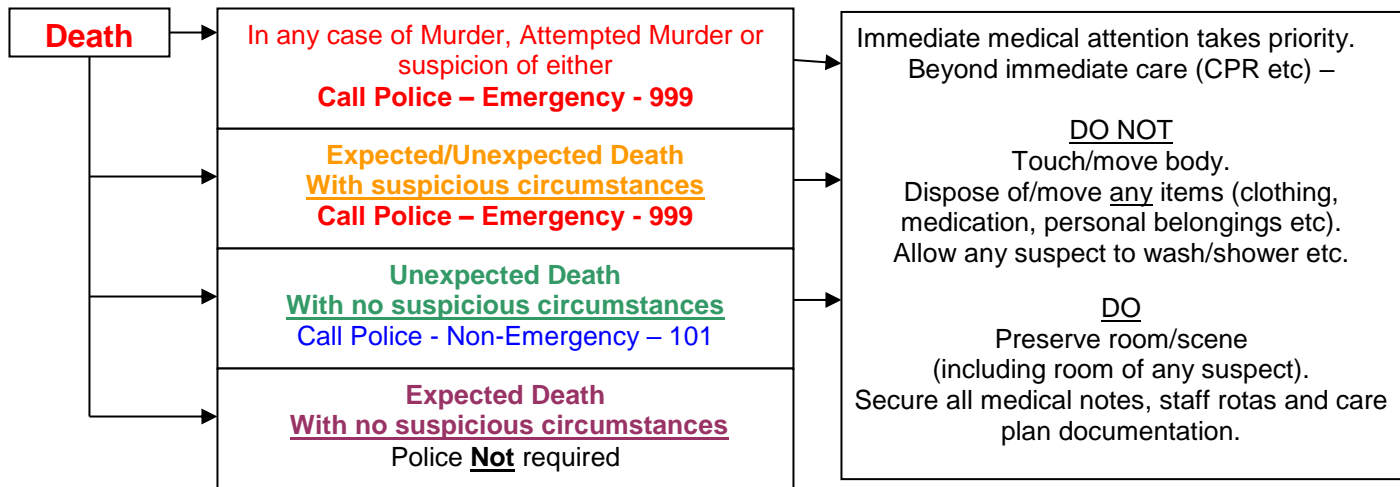
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Guidance for Care Providers – When to notify Police – Urgent & Non-Urgent

The following can never be resolved internally and should always be reported to the Police, regardless of victim/family views:

Incidents of Death – Sexual Offences (regardless of severity) – Serious Assaults

Any ongoing incident that presents a threat to life and/or serious injury - Call Police - Emergency – 999



* Injuries deemed to be serious, would be those more serious than: Grazes, abrasions, minor bruising, reddening of the skin, superficial cuts etc.

In any case where the circumstances dictate that the Police are notified DO NOT DELAY – Evidence can be lost!

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