

**TNP Safeguarding Adults at Risk Policy**

**Purpose of this document**

The purpose of this policy is to outline the practice for employees and volunteers of The Nehemiah Project (TNP) to contribute to the prevention of abuse of adults at risk, through raising awareness and providing a clear framework for action when abuse is suspected.

This policy applies across the Charity, including all of TNP’s activities.

**Key Principles**

Six key principles underpin all adult safeguarding work:

**Empowerment** – people being supported and encouraged to make their own decisions and informed consent.

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

**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.”*

**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.”*

**Protection** – support and representation for those in greatest need.

*“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*

**Partnership** – 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.”*

**Accountability** – accountability and transparency in delivering safeguarding.

*“I understand the role of everyone involved in my life and so do they.”*

**Statement of Purpose**

The Nehemiah Project is committed to promoting good health and wellbeing, preventing harm and responding effectively if concerns are raised. TNP is committed to ensuring that adults at risk are not abused and that working practices minimise the risk of such abuse. We subscribe to Lambeth Council’s Safeguarding Policy and Procedures.

The staff, volunteers and trustees have a duty to identify abuse and report it accordingly.

**Definitions**

An ‘adult at risk’ is a person who is 18 years of age or over and:

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

Abuse is any behaviour towards a person or act of omission that causes him or her harm, endangers life or violates his or her rights. Abuse can include:

* **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
* **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
* **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
* **NB - we have a legal obligation to record any disclosure of sexual abuse -** please see the [Procedure for Adult Disclosure of Childhood Sexual Abuse](file://Ezra/Archives/1578268742-2020-01-05-Sun/shares/Staff/2.%20ALL%20POLICIES%20%26%20PROCEDURES/Procedure%20for%20Adult%20Disclosure%20of%20Childhood%20Sexual%20Abuse.docx)
* **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
* **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
* **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
* **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
* **Organisational abuse** – including 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.
* **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
* **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.

**Abuse can take place in any setting, public or private, and can be perpetuated by anyone.** For more information on types of abuse and possible indicators, see Appendix 1 at the end of this document.

**Rights and Responsibilities**

The Chief Executive Officer of The Nehemiah Project is the named lead officer for safeguarding adults at risk and is responsible for:

* Ensuring that the policy and procedures are reviewed on a regular basis according to the auditing process
* Ensuring by means of training, supervision and information sharing that employees and volunteers have sufficient knowledge and understanding of this policy and associated procedures
* Acting as the interface with other agencies including recording and reporting under joint agency arrangements any incidents of suspected abuse or seeking advice as necessary
* Supporting employees or individuals in instances of suspected abuse
* Ensuring that they are up-to-date with the relevant legislation regarding safeguarding adults at risk and have the skills required to carry out these responsibilities
* Ensuring that staff and volunteers undertake regular training, are supported in adhering to the policy and procedures and that experience is shared through supervision and team meetings
* Undertaking Disclosure Barring Checks on staff and volunteers who have access to or work with adults at risk

Trustees’ Responsibilities are to:

* Ensure staff and volunteers are aware of the need for protection of adults at risk
* Support the Chief Executive Officer in notifying the appropriate agencies if abuse is identified or suspected
* Support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
* Ensure that DBS checks are performed where appropriate

Staff and Volunteer’ Responsibilities are to:

* Report concerns if they think that someone is being abused or if poor standards of care are creating conditions in which there is a risk of abuse to adults at risk and children using services or coming into contact with our activities
* Be familiar with this policy and the [TNP Vulnerable Adults Policy](file://Ezra/Archives/1578268742-2020-01-05-Sun/shares/Staff/2.%20ALL%20POLICIES%20%26%20PROCEDURES/TNP%20Vulnerable%20Adults%20Policy.docx)
* Take appropriate action in line with the policies of The Nehemiah Project
* Declare any existing or subsequent convictions

**Reporting and Recording Procedure**

Anyone who suspects that an adult at risk may be experiencing or is at risk of abuse **must report their concern immediately**. People have the right to expect that information shared with a member of staff should be treated as confidential. However, it should be made clear that where the staff member has a reason to be concerned for the welfare of an adult at risk, they **must** share the information with someone who is in a position to take action - that is, reporting it to the Safeguarding Manager.

It is not the responsibility of anyone working within The Nehemiah Project in a paid or unpaid capacity to decide whether or not abuse has taken place.

It is the responsibility of anyone working within The Nehemiah Project in a paid or unpaid capacity to raise all cases of suspected or alleged abuse in line with the procedures identified in this policy. It is important to do this as there may already have been concerns expressed by other organisations or members of staff and failure to report concerns may put a vulnerable person at risk.

1. Any disclosure or suspicion of abuse should be reported to the staff member’s/volunteer’s line manager as soon as possible.
2. The person in charge responsible for overseeing the safeguarding concerns will ensure that the Adult Safeguarding process is followed (see below)
3. If disclosure of abuse is made by a service user, care should be taken to explain to them the procedure that will be followed, and they should be told that it may not be possible for The Nehemiah Project to maintain confidentiality.
4. **All relevant information about the allegation should be recorded as simply and clearly as possible and stored securely**

**Consent and Sharing of Information**

Many of the Data Protection issues surrounding the disclosure of information can be avoided if the informed consent of the individual has been sought and obtained. Consent must be freely given after the alternatives and consequences are made clear to the person from whom permission is being sought.

If informed consent has not been sought or has been sought and withheld, The Nehemiah Project must consider if there is an overriding public interest of justification for the disclosure being made to a third party.

Having due regard to the seriousness of the abuse and the potential risk to others, disclosure in such circumstances would be justified. It is important it is made clear to the alleged victim and their relatives (if appropriate) that in these cases there is a necessity for the police and/or Lambeth Council to investigate due to the possible risk to other people.

**Confidentiality – see the Charity’s Confidentiality Policy**

Each organisation holds information, which in the normal course of events is regarded as confidential, and the organisation will have their own safeguards and procedures for sharing this with other related agencies. Some information will be subject to the Data Protection Act 2018 and the GDPR.

An adult safeguarding concern provides sufficient grounds to warrant sharing information on a ‘need to know’ basis and/or in the ‘public interest’ and unnecessary delays in sharing that information should be avoided.

Whenever possible, the adult at risk must be consulted about information being shared on their behalf. **However, in exceptional circumstances, e.g. if it is considered someone is at serious risk of abuse, then information may be disclosed without consent.**

Where they have capacity and they are not being pressured or intimidated their agreement should be sought and their refusal respected.

If other adults are at risk the ‘public interest’ principle may over ride their decision.

**It is inappropriate to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations where other vulnerable people may be at risk.**

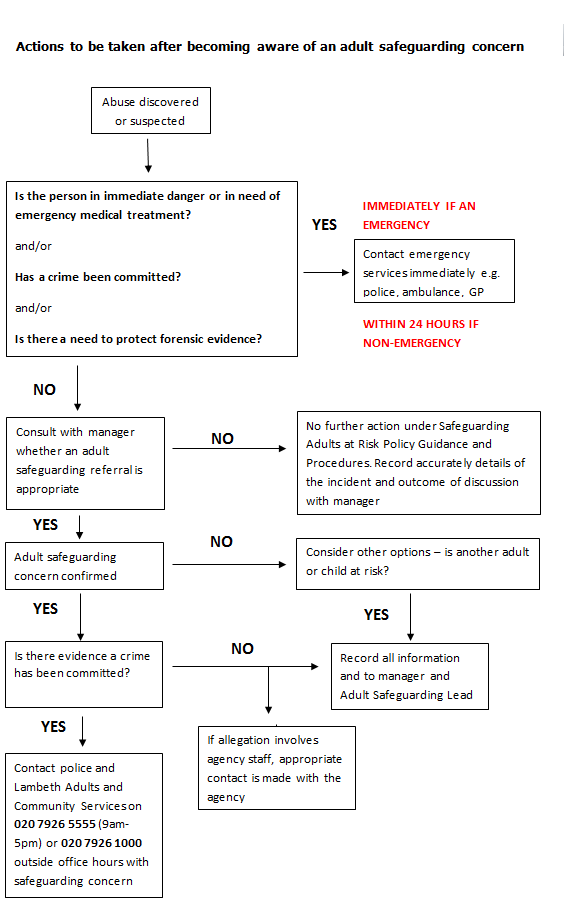
**Support for those who report abuse**

All those making a complaint or allegation or expressing concern, should be reassured that:

* We are taking them seriously
* Their comments will usually be treated confidentially, but their concerns may be shared with the appropriate authorities if they or others are at significant risk.

**The Adult at Risk has the right to:**

* Be made aware of this policy
* Have alleged incidents recognised and taken seriously
* Receive fair and respectful treatment throughout
* Be involved in any process as appropriate
* Receive information about the outcome

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**Whistleblowing – please also see the Charity’s Whistleblowing Policy**

Whistle blowers should know how to access support and to protect their own interests. Even if they decide that they wish to make an anonymous report, the information they provide will be taken into account and treated seriously.

Further support can be found at Public Concern at Work <http://www.pcaw.org.uk/> 0207 404 6609 (confidential whistleblowing advice).

All requests for anonymity by the referrer will be fully respected. It cannot, however, be guaranteed, especially if the referrer’s information becomes an essential element in any subsequent legal proceedings.

In addition, the Data Protection Act 2018 removes the blanket confidentiality of the third party and GDPR lists legal reasons for sharing data. These will be adhered to in all cases.

Staff who do not report concerns about the possible abuse of an adult at risk in accordance with the multi-agency practice guidance and procedures could be disciplined for not doing so, or for colluding with the abuse.

**Doing nothing is not an option**

* The Nehemiah Project will work with other agencies to prevent the abuse of vulnerable adults and children and to respond quickly when abuse is suspected.
* The Nehemiah Project will always work in accordance with the Pan London Safeguarding Policies and Procedures.
* The Nehemiah Project is committed to reviewing our policy and good practice annually.

**Responsible Officer**

Chief Executive Officer, The Nehemiah Project

**Appendix 1: Types of Abuse**

**Physical abuse**

Definition - Non accidental harm to the body caused by the use of force, which results in pain, injury or a change in the person’s natural physical state. Some examples are: hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, rough handling, pinching, punching, shaking, burning, and forced feeding.

**Sexual abuse**

Definition - Sexual abuse is the involvement of a vulnerable adult in sexual activities or relationships, which are for the gratification of the other person and which: they have not consented to, or they cannot understand and are not able to consent to, or which violates the individual’s expressed cultural or religious preferences, sexual taboos, or family custom and practice. Some examples are: rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting. Inappropriate touching and fondling, indecent exposure, penetration (or attempted penetration) of vagina, anus or mouth by penis, fingers, or other objects.

**Important - we have a legal obligation to record any disclosure of sexual abuse -** please see the [Procedure for Adult Disclosure of Childhood Sexual Abuse](file://Ezra/Archives/1578268742-2020-01-05-Sun/shares/Staff/2.%20ALL%20POLICIES%20%26%20PROCEDURES/Procedure%20for%20Adult%20Disclosure%20of%20Childhood%20Sexual%20Abuse.docx)

**Psychological abuse**

Definition - Psychological or Emotional abuse is behaviour that has a harmful effect on a vulnerable adult’s emotional health and development. Some examples are: emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, withholding affection, shouting, depriving the person of the right to choice, information and privacy. Behaviour that has a harmful effect on the vulnerable adult’s emotional health and development.

**Financial or material abuse**

Definition - Financial or material abuse involves the use of a vulnerable adult’s property, assets or income without their informed consent or making financial transactions that they do not understand to the advantage of another person. Some examples are: theft, fraud, exploitation, and pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Neglect and acts of omission**

Definition - Neglect is behaviour that results in the vulnerable adult’s basic needs not being met. Some examples are: ignoring medical or physical care needs, persons physical condition/appearance is poor e.g. ulcers, pressure ulcers, soiled or wet clothing, 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 and undermining personal beliefs.

**Professional abuse**

Definition - Is the misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures.

**Abuse by Organisations – Institutional Abuse**

Definition - Involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping, unable or unwilling to implement professional or clinical guidelines and liaising with other providers of care.

Abusive behaviour may be part of the accepted custom and culture within an organisation or an individual member of staff, or particular group of staff may carry it out. The key risk factors for institutional abuse are:

* it is widespread within the setting
* it is repeated
* it is generally accepted by the staff and not seen as being poor practice
* it is sanctioned, it is encouraged or condoned by line managers
* it takes place in a setting where there is poor monitoring by senior management
* there are environmental factors (e.g. unsuitable buildings, lack of equipment, many temporary staff) that adversely affect the quality of care
* it is systemic e.g. factors such as a lack of training, poor operational procedures, poor supervision and management all encourage the development of institutionally abusive practice

**Domestic abuse and violence**

Definition - Domestic abuse and violence is best described as the use of physical and/or emotional abuse or violence, including undermining of self-confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.

Domestic abuse can go beyond actual physical violence and involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation, telephone, and stalking.

It can include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim. It can also include violence inflicted on, or witnessed by children. The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. It may link to poor educational achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness from running away.

Domestic violence is not a 'one-off' occurrence but is frequent and persistent aimed at instilling fear into and compliance from, the victim. Any incident of threatening behaviour, violence or abuse, psychological, physical, sexual, financial or emotional between adults who are, or have been intimate partners or family members, regardless of gender or sexuality’. (Source Home Office Definition 2004)

Domestic violence takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called ‘honour crimes‘. Domestic violence may include a range of abusive behaviours. (Source: Women‘s Aid)

**Discriminatory abuse**

Definition - Discriminatory abuse is behaviour that makes or sees a distinction between people as a basis for prejudice or unfair treatment. Some examples are: racism, sexism, religious and ageism, based on a person’s disability, and other forms of harassment, slurs or similar treatment.

**Specific Indicators of Abuse**

Although abuse often comes to light through disclosure by the person, who sensing they are safe, confides in a trusted person, there are situations or events that might indicate that all is not well.

The following list highlights situations or events that may require closer attention.

They are merely indicators, the presence of one or more does not confirm abuse and they are no substitute for a thorough assessment. However, a cluster of several indicators may indicate a potential for abuse and a need for further action.

For ease of use the indicators have been grouped under a number of headings. Typically an abusive situation may well involve indicators from a number of groups in combination.

**General Indicators of Abuse**

The denial (often forthright) that anything is amiss, with an accompanying emphasis that things ‘have never been better’.

Resignation, stoicism, and, sometimes, an acceptance of incidents as being part of being old/vulnerable:

* inconsistency of information
* seeking (attention/protection), often from numerous sources
* the vulnerable adult appears to be withdrawn or agitated and anxious
* they may be isolated in one room of the house or confined to living in a small space
* mobility is restricted due to absence of suitable mobility aids
* they may be excluded from outside social contacts
* they are overly subservient or anxious to please
* professional and other visitors may have difficultly gaining access to the vulnerable adult or may find confidential interaction inhibited
* lack of eye contact – looking at the floor during discussions or looking to others to answer questions even when directed to the individual
* dramatic changes in behaviour or personality; depression or confusion, for which no medical explanation can be offered
* refusal to allow person into respite/permanent care
* poor conditions, lack of clothing, lack of access to own money
* reluctance to return home or to service placement

**Indicators of Physical Abuse**

* multiple bruising that is not consistent with the explanation e.g. a fall
* cowering and flinching
* bruised eyes, marks resulting from a slap and/or kick, other unexplained bruises
* abrasions, especially around the neck, wrists and/or ankles
* unexplained burns, especially on the back of the hands
* scalds, especially with a well-defined edge from immersion in water
* hair loss in one area – scalp sore to touch
* frequent minor accidents without seeking medical help
* unusually sleepy or docile, tendency to flounder or slip over
* unexplained fractures
* malnutrition, ulcers, pressure sores and sores due to lack of care for incontinence
* frequent ‘hopping’ from one GP, hospital or care agency to another
* need for health or social care services ignored or obstructed
* misuse of medication

**Indicators of Sexual Abuse**

* changes i.e. the person starts to seek or avoid attention where previously they did not, by expressing over sexualised behaviour, or becoming fixated on sexual matters
* complaints of soreness in genital/anal area, no medical cause known
* recurring conditions such as thrush or cystitis
* pregnancy or diagnosis of a sexually transmitted disease when the person is not known to be sexually active
* bruising on the inner thighs or shoulders, breasts and/or genital area
* objects to being washed in genital areas, which is a change in behaviour

**Indicators of Financial or Material Abuse**

* unexplained or sudden inability to pay bills
* gifting and transferring of assets and property
* unexplained or sudden withdrawal of money from accounts
* contrast between known income or capital and unnecessarily poor living conditions especially where this has developed recently
* personal possessions of value go missing from the home without satisfactory explanation
* contrast with their previous lifestyle and standards
* someone has taken responsibility for paying rent, bills, buying food etc. but is clearly not doing so
* unusual interest taken by relative, friend, neighbour or other in financial assets especially if little real concern is shown in other matters
* next of kin refuse to follow advice regarding control of property via Court of Protection or through securing Enduring Power of Attorney/Lasting Power of Attorney, but insist upon informal arrangements
* care services including residential care are refused by family or other potential inheritors
* unusual purchases unrelated to the known interests of the vulnerable adult e.g. purchases of fashionable clothes, expensive make-up, food and holidays
* reluctance to accept financial assessment or engagement from department

**Indicators of Organisational/Institutional Abuse**

* poor staff morale, high turnover or high sickness rate amongst staff; excessive hours are worked and there is frequent use of agency staff
* general lack of consideration of privacy e.g. staff walk casually into bedrooms; washing and personal care tasks (going to the toilet) lack appropriate privacy and dignity; there is no telephone that can be used privately
* residents/service users appear unusually subdued, especially when compared to their previous behaviour; they retreat into their own room or other areas out of the way of staff
* lack of care when dealing with personal clothing, e.g. loss of clothes, being dressed in other people’s clothes, dirty or unkempt, spectacles not clean, wearing other people’s spectacles, hearing aid or false teeth
* poor hygiene e.g. strong smell of urine, dirty clothing or bed linen, only changed when staff consider it necessary
* inappropriate and thoughtless use of equipment e.g. restraint and buzzers out of reach
* lack of internal procedures, including poorly written and/or outdated policies
* lack of clear lines of responsibility and consistency of management
* lack of staff training, supervision, appraisals and assessment of competencies
* lack of appropriate skill mix and assessment of staff competencies and training and development plan
* inadequate care/support plans and risk assessment
* inappropriate use of medical or nursing procedures e.g. enemas, catheterisation, over reliance on medication
* lack of appropriate relevant information sharing between staff about service users
* lack of open transparent communication from staff to relatives
* reliance on rigid routines
* staff feel powerless to influence good practice; they may be discouraged from participating in discussions with outside agencies

**Indicators of Professional Abuse**

* entering into a sexual relationship with a service user
* failure to refer disclosure of abuse, poor, ill-informed or outmoded care practice
* failure to support vulnerable adult to access health care/treatment, denying vulnerable adults access to professional support and services such as advocacy
* service design where groups of users living together are incompatible
* punitive responses to challenging behaviours
* failure to whistle-blow on issues when internal procedures to highlight issues are exhausted

**Indicators of Domestic Abuse and Violence**

It must be remembered that all categories of abuse may be found within a domestic environment, i.e. close family relationships.

**Reactions to Abuse**

The consequences of abuse can have profound effects on all the parties involved. These may include:

* denial that abuse has occurred may be strongly stated, even in the face of compelling evidence to the contrary, there may be an attempt to persuade others that an abusive relationship is normal
* withdrawal from social activity can occur, ranging from withdrawal from normal activities to total lack of communication
* increased agitation and anxiety may also present itself in a variety of forms from attention-seeking behaviour to overly subservient behaviour
* parties involved can experience depression
* parties involved can experience confusion, this can be characterised by the marked deterioration in a previously confident person, someone who may appear to be confused might be trying to communicate his or her distress about an abusive event
* a dramatic change in behaviour or personality can occur suddenly and unexpectedly and can be associated with fear following an incident of abuse
* physical or verbally aggressive behaviour can occur and an individual may seem unusually hostile or be prone to over-reaction
* self-neglect can also occur including the loss of self-esteem, deterioration in appearance, weight loss or erosion of personal confidence