

Stradbroke Sports and Community Centre

Safeguarding Vulnerable Adults Policy

Introduction

The Stradbroke Community Centre Committee, hereinafter referred to as the SSCC, has written this Safeguarding Vulnerable Adults Policy and Procedures to provide an understanding of safeguarding and establish procedures which demonstrate the SSCC's values and commitment in this particular area. It provides guidance for trustees, staff and volunteers about what to do in specific circumstances.

Within the area of safeguarding adults, it is vital that all staff, including volunteers, know what to do if they are concerned about a vulnerable person. It is equally important that others are aware that the SSCCn takes the safety and welfare of vulnerable people into consideration in every activity that is undertaken.

The first part of this document provides the SSCC's Safeguarding Vulnerable Adults Policy followed by Procedures.

The SSCC accepts that Safeguarding Vulnerable Adults Policy and Procedures are not enough in themselves to cover the wider remit of caring for vulnerable adults, which is primarily about prevention, and will develop suitable training and provide advice to trustees, staff and volunteers where necessary.

Safeguarding Vulnerable Adults Policy

The SSCC is fully committed to safeguarding the welfare of all vulnerable adults, recognising its responsibility to take all reasonable steps to promote safe practice and to protect vulnerable adults from harm, abuse and exploitation.

The SSCC acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse.

Trustees, staff, volunteers and the SSCC's members will endeavour to work together to encourage the development of an ethos which embraces difference and diversity and respects the rights of children, young people and adults.

In implementing this Safeguarding Vulnerable Adults Policy, the SSCC will:

- Ensure that all trustees, staff, volunteers and members understand their legal and moral responsibility to protect vulnerable adults from harm, abuse and exploitation;
- Ensure that all trustees, staff, volunteers and members understand their responsibility to work at all times towards maintaining high standards of practice;
- Ensure that all trustees, staff, volunteers and members understand their duty to report concerns that arise about a vulnerable adult, or a trustee, staff, volunteer or member's conduct towards a vulnerable adult, to the SSCC's named person for safeguarding issues which will be **Maria Smith**

- Ensure that the named person understands their responsibility to refer any safeguarding concerns to the statutory agencies (i.e. Police and / or Suffolk's Adult Safeguarding Board);
- Ensure that any procedures relating to the conduct of trustees, staff or volunteers are implemented in a consistent and equitable manner;
- Provide opportunities for all trustees, staff or volunteers to develop their skills and knowledge, particularly in relation to the welfare and protection of vulnerable adults;
- Ensure that vulnerable adults are enabled to express their ideas and views on a wide range of issues and will have access to the SSCC's Complaints Procedure;
- Endeavour to keep up-to-date with national developments relating to the welfare and safeguarding of vulnerable adults.

Commitment

The SSCC is fully committed to protect and promote individual human rights, the capacity for independence and improved wellbeing so that vulnerable adults stay safe, are treated with dignity and respect, enjoy a sustained quality of life and are at all times protected from abuse, neglect, discrimination or poor treatment.

The central purpose of the SSCC's Safeguarding Vulnerable Adults Policy and Procedures is to ensure that people know how to recognise signs of abuse and neglect and, where they do occur, that there is an appropriate response to protect those affected from further harm.

Definitions

Who is a Vulnerable Adult?

A vulnerable adult is a person aged 18 years or over who may be unable to take care of themselves or protect themselves from harm or from being exploited. This may be because their circumstances e.g. chronic illness, disability, age, mental health issues or their lifestyle causes them to be at risk in some situations.

What is abuse?

Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. Abuse can happen anywhere – in a person's own home, in a residential or nursing home, in a supported living setting, a hospital or GP surgery, a prison, day centre or educational setting, library, sports centre, within the workplace, or within the community.

Examples of Abuse

- **Physical abuse:** including hitting, slapping, pushing, kicking or injuring someone and misuse of medication.
- **Sexual abuse:** including rape, sexual assault or pressuring someone into sexual acts they haven't consented to, don't understand or feel powerless to refuse.
- **Emotional abuse:** including threats of harm or abandonment, isolation, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, or withdrawal from services or supportive networks.
- **Financial or material abuse:** including theft, fraud, and misuse of property, possessions, benefits, and deliberate / premeditated mismanagement of finances by people in positions of trust.

- **Neglect and acts of omission:** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, withholding medication, nutrition and heating.
- **Discriminatory abuse:** including abuse that is racist, sexist, or based on disability or age, or other forms of harassment, slurs or similar treatment.
- **Institutional abuse:** sometimes happens in places such as residential homes, nursing homes, hospitals or prisons where people are mistreated because of poor or inadequate care / support, neglect and poor working practice that affect the whole of that service.

Procedure for what to do if you suspect abuse

All trustees, staff, volunteers and members must take the following action where appropriate:

- Ensure the person is safe.
- Listen carefully to what the person has to say, but do not ask questions other than to clarify what has been said.
- Inform the person disclosing abuse that you cannot keep this information confidential and must pass this information on to the SSCC's named person for safeguarding issues.
- Contact the emergency services if urgent medical help is required.
- Contact **Maria Smith** immediately. If she is unavailable then the **Chairman of Trustees** should be contacted. If you are unable to contact **Maria Smith** because you suspect she may be involved in the abuse, you should contact the **Chairman of Trustees**.
- The **Chairman of Trustees** will decide whether to contact the Suffolk Adult Safeguarding Board via Customer First on 0808 800 4005.
- The **Chairman of Trustees** will decide whether to contact the Police if it is suspected that a crime has been committed.
- Take care to preserve any evidence e.g. clothing, bedding, weapons, text messages, letters etc.
- Record the allegation or your suspicion of abuse as accurately as possible.

Do Not:

- Question the victim as this may affect any police action.
- Discuss the allegation / abuse with the alleged perpetrator.
- Discuss the allegation / abuse with other staff members, other than the **Chairman of Trustees**.
- Take any other action without first discussing this with the Chairman of Trustees
- Promise to maintain confidentiality.
- Delay reporting the incident / allegation.

Raising Concerns

All staff, trustees, volunteers and members have a clear professional and moral duty to report any allegations or suspicions of abuse or potential abuse of a vulnerable adult to **Maria Smith**

Any worker within the SSCC who is involved directly or indirectly with vulnerable adults has the responsibility to be aware of the possibility of abuse. They have a responsibility to take appropriate action whenever there is concern that abuse may have taken place or may occur unless someone does something to stop it. This is called 'alerting'.

It is important that any allegation of abuse is taken seriously, however insignificant it may seem on first appearance to the person receiving the information.

There are four key questions to be kept in mind when deciding whether an alert becomes a referral:

- Is the person 18 or older?
- Is the person in need of or may be in need of community care services by virtue of frailty, mental disorder, disability or other condition or illness?
- Do the circumstances indicate actual or potential risk of abuse, neglect or exploitation or significant harm?
- Is the person unable or likely to be unable to take care of themselves or protect themselves from harm or exploitation?

Who to Tell – Alert and Referral

If you have a concern about actual or possible adult abuse, generally, you should talk urgently to the **Maria Smith** making it clear what you know or suspect. The only exception to this course of action is if the **Maria Smith** may be implicated in your concerns. In these circumstances you should talk directly to the **Chairman of the Trustees**.

When a suspected incident of adult abuse is reported, **Maria Smith** or the **Chairman of Trustees** must take it seriously and decide whether the allegation needs further investigation. If it appears that there are grounds to believe that adult abuse is or may be happening, **Maria Smith** or the **Chairman of Trustees** must ensure that an alert is acted upon at the earliest possible opportunity and no later than at the end of the working day in question.

If **Maria Smith** is uncertain that abuse has occurred or is indicated, then advice should be sought from the **Chairman of the Trustees** who will contact Suffolk Adult Safeguarding Board via Customer First on 0808 800 4005 for further advice.

The details required should include the following:

- your name, position / relationship and contact details as the referrer
- when the incident happened
- where the incident happened
- who was involved (names and relationships)
- details of the concern or alleged abuse
- what action was taken and other organisations involved e.g. police, ambulance
- whether there is an immediate or future risk.

Ensuring immediate safety

If the vulnerable adult is in immediate danger or in need of urgent medical attention, action must be taken to ensure their immediate safety and well-being. This may include contacting the appropriate emergency services by calling 999.

Police advice

It should be noted that the Police, as well as taking a lead in any criminal investigation, are available for advice and consultation at an early stage. It is important that the Police are able to gather forensic evidence immediately and therefore they should be contacted in any case where a serious incident and / or criminal offence has occurred or is suspected of occurring.

Important things to consider when abuse is known or suspected

In all cases where a person is in immediate danger, urgent action must be taken at once, by calling the relevant emergency services.

If there is reason to believe a crime has been committed, seek the vulnerable adult's consent to inform the Police. If the vulnerable adult gives permission, ensure the situation is discussed with **Maria Smith** or **Chairman of Trustees** and then contact the Police.

If the vulnerable adult does not give permission to involve the Police, this information should be passed on to **Maria Smith** or **Chair of Trustees** as soon as possible, and clearly recorded in the service user's case file. If other service users are considered to be at similar risk, discussion with the Police may occur taking into account the service user's wishes.

If you believe the person lacks the capacity to give consent and there is reason to believe a crime has been committed, action can be taken in their best interests. You must act in accordance with the wishes of the vulnerable adult, wherever possible.

However, consideration should be given to circumstances in which a vulnerable adult's wishes may be overridden. In some cases, it will be essential for other or additional services to be provided, for example residential care, to be provided immediately, before any investigation starts.

If the vulnerable adult indicates a wish for action to follow as a result of alleged or actual abuse, offer necessary support, but do not ask investigative questions. Rather, give the person reassurance that the matter is being reported and that someone will make contact with them.

In cases where serial allegations of abuse are made, each allegation must be treated separately and seriously, taking into account the vulnerable adult's wellbeing.

Allegations against staff

Where an allegation concerns the actions of a member of staff (who may also be a colleague), it is the clear duty of all those concerned to report the matter as set out above. When it comes to raising adult abuse concerns, no distinction should be made between staff and other persons. The vulnerable adult's wellbeing is paramount.

If an allegation is made against a member of staff **Maria Smith** or **Chairman of Trustees** will need to clarify with the investigating team what action he or she intends to take under the Disciplinary Policy.

It is important to ensure that the action taken:

- protects the rights and wishes of the vulnerable adult;
- protects the rights of the member of staff concerned;
- enables **Maria Smith** or the **Chairman of Trustees** to take appropriate action either on behalf of the vulnerable adult or against the staff member where appropriate; and
- does not compromise any criminal investigation.

To achieve these outcomes, it will be necessary for **Maria Smith** or the **Chairman of Trustees**, to coordinate his/her responsibilities for pursuing disciplinary matters in relation to the member of staff with those of the 'investigating team', who will be working within these Safeguarding Adults Procedures.

*Anyone who works, or has contact, with a person thought to be at risk has a responsibility to report actual or suspected abuse. This includes family members, volunteers, health workers, manager and staff. **Doing nothing is not an option.***