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## **SAFEGUARDING ADULTS POLICY**

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### **SUMMARY OF POLICY**

**This policy sets out Arts 4 Wellbeing's commitment to protecting potentially vulnerable adults and sets out how we will meet its legal obligations. The policy covers the partnership arrangements Arts 4 Wellbeing with South Tyneside Council Adult Safeguarding Board. It also sets out the process staff must follow if they have any concerns about the safety and welfare of potentially vulnerable adults. The policy also recognises the responsibility of Arts 4 Wellbeing under the Government's PREVENT Duty.**

At Arts 4 Wellbeing, the named personnel with designated responsibility for safeguarding are:

| <b>Designated Safeguarding Lead</b> | <b>Deputy Designated Safeguarding Lead</b> | <b>Safeguarding Board Member</b> |
|-------------------------------------|--------------------------------------------|----------------------------------|
| Raylee Harrison                     | Gemma Oman<br>Joanne Elliott               | John Wood                        |

The named personnel with designated responsibility regarding allegations against staff/those working in Arts 4 Wellbeing are:

|                 |         |
|-----------------|---------|
| Raylee Harrison | Manager |
|-----------------|---------|

## **Policy Context**

Care and support in England is changing and the Care Act (2014) is helping to make care and support more consistent across the country. The new law states that adult safeguarding is about helping an adult to live safely, comfortably and free from abuse. Councils, the Police and the NHS already work in partnership to safeguard adults who need support, and, from April 2015, the new law will help to deliver an even better service. Arts 4 Wellbeing is totally committed to contribute to these strengthened partnership arrangements and its board have set a clear mandate that the safety and welfare of all its members is paramount. The Care Act (2014) states that every council must: -

- Check out any worries about adults who need support and may be at risk of abuse, neglect or domestic violence and take action to protect them;
- Set up a Safeguarding Adults Board with members from the Council, the Police, the NHS and other partner agencies who will work together to keep people safe;
- Appoint a Designated Adult Safeguarding Manager to handle any complicated problems;
- Arrange for an independent advocate to support any adult who needs extra help during a safeguarding enquiry or review;
- Co-operate with partners in order to protect an adult with care and support needs who is experiencing, or is at risk of, abuse or neglect.

At Arts 4 Wellbeing, we understand that keeping people safe and comfortable is everyone's responsibility. We also understand that each case must be managed in an individual and sensitive way. We, therefore, follow six safeguarding principles to help make sure our response is right:

1. **Empower**

We will always inform people and ask their permission (where they have capacity) when making decisions about safety;

2. **Prevent**

It is better to prevent harm than try sorting it out afterwards.

3. **Respect**

We will not intrude any more than is essential to keep people safe.

4. **Protect**

If people need help, we will do all we can to support them.

5. **Work Together**

We will work with our partners at South Tyneside Council Safeguarding Board to find the best ways to keep people safer.

6. Explain

We will be clear and straight forward about what we do and why.

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## **ARTS 4 WELLBEING**

### **1.0 STATEMENT OF POLICY AND COMMITMENT**

Arts 4 Wellbeing has a statutory duty of care to ensure that Arts 4 Wellbeing functions with a view to safeguarding and promoting the welfare of vulnerable adults receiving our services at Arts 4 Wellbeing.

The term 'vulnerable adult' refers to any person aged 18 or over who is, or may be, in need of community care services by reason of mental or disability, age, or illness and who is, or may be, unable to take care of themselves or unable to protect themselves against significant harm or serious exploitation (defined by the Lord Chancellor's Department 1997). Vulnerable adults may be victims and they may, themselves, be in a caring role. Abusers who are vulnerable adults will be recognised in this policy but will be afforded rights as described in PACE 1984 (Police and Criminal Evidence Act) in line with being offered the Appropriate Adult Role.

People with learning difficulties/disabilities, mental health problems, older people and disabled people with impairments are included in this definition, particularly where their situation is complicated by additional factors such as physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

It is not the responsibility of staff to take decisions regarding adult protection. If staff have any concerns, or allegations made, however apparently minor, they must report them to staff designated with responsibilities for adult protection or to the Board. It is the responsibility of the Local Authority's Adult Services to make any final decision.

This policy and its associated procedures have been shared with the South Tyneside Council Adult Safeguarding Board. This policy takes into account the DoH 'No Secrets' document and the ADASS 2005 guidance in Safeguarding Vulnerable Adults at Work.

### **2.0 RESPONSIBILITIES FOR IMPLEMENTING THE POLICY**

#### **2.1 Designated Board**

The designated Board member is responsible for liaising with the Manager and all staff member with lead responsibility over matters regarding adult protection, including:

- Ensuring that Arts 4 Wellbeing has procedures and policies which are consistent with the Safeguarding Adult Protection procedures;
- Ensuring that the Board considers Arts 4 Wellbeing policy on Safeguarding Adults each year;
- Ensuring that, each year, Arts 4 Wellbeing Board is informed of how Arts 4 Wellbeing and its staff have complied with the policy, including but not limited to a report on the training that staff have undertaken;
- Ensuring good communications between the Local Authority Adult Services, the Safeguarding Adult Protection Team, the Police and Arts 4 Wellbeing, and to assist in all enquiries.

To assist in these duties, the designated Board member shall receive appropriate training as directed by the Safeguarding Adults Board (SAB).

## **2.2 College Board**

The Board is committed to ensuring that Arts 4 Wellbeing:

- Adheres to the Policy;
- Monitors its effectiveness;
- Provides a safe environment in which vulnerable people may learn;
- Identifies vulnerable adults who are suffering, or likely to suffer, significant harm;
- Takes appropriate action to ensure that vulnerable adults are kept safe, both at home and at Arts 4 Wellbeing, or on any voluntary placement within or outside of Arts 4 Wellbeing;
- Creates supportive environments which enable vulnerable adults to be able to speak out;
- Ensures that all staff adhere to English law in relation to safeguarding adults.

In pursuit of these aims, Arts 4 Wellbeing Board will approve and annually review policies and procedures with the aim of:

- Raising awareness of issues relating to the welfare of vulnerable adults and the promotion of a safe environment for the vulnerable adults learning within Arts 4 Wellbeing;
- Aiding the identification of vulnerable adults at risk of significant harm, and providing procedures for reporting concerns;
- Establishing procedures for reporting and dealing with allegations of abuse against members of staff;
- Ensuring the safe recruitment of staff.

In developing policy and procedures, the Board will consult with, and take account of, guidance issued by the Department for Business, Energy and Industrial Strategy and other relevant bodies and groups.

Arts 4 Wellbeing will refer concerns that a vulnerable adult might be at risk of significant harm to Adult First Call within the Local Authority. Telephone numbers will be available from the designated members of staff responsible for safeguarding adults within Arts 4 Wellbeing.

### **2.3 Senior Staff Member with Lead Responsibility**

The designated senior member of staff with lead responsibility for adult protection issues is the Manager.

The Manager has a key duty to take lead responsibility for raising awareness within the body of staff of issues relating to the welfare of vulnerable adults, and the promotion of a safe environment for the vulnerable adults learning within Arts 4 Wellbeing including PREVENT.

The Manager has received training in adult protection issues and inter-agency working, as required by the Safeguarding Adults Board for Adult Protection and will receive refresher training annually. She will keep up to date with developments in adult protection issues. The designated member of staff is responsible for:

- Overseeing the referral of cases of suspected abuse or allegations to the Vulnerable Adult's Local Authority Services or PREVENT Co-Ordinator;
- Providing advice and support to other staff on issues relating to adult protection;
- Maintaining a proper record of any adult protection referral, complaint or concern (even where that concern does not lead to a referral)'
- Liaising with the LEA and Safeguarding Adults Board and other appropriate agencies;
- Ensuring that staff receive basic training in safeguarding adult protection issues and are aware of Arts 4 Wellbeing safeguarding adult protection procedures;
- Ensuring that the Board receives an annual report reviewing how the duties have been discharged;
- Reporting deficiencies in procedure or policy identified by the Safeguarding Adults Board (or others) to the Arts 4 Wellbeing Board at the earliest opportunity;
- Ensuring that designated members of staff have up to date referral contact details.

### **Other Designated Staff Member**

The other designated members of staff with responsibility for safeguarding adult protection issues is: Gemma Oman and Joanne Elliott, Arts 4 Wellbeing (the Deputy Safeguarding Leads).

This designated staff member will:

- Report to the member of staff with lead responsibility;
- Assume any of the responsibilities of the member of staff when the latter is not available;
- Know how to make an appropriate referral;
- Be available to provide advice and support to other staff on issues relating to adult protection;
- Have responsibility to be available to listen to vulnerable adults attending Arts 4 Wellbeing;
- Deal with individual cases, including attending case conferences and review meetings as appropriate;
- Receive training in adult protection issues and inter-agency working, as required by the Safeguarding Adults Board, and receive refresher training at least every two years;
- Report any adult protection concerns to Social Services or the police as appropriate and maintain an up-to-date list of referral contacts;
- Ensure they have an understanding of all relevant legislation and local procedures, and that other staff have an adequate level of understanding of adult protection and their responsibilities;
- Liaise with the Safeguarding Adults Board and police, when appropriate;
- Attend adult protection meetings with staff involved in adult protection cases;
- Ensure that staff are supported during and after incidents involving adult protection and referrals to the Local Authority's Adult Services, the police or PREVENT Co-Ordinator; - Identify available counsellors for external professional support when needed; - Feedback appropriate information to staff involved in an adult protection case.

## **2.4 Manager**

The Manager is responsible for: -

- Ensuring this policy is implemented and adhered to;
- Providing staff with opportunities to discuss adult protection cases;
- Providing extra support opportunities for staff involved in an adult protection case or referring a member of staff to an available counsellor so they can receive extra support;
- Ensuring appropriate training and support for all staff;
- Supporting a member of staff for as long as necessary during adult protection cases;
- Reporting allegations or concerns of vulnerable adult abuse to social services or the police if other designated staff are unavailable.
- Attending refresher training at least every two years.

Managers and staff must:

- Ensure they are aware of the aim of adult protection and its related issues;
- Adhere to this policy and its procedures;
- Report any incidents or concerns regarding vulnerable adults; well-being or safety to designated staff, immediately;
- Record any concerns, allegations or incidents regarding adult protection;
- Attend induction or other training in adult protection;
- Ensure that parents of vulnerable adults within Arts 4 Wellbeing are aware of Arts 4 Wellbeing's Safeguarding Adults Protection Policy;
- Liaise with employers and all other organisations that receive vulnerable adults or young people from Arts 4 Wellbeing on long term placements to ensure that appropriate safeguards are put in place (where appropriate);
- Inform parents of any referral under adult protection procedures. However, there may be occasions when, following consultation with appropriate professionals, this will not be the case e.g., when a parent is the suspected abuser. The views and wishes of the vulnerable adult will be taken into account in making the decision whether or not to inform parents. This decision is best discussed with the designated member of staff who will liaise directly with the Local Authority Adult Services to make a decision pertaining to this.
- Ensure that Arts 4 Wellbeing has due regard to the provisions of the Mental Capacity Act 2005 and its Code of Practice when working with adults who appear to lack decision-making capacity on adult protection issues

### **3.0 CATEGORIES OF MISTREATMENT ABUSE**

Arts 4 Wellbeing Management and staff recognises the following as definitions of abuse:

#### ***Physical Abuse***

Physical abuse causes non-accidental harm to a person. It may involve hitting, shaking, throwing, poisoning, misuse of medication, burning, scalding, drowning or suffocating. It may be done deliberately or recklessly, or be the result of a deliberate failure to prevent injury occurring. Possible indicators that physical abuse may be taking place could be: unexplained injuries or burns particularly if they are recurrent, improbable excuses given to explain injuries, refusal to discuss injuries, untreated injuries, admission of punishment which appears excessive, fear of parents being contacted, withdrawal from physical contact, fear of returning home, self-destructive tendencies, aggression towards others, running away.

#### ***Neglect or Acts of Omission***

Neglect or self-neglect is the persistent or severe failure to meet a vulnerable adult's basic physical and/or psychological needs. It will result in serious impairment of the vulnerable adult's health or development. It includes ignoring medical or physical care needs, failure to provide or seek access to

appropriate health care or social care or educational services and the withholding of or failure to access necessities, such as medication or adequate nutrition and heating. Possible indicators include: constant hunger, poor personal hygiene, dental decay, constant tiredness, poor state of clothing/inappropriate clothing, emaciation, frequent lateness/absence from school/College, untreated medical/speech/hearing problems, lack of appropriate boundaries, lack of supervision/acknowledgement of safety issues, no social relationships.

### ***Sexual Abuse***

Sexual abuse involves a vulnerable adult being forced or coerced into participating in or watching sexual activity. It includes contact and non-contact sexual abuse: rape and sexual assault or sexual acts to which the adult has not consented or could not consent or was pressured into consenting.

### ***Emotional or Psychological Abuse***

Emotional abuse occurs where there is persistent emotional ill treatment or rejection: actions that impact upon well-being. These could be 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. It causes severe and adverse effects on the vulnerable adult's or young person's behaviour and emotional development, resulting in low self-worth.

### ***Financial or Material Abuse***

This /could include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

### ***Discriminatory Abuse***

This could include oppressive and discriminatory attitudes towards vulnerable adults according to age, race, gender, disability, sexuality/sexual orientation, religion or cultural background.

Any combination of these types of abuse may be found in one situation. They may be committed with deliberate intent, or as a result of ignorance or negligence.

### ***Extremism***

This could be vocal or active opposition to fundamental British Values including democracy, the rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs.

## ***Modern slavery***

This 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.

N.B. THE ABOVE DEFINITIONS ARE BY NO MEANS EXHAUSTIVE AND SHOULD BE INTERPRETED SIMPLY AS A GUIDE. REFERRAL TO THE LOCAL AUTHORITY ADULT SERVICES WILL DETERMINE THE TYPE OF ABUSE CATEGORY FOLLOWING AN APPROPRIATE SAFEGUARDING INVESTIGATION.

### **4.0 DEALING WITH DISCLOSURE OF ABUSE: PROCEDURE FOR REPORTING CONCERNS**

If a vulnerable adult tells a member of staff about possible abuse:

- Listen carefully and stay calm. Take what the vulnerable adult is saying seriously. Remember that this disclosure will have taken a lot of courage.
- Reassure the vulnerable adult that by telling you, they have done the right thing.
- Do not interview the vulnerable adult, but clarify what is said without pressure, in order to be sure that you understand what the vulnerable adult is telling you. You are not trying to get at the truth or to interrogate the vulnerable adult. You are trying to make clear what they are saying. This can be achieved by using simple prompts such as "Tell me", "Explain more fully" or "Describe that for me". This simply helps establish a free narrative account without contaminating the disclosure or investigation.
- Do not put words into the vulnerable adult's mouth. Do not ask questions.
- Inform the vulnerable adult that you must pass the information on to the designated lead; you cannot promise confidentiality, but that only those that need to know about it will be told. Tell them you will report the matter to the designated lead.
- Be aware that medical evidence may be needed. If this is required, then the designated lead must liaise with the necessary services.
- Thank the vulnerable adult.
- Note the main points carefully.
- Make a detailed note of the date, time, place, what the vulnerable adult said, did, and your points of clarification etc. Sign and date the record. The designated person will advise on how and where to store adult protection records. Be aware that this report could be used later as part of legal action or disciplinary procedure. It is essential that you use verbatim accounts in your recording i.e., only document the words the vulnerable adult uses - Call the police if it is an emergency or a crime has been committed

Do not:

- Appear shocked, horrified, disgusted or angry;
- Stop the person from speaking freely;
- Ask any questions;
- Promise to keep secrets – you have a duty to pass this information on;
- Make judgements;
- Offer the victim of a sexual and/or physical assault a bath, food or drink until after a medical examination;
- Contaminate or remove possible forensic evidence;
- Make contact with the alleged abuser;
- Question the alleged abuser;
- Alert the alleged abuser to the situation.

### **Confidentiality**

- An individual's wishes cannot over-rule an organisation's duty to act
- Informed consent to share information should be obtained but, if this is not possible and vulnerable adults are at risk, it may be necessary to over-ride the requirement;
- Confidential reporting through 'whistle-blowing' is a process to enable staff or voluntary workers to raise concerns in the workplace, and have those concerns taken seriously.
- Whilst it is not easy to complain about a colleague's behaviour, everyone must remember that their first concern has to be the protection and safety of the vulnerable adult, who may need someone to speak on his/her behalf

### **Capacity**

Difficulties arise when it is unclear whether the vulnerable person is capable of making a decision or whether the decision is being made under duress or undue influence. All practical steps must be taken to enable a person without capacity to communicate their views and preferences. It should not be assumed that if an adult lacks capacity to make a decision, then the only persons who should make best interest decisions on their behalf are their parents, especially if the parents are suspected to be the perpetrators of the abuse. In making a best interest's decision, professionals must take into account – if it is practicable and appropriate to consult them – the views of anyone engaged in caring for the adult or interested in his or her welfare (Section 4(7) of the Mental Capacity Act).

Thus, if a parent is the suspected perpetrator of the abuse, then staff would not need to obtain parental consent to take action e.g. a medical examination of a vulnerable adult who lacks capacity to make such a decision. That decision should be made by the agencies who would be tasked to undertake this act in the adult's best interests. Parents of vulnerable adults who lack capacity should not be allowed to vet action taken in that adult's best interests. Staff must fulfil their

legal duty of care to the vulnerable adult, whether or not the adult lacks decision-making capacity.

Staff should not investigate concerns or allegations themselves, but should report them immediately to the designated person. Staff must act without delay by speaking with the designated person.

Remember these guidelines are to support staff. Should an abusive situation come to light and it is found that staff promised confidentiality or for some other reason did nothing, then they could face possible legal/disciplinary consequences. Staff are not required to make judgements. The experts in the field of safeguarding adults take responsibility for guiding the investigation.

Do not email details to others. Email is not a secure means of communication. Alert others by telephone with details or send a copy of the written record.

For more information about the process see Appendix 1 Communication process for safeguarding adult protection concerns.

## **5.0 REPORTING AND DEALING WITH ALLEGATIONS OF ABUSE AGAINST MEMBERS OF STAFF**

The procedures apply to all staff, whether teaching, administrative, management or support, as well as to volunteers. The word "staff" is used for ease of description.

### **5.1 Introduction**

- In rare instances, staff of education/day services institutions have been found responsible for vulnerable adult abuse. Because of their frequent contact with vulnerable adults, staff may have allegations of vulnerable adult abuse made against them. Arts 4 Wellbeing recognises that an allegation of vulnerable adult abuse made against a member of staff may be made for a variety of reasons and that the facts of the allegation may or may not be true. It is imperative that those dealing with an allegation maintain an open mind and that investigations are thorough and not subject to delay.
- A member of staff may also have concerns about another member of staff. These concerns must be communicated to either the Manager, or to the designated Board Member if they concern the Manager, or to the member of staff responsible for adult protection. Where concerns arise with regard to staff, it is vital that the Local Authority responsibility for Safeguarding Adult Protection issues is included in discussions from the outset.
- The allegation should be reported immediately to the Manager, unless Manager is the person against whom the allegation is made, in which case the report should be made to the staff member with lead responsibility or the designated Board Member. Manager (or designated person if the allegation is against the Manager) shall: -

Obtain written details of the allegation from the person who received it, that are signed and dated.

- The written details should be countersigned and dated by the Board Member or Manager (or designated person);  
Record information about times, dates, locations and names of potential witnesses.

## **5.2 Initial Assessment by the Manager (or designated person)**

- Manager (or designated person) shall make an initial assessment of the allegation, consulting with the staff member with lead responsibility, the designated Board member and the Local Authority Adult Protection services as appropriate. Where the allegation is considered to be either a potential criminal act or indicates that the vulnerable adult has suffered, is suffering or is likely to suffer significant harm, the matter should be reported immediately to the Local Authority Adult Protection services and/or to the police.
- It is important that Manager (or designated person) does not investigate the allegation. The initial assessment should be on the basis of the information received and is a decision whether or not the allegation warrants further investigation.
- Other potential outcomes are:
  - The allegation represents inappropriate behaviour or poor practice by the member of staff and is neither potentially a crime nor a cause of significant harm to the vulnerable adult. The matter should be addressed in accordance with Arts 4 Wellbeing disciplinary procedures.
  - The allegation can be shown to be false because the facts alleged could not possibly be true.

## **5.3 Enquiries and Investigations**

- Adult protection enquiries by the Local Authority Adult Services or the police are not to be confused with internal, disciplinary enquiries by Arts 4 Wellbeing. Arts 4 Wellbeing may be able to use the outcome of external agency enquiries as part of its own procedures. The adult protection agencies, including the police, have no power to direct Arts 4 Wellbeing to act in a particular way; however, Arts 4 Wellbeing should assist the agencies with their enquiries.
- **With the exception of suspension pending investigation, which is a neutral act, Arts 4 Wellbeing shall hold in abeyance its internal enquiries while the formal police or the Local Authority's Adult Services investigations proceed; to do otherwise may prejudice the investigation.**

Any internal enquiries shall conform to the existing staff disciplinary procedures.

- If there is an investigation by an external agency, for example the police, Manager (or designated person) should normally be involved in, and contribute to, the inter-agency strategy discussions. Manager (or designated person) is responsible for ensuring that Arts 4 Wellbeing gives every assistance with the agency's enquiries. He/she will ensure that appropriate confidentiality is maintained in connection with the enquiries, in the interests of the member of staff about whom the allegation is made. Manager (or designated person) shall advise the member of staff that he/she should consult with a representative, for example, a trade union.
- Subject to objections from the police or other investigating agency, Manager (or designated person) shall:
  - Inform the vulnerable adult or parent/carer making the allegation that the investigation is taking place and what the likely process will involve;
  - Ensure that the parents/carers of the vulnerable adult making the allegation have been informed that the allegation has been made and what the likely process will involve;
  - Inform the member of staff against whom the allegation was made of the fact that the investigation is taking place and what the likely process will involve.
  - Inform the Chair of the Board and/or the designated Board member of the allegation and the investigation.
- Manager (or designated person) shall keep a written record of the action taken in connection with the allegation.

#### **5.4 Suspension of Staff**

- Suspension should not be automatic. In respect of staff other than Manager and Senior Post suspension can only be carried out by the Board Member. In respect of Manager and Senior Post Holders, suspension can only be carried out by the Chair of the Board (or in his/her absence, the Vice Chair of the Board).
- Suspension may be considered at any stage of the investigation. It is a neutral, not a disciplinary act and shall be on full pay. Consideration should be given to alternatives: e.g. paid leave of absence; agreement to refrain from attending work; change of, or withdrawal from, specified duties.  
Suspension should only occur for a good reason. For example:
- Where a vulnerable adult is at risk

- Where the allegations are potentially sufficiently serious to justify dismissal on the grounds of gross misconduct.
- Where necessary for the good and efficient conduct of the investigation

If suspension is being considered, the member of staff should be encouraged to seek advice, for example from a trade union.

Prior to making the decision to suspend, Manager (or Chair or Vice Chair of Board) must not interview the member of staff concerned until there has been consultation with the Local Authority's Adult Services about how to proceed. To interview the member of staff concerned must meet with the approval of the appropriate agency from the Safeguarding Adults Board. In particular, if the police are engaged in an investigation the officer in charge of the case should be consulted.

- The member of staff should be advised to seek the advice and/or assistance of his/her trade union and should be informed that they have the right to be accompanied by a trade union representative or a work colleague in accordance with the 1999 Employment Relations Act. The member of staff should be informed that an allegation has been made and that consideration is being given to suspension. It should be made clear that if an interview is undertaken then this is not a formal disciplinary hearing, but solely for raising a serious matter which may lead to suspension and further investigation.
- During the interview, the member of staff should be given limited information as to why they may well be suspended. This will assist in not interfering with the investigation into the allegation.
- If Manager (or Chair or Vice Chair of the Board) considers that suspension is necessary, the member of staff shall be informed that he/she is suspended from duty. Written confirmation of the suspension shall be despatched as soon as possible and ideally within one working day.
- Where a member of staff is suspended, Manager (or Chair or Vice Chair of the Board) should address the following issues: -
  - The Chair of Board (or in his/her absence, the Vice Chair of the Board) should be informed of the suspension in writing.
  - The Board should receive a report that a member of staff has been suspended pending investigation, the detail given to the Board should be minimal.
  - Where Manager or Senior Post Holder has been suspended, the Chair or Vice Chair of the Board shall report this to the Local Authority within two working days or as soon thereafter as practicable.
  - Where Manager or a Senior Post Holder has been suspended, the Chair or Vice chair of the Board will need to take action to address the management of Arts 4 Wellbeing.

- The parents/carers of the vulnerable adult making the allegation should be informed of the suspension. They should be asked to treat the information as confidential and that suspending a member of staff is simply a neutral act in order to conduct a fair investigation into the matter; this does not mean the member of staff is necessarily guilty of what has been alleged. Consideration will be given to informing the vulnerable adult making the allegation of the suspension.
- Senior staff who need to know of the reason for the suspension should be informed.
- Depending on the nature of the allegation, Manager (or Chair or Vice Chair of the Board) will consider with the nominated Board Member whether a statement to the members of Arts 4 Wellbeing and/or parents/carers should be made, taking due regard of the need to avoid unwelcome publicity.
- Manager (or Chair or Vice Chair of the Board) shall consider carefully and review the decisions as to who is informed of the suspension and investigation. The Safeguarding Adults Board and external investigating authorities should be consulted.
- The suspended member of staff will be given appropriate support during the period of suspension. He/she will also be provided with information on progress and developments in the case at regular intervals.
- The suspension should remain under review in accordance with Arts 4 Wellbeing disciplinary procedures.

## 6.0 THE DISCIPLINARY INVESTIGATION

The disciplinary investigation will be conducted in accordance with the existing staff disciplinary procedures **only when the formal police or Adult Services investigations have been completed.**

The member of staff will be informed of:

- The disciplinary charge against him/her
- His/her entitlement to be accompanied or represented by a trade union representative or work colleague in accordance with the 1999 Employment Relations Act

Where the member of staff has been suspended and no disciplinary action is to be taken, the suspension will be lifted immediately, and arrangements made for the member of staff to return to work. It may be appropriate to offer counselling. The vulnerable adult making the allegation, and/or their parents will be informed of the outcome of the investigation and proceedings. This will occur prior to the return to work of the member of staff (if suspended)

Manager (or designated person) will consider what information should be made available to the general population of Arts 4 Wellbeing.

## **7.0 ALLEGATIONS WITHOUT FOUNDATION**

- 7.1 Obviously false allegations may be indicative of problems of abuse elsewhere. A record should be kept, and consideration given to a referral to the Safeguarding Adults Board in order that other agencies may act upon the information.
- 7.2 In consultation with the designated member of staff and/or the designated Manager (or Chair or Vice Chair of the Board) shall:
- Inform the member of staff against who the allegation is made orally and in writing that no further disciplinary or adult protection action will be taken. Consideration should be given to offering counselling/support;
  - Inform the parents/carers of the alleged victim that the allegation has been made and of the outcome;
  - Where the allegation was made by a vulnerable adult other than the alleged victim, consideration to be given to informing the parents/carers of that vulnerable adult;
  - Prepare a report outlining the allegation and giving reasons for the conclusion that it had no foundation and confirming that the above action had been taken

## **8.0 RECORDS**

- 8.1 It is important that documents relating to an investigation are retained in a secure place, together with a written record of the outcome and, if disciplinary action is taken, details retained on the member of staff's personal and confidential file.
- 8.2 If a member of staff is dismissed or resigns before the disciplinary process is completed, he/she should be informed about Arts 4 Wellbeing's statutory duty to inform the Secretary of State for Education under the Vetting and Barring Procedures as directed by the Independent Safeguarding Authority and in accordance with the 2006 Vulnerable Groups Act.

## **9.0 MONITORING EFFECTIVENESS**

Where an allegation has been made against a member of staff, the nominated Board Member, together with the staff member with lead responsibility should, at the conclusion of the investigation and any disciplinary procedures, consider whether there are any matters arising from it that could lead to the improvement of Arts 4 Wellbeing's procedures and/or policies and/or which should be drawn to the attention of the Safeguarding Adults Board. Consideration should also be given to the training needs of staff.

## 10.0 RECRUITMENT AND SELECTION PROCEDURES

Arts 4 Wellbeing has recruitment and selection procedures. These are applicable to all staff and volunteers who may work with vulnerable adults:

- The post or role should be clearly defined
- The key selection criteria for the post or role should be identified
- Vacancies should be advertised widely in order to ensure a diversity of applicants.
- They shall require documentary evidence of academic/vocational qualifications.
- Professional and character references should be obtained.
- Previous employment history should be verified.
- Previous training history should be verified.
- They shall include Disclosure and Barring Service checks (maintain sensitive and confidential use of the applicant's disclosure).
- They shall use a variety of selection techniques (e.g., qualifications, previous experience, interview, reference checks).

## 11.0 CONTROL OF THIS DOCUMENT

The staff member with lead responsibility for safeguarding adult protection issues at Arts 4 Wellbeing will review this policy and its associated procedures **annually** for effectiveness and the need for change. Recommendations for change will be made to the Senior Management Team and then to Arts 4 Wellbeing Board. The latest version of the document will be maintained on Arts 4 Wellbeing's shared drive.

## 12.0 OTHER RELATED POLICIES

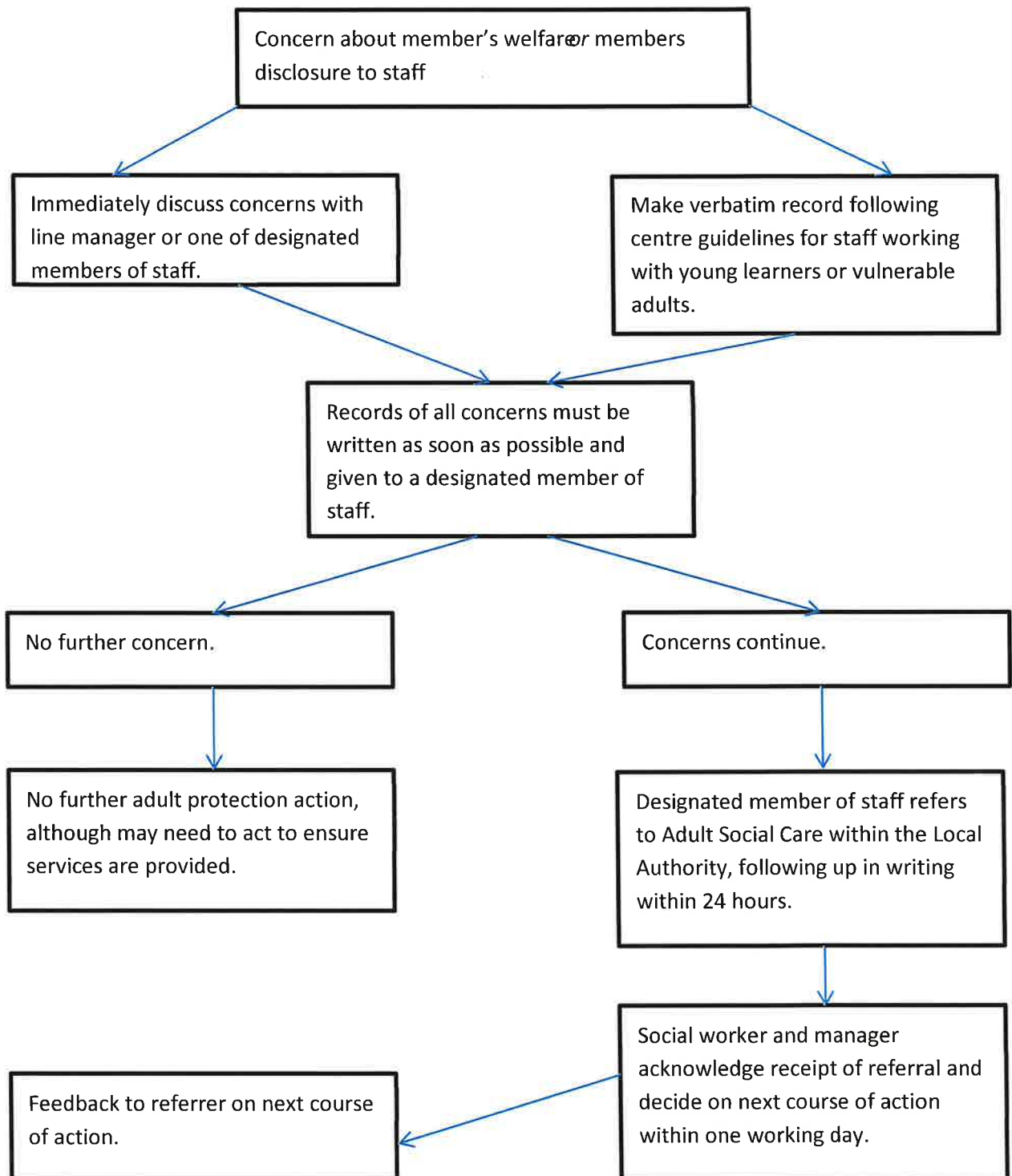
Arts 4 Wellbeing takes safeguarding seriously and understands this policy is over-arching. Arts 4 Wellbeing also maintains other linked policies in line with the legislative requirements; together these make up the suite of policies to safeguard and promote the welfare of young people in Arts 4 Wellbeing. The policies are cited below.

- Safer Recruitment and Vetting Policy and Procedure
- Learner harassment and bullying policy
- Equality and Diversity Policy
- Code of Conduct for Staff
- Young Person Safeguarding Policy
- 

|                      |                   |
|----------------------|-------------------|
| <b>Version</b>       | <b>1</b>          |
| <b>Date of Issue</b> | <b>09.03.2024</b> |
| <b>Review</b>        | <b>2025</b>       |
| <b>Lead</b>          | <b>Manager</b>    |

## Prepared Adult Protection concerns

## Appendix 1



*Designated senior member of staff with lead responsibility for adult protection:  
Raylee Harrison, Arts 4 Wellbeing, 10 Derby Terrace, South Shields.*

*Other designated staff: Michelle Baker, Arts 4 Wellbeing, 10 Derby Terrace, South Shields*

## **Indicators of Abuse**

## **Appendix 2**

Indicators are the signs and symptoms that draw to our attention the fact that something is wrong. Categories and indicators, like definitions, need to be used as tools to aid professional practice and judgement.

The presence or absence of indicators does not mean that mistreatment or abuse definitely does or does not exist, and care must be taken not to depend entirely on them. The following list is not exhaustive:

### **1. General Signs:**

- Difficulty getting access to the vulnerable person
- Difficulty in interviewing the vulnerable person alone
- Isolation of the vulnerable person
- Agency hopping
- Repeated visits to a General Practitioner or Accident and Emergency Department for no obvious medical reason or where there is no change in medical condition
- Reluctance to seek General Practitioner help
- Refusal of support by a known or previously trusted carer
- One or more other agencies (Police or Welfare) reveal concerns

### **2. Physical Abuse**

Examples of physical abuse include:

- Hitting
- Slapping
- Pinching
- Pushing
- Hair pulling
- Restraint
- Physical intimidation
- Improper use of medication
- Attempted smothering
- Forcible feeding

Indicators of physical abuse include:

- Injuries inconsistent with the account of how they happened;
- Lack of explanation as to how injuries happened;

- Injuries inconsistent with lifestyle of the victim;
- Multiple bruising, particularly in well protected area;
- Cluster of injuries;
- Changes of behaviour;
- Injuries to the person which can be identified as non-accidental or unexplained;
- Burns (as per injuries – e.g., inconsistency etc)
- Immersion burns
- Rope burns or marks on arms, legs or torso;
- Induced Illness Syndrome (Factitious Disorder);
- Excessive repeat prescriptions;
- Fractures (as per burns and injuries);
- Cuts not likely to be explained by self-injury;
- Subdued personality in the presence of a carer;
- Over- or under-use of medication;
- Being left in wet clothing;
- Malnutrition when not living alone.

The following can occur at times with vulnerable adults and, therefore, may or may not be indicators of mistreatment/abuse:

- Bruising
- Carpet burns
- Excessive consumption of alcohol;
- General or specific deterioration in health without obvious cause;
- Ulcers, pressure damage;
- Increasing immobility;
- Dehydration;
- Minor skin abrasions;
- Getting or taking the wrong dose of prescribed medication.

### **3. Emotional/psychological abuse**

Please note that some signs and symptoms of psychological abuse may well be indicative of other forms of abuse taking place.

Examples of emotional/psychological abuse include:

- Intimidation by shouting or screaming;
- Ignoring requests or conversation;
- Humiliation;
- Withholding of necessary help and assistance;
- Denial of requests;
- Denial of choices and options;
- Denial of privacy;
- Denial of access to friends; -

- Denial of religious or cultural needs; -
- Denial of access to family members.

Indicators of emotional/psychological abuse include: -

- Air of silence when the alleged perpetrator is present;
- General lack of consideration for the needs of the vulnerable adult;
- Vulnerable adult not allowed to express his/her opinion/needs;
- Privacy denied in relation to care, feelings or other aspects of life;
- Denial of access to the vulnerable adult especially when this person is in need of assistance which he/she will consequently not receive;
- Denial of freedom of movement e.g., locking the vulnerable adult in a room, tying him/her to a chair;
- Alteration in the adult's psychological state, e.g., withdrawal or fear;
- Incontinence or difficult behaviour perceived as deliberate when it is not;
- Self-abuse, low self-esteem and self-neglect;
- Demanding/attention seeking/rejecting behaviour;
- Withdrawal from a valued activity;
- Sexually inappropriate or overtly promiscuous behaviour;

The following can occur at times with vulnerable adults and, therefore, may or may not be indicators of mistreatment/abuse:

- Insomnia;
- Low self-esteem;
- Excessive ambivalence, confusion, resignation, agitation;
- Change in appetite;
- Weight loss/gain;
- Tearfulness;
- Unexplained paranoia;
- Communication problems e.g., hearing, speech or memory; -
- Aggression.

#### **4. Neglect**

Neglect may be deliberate or by default where the alleged perpetrator either is not able to, or does not, provide the care needed and may not recognise the need for that care. The alleged perpetrator may also be neglecting him/herself.

Indicators of neglect are:

- Withholding or failure to provide care, food, clothing or heating which has a detrimental effect on the person's welfare;

- Poor physical condition/appearance, skin ulcers or pressure damage, pale/sallow complexion;
- Unkempt appearance, poor hygiene, inadequate or dirty clothing, the stench of urine or faeces;
- Unexplained weight loss, malnutrition or unexplained weight gain, overfeeding, dehydration;
- Reduced mobility or immobility due to a deprivation of aids;
- Hypothermia due to inadequate heating or lack of appropriate clothing;
- Being left in a wet or soiled bed;
- Callers/visitors are refused access to person;
- Person is exposed to unacceptable risk;
- Unable or denied access to appropriate medical care or medication, including missed medical appointments;
- Inappropriate administering of medication;
- Inconsistent or reluctant contact with health and social services.

## **5. Sexual Abuse**

Sexual abuse is where the victim is involved in any sexual activity to which they have not given consent or do not fully comprehend. The adult victim may be of any age, male or female, in or out of a care home. The abuse may also take place within a marriage.

Non-contact abuse:

- Looking;
- Photography;
- Indecent exposure;
- Harassment;
- Serious teasing or innuendo.

Contact abuse:

- Touching e.g., of breast, genitals, anus, mouth;
- Masturbation of either or both persons;
- Penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers or other objects.

Indicators (some of the following may also be indicators or medical conditions):

- Vulnerable person appears withdrawn;
- Bruising and/or bleeding in external genitalia;
- Overt sexual behaviour/language;
- Bruising on inner thigh;
- Disturbed sleep (also often associated with the ageing process);
- Unexplained difficulties in walking/sitting;

- Self-inflicted injury;
- Pain, itching or injury in the anal, genital or abdominal area;
- Reluctance of person to be alone with an individual known to them;
- Unexplained behaviour change;
- Urinary infections;
- Unexplained problems with catheters or going to the toilet;
- Stained or bloody underclothing;
- Love bites
- Fear of staff offering help with undressing, bathing etc.
- Sexually transmitted disease or recurrent bouts of cystitis.

## **6. Exploitation of Finance and/or Property**

This kind of abuse is extremely difficult to assess. Some general examples might be:

- The use of money or property without the informed consent of the vulnerable person; -
- Transactions being made which the vulnerable person does not understand; -
- Stealing;
- Pressure to obtain property rights;
- Recent change of deeds or title of house;
- Preventing sale of property which would release capital to provide domiciliary or residential care;
- Misuse of a person's money, possessions, property or insurance or preventing access to them.

Indicators:

- Sudden lack of money – especially after receiving their benefits/income;
- Unexplained withdrawals from accounts;
- Sudden inability to pay bills;
- Disparity between assets and satisfactory living conditions;
- Not wanting to spend (not natural thrift);
- Extraordinary interest in the vulnerable person's assets by family, carer(s), friends, staff, or others in contact with vulnerable adult;
- Block signing of benefit books;
- Carer asks only financial questions of the worker, and does not ask questions about care.

## **7. Discriminatory Abuse**

Discriminatory abuse is motivated by oppressive and discriminatory attitudes towards the vulnerable adult.

Discriminatory abuse could include Physical, Sexual, Psychological and Neglect with the following examples:

Physical:

- Providing food that is not culturally or religiously acceptable i.e., Hallal or Kosher foods, or devout Christians eating fish on a Friday;
- Meals being provided at set times which do not allow flexibility i.e., for fasting and prayer

Sexual:

- A male carer taking hold of an Asian female may, for example, be totally unacceptable and perceived by the female as a sexual assault on cultural grounds

Psychological:

- Isolation due to language barriers, access to literature in appropriate languages and freedom of expression and contact with religious leaders.

Neglect:

- Could be the same as Physical in that food may be provided but because it is not culturally or religiously acceptable could not be eaten.

## **8. Institutional (hidden) abuse**

Institutional abuse may be hidden and includes the practice of an abusive regime or culture that destroys the dignity and respect to which every person is entitled. It occurs when the individual's wishes and needs are sacrificed for the smooth running of an institution or organisation.

Sometimes, it is difficult to identify organisational practices as abusive and it is easier to define them as inadequate.

Examples include:

- Arbitrary decision making by the agency/organisation or service;
- Strict, regimented or inflexible routines or schedules for daily activities such as meal times, bed/awakening times, bathing/washing, going to the toilet.

Indicators:

- Lack of flexibility/choice;
- No opportunity for drinks or snacks
- Lack of choice regarding consultation over meals;
- Pressure damage;
- Person is unkempt and smells;
- Over use of communal items and communal personal toiletries;
- Restraint;

- Lack of procedures for financial management, medicines etc
- Staff member has history of moving jobs;
- Senior staff in post for a long time and they have a high degree of authority (this could also be an indicator of a loyal member of staff having stayed in the organisation);
- Lack of privacy including editing of mail, restricting visits, control of telephone;
- Derogatory remarks overheard;
- Public discussion of personal matters;
- Inadequate or delayed response to medical request(s);
- Missing documents and personal belongings; -
- Entering rooms without knocking/seeking permission; -
- Staff in overly controlling relationships with clients.

## **9. Radicalisation and Extremism**

Radicalisation is the process by which adults come to support and potentially engage in the activities of terrorist groups – terrorists being those who act against the accepted beliefs of the general society.

Extremism is the demonstration of unacceptable behaviour by using any means or medium to express views which:

- a. Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
- b. Seek to provoke others to terrorist acts;
- c. Encourage other serious criminal activity or seek to provoke others to serious criminal acts;
- d. Foster hatred which might lead to inter-community violence in the UK.