



Project 17

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Charity no: 1152621

Adult Safeguarding Policy

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Safeguarding lead on the staff team: Abi Brunswick

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Introduction

Protecting people from abuse, harm and neglect is a fundamental purpose of Project 17.

Project 17 believes that no person should ever experience abuse of any kind. We have a responsibility to help promote the welfare and wellbeing of adults at risk and keep them safe. We are all committed to working in ways that protect them.

Scope

This Adult Safeguarding policy applies to all staff, trustees, volunteers, contractors and anyone working on behalf of Project 17.

Purpose:

- Stop abuse and neglect where possible
- Prevent harm and reduce the risk of abuse and neglect
- Provide staff and volunteers with overarching principles that guide our approach to safeguarding

No one should ignore allegations or suspicions of abuse or neglect.

Our safeguarding guidelines and procedures will ensure that staff and volunteers are able to deal appropriately with these situations. This will include:

- Ensuring all staff and volunteers have an understanding and awareness of adult safeguarding
- Ensuring all staff and volunteers know how to raise safeguarding concerns and feel confident doing so

Our legal duties

Legislation does not place a statutory duty on us to report safeguarding concerns about an adult, but this does not mean we do not have a responsibility and duty to safeguard the wellbeing of adults using our service.

The legislation covering safeguarding is the Care Act 2014. The Care Act 2014 put duties on local authorities in relation to adult safeguarding. We will take these duties into account in our work with clients and support the local authorities to fulfil their statutory duties where possible. They include:

- stopping abuse or neglect wherever possible
- preventing harm and reducing the risk of abuse or neglect to adults with care and support needs
- safeguarding adults in a way that supports them in making choices and having control about how they want to live
- promoting an approach that concentrates on improving life for the adults concerned
- raising public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- providing information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult
- addressing what has caused the abuse or neglect

Who is protected by this policy?

Under the Care Act 2014 safeguarding duties apply to an adult who:

- has care and support needs, and
- is experiencing, or is at risk of, abuse or neglect, and
- is unable to protect themselves because of their care and support needs

What do we mean by safeguarding?

Safeguarding is defined as “Protecting an adult's right to live in safety, free from abuse and neglect (Care and support statutory guidance, chapter 14 Safeguarding). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults at risk.

Principles for guiding our safeguarding activities

Project 17 will use these principles to guide our safeguarding activities:

- agency - actions or decisions must be based on the presumption of client-led decisions and informed consent
- prevention - it is better to take action before harm occurs
- proportionality - the least intrusive response appropriate to the risk presented
- protection - support and representation for those in greatest need
- accountability - accountability and transparency in delivering safeguarding

Fundamental to this policy is our aim to involve the client in decisions about what should happen wherever possible.

Recognising different types of abuse and risk

The indicators provided below are not an exhaustive list of signs and symptoms of someone suffering abuse and neglect. Further information about possible signs and symptoms can be found online by visiting the NHS webpages on safeguarding or the Social Care Institute of Excellence webpages on safeguarding.

Type of abuse	Indicators of abuse
<p>Physical abuse: This type of abuse involves hitting, kicking, spitting and biting. It can also involve restraining someone, making someone intentionally uncomfortable or withholding food, water or medication</p>	<p>These could include if someone has physical injuries such as bruising, cuts or burns and is unable to provide a consistent explanation of the injuries they have.</p>
<p>Domestic violence or abuse: This type of abuse not only applies to physical abuse but also includes the following:</p> <ul style="list-style-type: none"> •psychological •sexual •financial •emotional <p>It includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so-called 'honour'-based violence, female genital mutilation and forced marriage</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> •low self esteem •feeling that the abuse is their fault when it is not •physical evidence of violence such as bruising, cuts, broken bones •verbal abuse and humiliation in front of others •fear of outside intervention •damage to home or property •isolation – not seeing friends and family •limited access to money
<p>Sexual abuse: This type of abuse includes rape, any inappropriate touching, indecent exposure, sexual acts to which the adult has not consented or lacks the capacity to consent, sexual photography or forced use of pornography or the witnessing of sexual acts</p>	<p>It may be more difficult to pick up on indicators for this type of abuse as they can include physical symptoms such as bruising or bleeding in places covered by clothing. However the following may be noticeable:</p> <ul style="list-style-type: none"> •bruising to the upper arms and marks on the neck •unusual difficulty in walking or sitting •self harming
<p>Psychological and emotional abuse: This type of abuse includes 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</p>	<p>The indicators of this type of abuse can include the following:</p> <ul style="list-style-type: none"> •an air of silence when a particular person is present •withdrawal or change in the psychological state of the person •insomnia •low self-esteem •uncooperative and aggressive behaviour •a change of appetite, weight loss/gain •signs of distress: tearfulness, anger •apparent false claims, by someone involved with the person, to attract unnecessary treatment

<p>Financial or material abuse:</p> <p>This type of abuse can involve 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</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> •unexplained lack of money or inability to maintain lifestyle •unexplained withdrawal of funds from accounts •power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity •the person allocated to manage financial affairs is evasive or uncooperative •the family or others show unusual interest in the assets of the person •signs of financial hardship in cases where the person's financial affairs are being managed by a court-appointed deputy, attorney or LPA •recent changes in deeds or title to property •rent arrears and eviction notices •disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house •unnecessary property repairs
<p>Modern slavery:</p> <p>This type of abuse encompasses slavery, human trafficking, forced labour and domestic servitude</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> •signs of physical or emotional abuse •appearing to be malnourished, unkempt or withdrawn •isolation from the community, seeming under the control or influence of others •living in dirty, cramped or overcrowded accommodation and/or living and working at the same address •lack of personal effects or identification documents •always wearing the same clothes •avoidance of eye contact, appearing frightened or hesitant to talk to strangers
<p>Discriminatory abuse:</p> <p>Including forms of harassment, slurs or similar treatment because of age, race, religion or belief, sex, sexual orientation, gender reassignment, disability, marriage and civil partnership, pregnancy and maternity</p>	<ul style="list-style-type: none"> •the person appears withdrawn and isolated •expressions of anger, frustration, fear or anxiety •the support on offer does not take account of the person's individual needs in terms of a protected characteristic

<p>Organisational or institutional abuse:</p> <p>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 ongoing ill-treatment</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> •inadequate staffing levels •people being hungry or dehydrated •poor standards of care •lack of personal clothing and possessions and communal use of personal items •lack of adequate procedures •poor record-keeping and missing documents •absence of individual care plans •lack of management overview and support
<p>Neglect and acts of omission:</p> <p>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</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> •failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care •providing care in a way that the person dislikes •failure to administer medication as prescribed •refusal of access to visitors •not taking account of the person's cultural, religious or ethnic needs
<p>Self neglect:</p> <p>This covers a wide range of behaviour that is neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> •very poor personal hygiene •unkempt appearance •lack of essential food, clothing or shelter •malnutrition and/or dehydration •living in squalid or unsanitary conditions •neglecting household maintenance

Destitute adults unable to access statutory support

Due to the nature of our work, many of our clients are facing destitution. Adults may be at risk of serious harm, and/or face breaches of human rights as a result of destitution (e.g. Art 3 or Art 8 ECHR), but may not be being abused. Our advice service aims to reduce destitution by enabling families to access support under s.17 CA 1989.

However, there may be occasions where a family is not eligible for support under s.17 CA 1989. In these circumstances, a family may be destitute and facing a breach of human rights, but unable to access support under s.17. If the worker has fully explored all statutory and charitable support options and found no means of support, a child protection referral is likely to be appropriate and the steps outlined in the following section should be followed. If the adult is at risk and has care needs, a referral to adult social care may also be appropriate.

Confidentiality and safeguarding

It is important that our clients can trust us and know that the information they disclose to us is treated in confidence. However, if we have suspicions or have been told that a client is being abused, we have a responsibility to take action.

In accordance with the principle of empowerment, the decision on whether to make a safeguarding alert should normally be discussed with the client and where possible their consent should be gained to make the alert.

However, there will be situations when confidentiality needs to be breached, including if we believe that a client is in serious and immediate danger. In these situations the wellbeing of the client or others who may be at risk takes precedence over our aim of confidentiality.

Mental capacity and safeguarding

We assume that adults have mental capacity to make informed decisions about their own safety and how they live their lives. The Mental Capacity Act 2005 is central to decisions and actions in safeguarding adults.

Where a person is able to make an informed choice in relation to a particular decision, they have a right to self-determination.

In practice, it may come to light that an adult at risk does not have capacity to make informed decisions about their own situation. If it is not clear if an adult has the capacity to make an informed decision, this should be discussed with the safeguarding lead.

Factors which will be relevant in determining whether a safeguarding concern should be reported about a person who lacks capacity to make the decision themselves are if the person can't:

- understand information about the decision to be made on whether or not to report a concern because of a safeguarding reason, or
- retain that information in their minds, or
- use or weigh up that information as part of the decision making process, or
- communicate their decision (by talking, using sign language or other means)

Screening of staff and volunteers

The Project 17 ensures that all staff and volunteers who will be working in roles which are legally entitled to get a DBS check are screened.

If a role involves a regulated activity and a DBS check reveals that the individual is on a barred list, they will be unsuitable for such a role and any offer of employment/volunteer contract will be withdrawn.

If the individual is not on a barred list, but convictions come to light as a result of a DBS check, a decision will be made following a risk assessment, taking into consideration factors such as the role, the nature of the offence and how long ago it took place.

Supervision, training and safeguarding

Thorough induction training will be provided to ensure that staff and volunteers are aware of good safeguarding practice alongside our other values.

Staff and volunteers will be given regular supervision and have their training needs assessed.

Regular case checking will take place and any unusual or excessive contact with an adult at risk will be investigated.

Appropriate safeguarding training is available to all staff and volunteers. This may be in the form of:

- policy awareness sessions delivered internally
- briefing sessions by a local authority or other relevant authority
- attendance at training arranged through partner agencies.

Training should be refreshed at least every 3 years.

If a staff member or volunteer is removed from their role

If a staff member or volunteer is moved or dismissed from their role because of safeguarding concerns arising from their actions or inactions, Project 17 has responsibilities as a regulated activity provider to inform the Disclosure and Barring Service. We will follow the guidance set out by the Disclosure and Barring service in these situations.

Procedure for identifying and reporting safeguarding issues:

Where an adult safeguarding concern arises, the worker or volunteer should:

- Listen non-judgmentally and carefully
- Record what has been disclosed as soon as possible, quoting the disclosing person's actual words as far as possible.
- If informing the disclosing person of your concerns may put the adult at further risk, do not alert them. Otherwise, the disclosing person should be alerted to the nature of concerns and the fact that an external referral may be made.
- If the disclosing person asks that information be kept confidential, explain that there are limits to confidentiality, particularly if there is a protection issue. If it appears a crime has been committed a referral may be made directly to the police.
- Consult with the safeguarding lead. If agreed, the worker may then discuss the concern with the relevant organisation (e.g. social services), and, if appropriate, make a direct referral.
- If the safeguarding leads are not available, or it is inappropriate to approach them, the worker with the concern should make direct contact with the relevant organisation.

It is not the responsibility of staff or volunteers to make enquiries. This must be left to the police or social services.

Once it has been established that a safeguarding referral is required, the referral should be made within one working day. Where possible, the referral should be made in writing. If you make your referral by telephone, confirm it in writing within one working day. Social services should

acknowledge your written referral within one working day of receiving it, so if you have not heard back within 3 working days, contact social services again.