

Minehead Dementia Action Alliance (MDAA)



Safeguarding Vulnerable Adults Policy

The policy

1. Introduction

MDAA is committed to safeguarding vulnerable adults in line with national legislation. We will safeguard the adult users of our activities (people with dementia and their carers) by ensuring that our activities are delivered in a way which keeps all adults safe. MDAA is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect.

MDAA is committed to creating a culture of zero-tolerance of harm to adults. This requires: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns. This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person's own home and in any care setting.

2. Policy statement

MDAA believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

MDAA is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

MDAA acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.

MDAA recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help.

MDAA recognises that there is a legal framework within which we need to work to safeguard adults who need care and support. The legislation protects those who are unable to take action to protect themselves.

Actions taken by MDAA will be consistent with the principles of adult safeguarding by ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

3. Purpose

The purpose of this policy is to demonstrate the commitment of MDAA to safeguarding adults and to ensure that everyone involved in MDAA is aware of:

- the legislation, policy and procedures for safeguarding adults;
- their role and responsibility for safeguarding adults; and
- what to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation.

4. Scope

This safeguarding policy applies to all individuals involved in MDAA including Trustees, paid staff, volunteers and members.

5. Commitments

In order to implement this policy MDAA will ensure that:

- Everyone involved with MDAA is aware of this policy and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.
- Any concern that an adult is not safe is taken seriously, responded to promptly, and followed up in accordance with MDAA's procedures.
- The well-being of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to.
- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.
- Confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored in line with Data Protection Regulations.
- MDAA cooperates with the Police and the relevant Local Authorities in taking action to safeguard an adult.
- All Trustees, staff and volunteers understand their roles and responsibilities for safeguarding adults and have completed, and are up to date with, safeguarding adult training appropriate for their role.
- MDAA uses safe recruitment practices and continually monitors the suitability of volunteers and staff in order to prevent the employment/deployment of unsuitable individuals.
- MDAA shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Service (DBS), Police, Local Authority/Social Services.
- The designated organiser or lead for particular activities and events takes responsibility for safeguarding and the health and safety of participants in those activities and events. The paid staff member (when appointed) will be the overall Safeguarding Lead for MDAA.
- Actions taken under this policy are reviewed by the Trustees on an annual basis.
- This policy is reviewed at least every two years and whenever there are changes in relevant legislation or government guidance.

6. Legislative framework

6.1. Adult safeguarding legislation in the UK is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by the Human Rights

Act 1998, the Data Protection Act 2018 and the General Data Protection Regulations 2018. The Care Act 2014 applies to safeguarding policies and procedures in England. Many other pieces of legislation also affect adult safeguarding, including laws about different forms of abuse and those that govern information sharing. For example, legislation dealing with domestic abuse or the listing and barring of those unsuitable to work with adults with care and support needs.

6.2. Key points from the Care Act 2014: the law

- defines what is meant by 'adults at risk' (see below);
- places a legal duty on Local Authorities to provide support to 'adults at risk';
- applies to all forms of abuse that harm a person's well-being;
- provides a framework for good practice that makes the overall well-being of the adult at risk a priority of any intervention;
- emphasises the importance of person-centred safeguarding;
- provides a framework for making decisions on behalf of adults who can't make decisions for themselves (Mental Capacity);
- provides a framework for organisations to share concerns they have about adults at risk with the Local Authority; and
- provides a framework for all organisations to share information and cooperate to protect adults at risk.

6.3. The principles of the Care Act are:

- *Empowerment* - People being supported and encouraged to make their own 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.
- *Partnership* – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- *Accountability* – Accountability and transparency in delivering safeguarding.

6.4. An **adult at risk** is defined in the Care Act 2014 as an individual aged 18 years and over who:

- (a) has needs for care and support (whether or not the local authority is meeting any of those needs); AND
- (b) is experiencing, or at risk of, abuse or neglect; AND
- (c) 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.

6.5. The legislation defines categories of **adult abuse and harm** as: physical, sexual, emotional/psychological/mental, neglect and acts of omission, financial or material abuse, discriminatory, organisational/institutional, self-neglect, domestic abuse (including coercive control) and modern slavery.

7. Signs and Indicators of Abuse and Neglect

An adult may confide to a Trustee, staff member, volunteer or another participant that they are experiencing abuse inside or outside of the organisation's setting. Similarly, others may suspect that this is the case. There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but they should not be ignored. The signs and symptoms include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person is not attending or no longer enjoying their sessions.
- Someone losing or gaining weight/an unkempt appearance.
- A change in the behaviour or confidence of a person. For example, a participant may be looking quiet and withdrawn when a relative comes to collect them from sessions in contrast to their personal assistant whom they greet with a smile.
- Self-harm.
- A fear of a particular group of people or individual.
- A carer always speaks for the person and doesn't allow them to make their own choices.
- They may tell you/another person they are being abused – i.e. a disclosure.

8. Mental capacity and safeguarding

The Law says that to make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Most adults have the ability to make their own decisions given the right support. However, some adults with care and support needs rely on other people making decisions about them and for them. Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. A small number of people cannot make any decisions. Being unable to make a decision is called "lacking mental capacity".

Mental capacity is important for safeguarding for several reasons.

- Not being allowed to make decisions one is capable of making, is abuse. For example, an adult with dementia may want to take part in an activity but their carer won't allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.
- Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. This is recognised in law as coercion and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions'.
- If it is believed that abuse or neglect might be taking place, it is important to make sure that the adult at risk has choices in the actions taken to safeguard them. This could include whether or not they want other people informed about what has happened. However, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.

Legislation describes when and how we can make decisions for people who are unable to make decisions for themselves. The principles are:

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
- If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
- If the action we are taking to keep people safe will restrict them, then we must think of the way to do that which restricts their freedom and rights as little as possible.

If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected, the situation should be referred to the Local Authority. Health or social care professionals will assess mental capacity and/or get the person the support they need to make decisions.

9. Recording and information sharing

MDAA will comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR). Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.

The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation.

Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know. Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those who need to know. This does **NOT** automatically include the person's spouse, partner or carer. Information should only be shared with family, friends or carers with the consent of the adult or, if the adult does not have capacity to make that decision, with others who need to know in order to help keep the person safe.

There are many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly, personal information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. Their wishes should be respected unless there are over-riding reasons for sharing information.

The circumstances when we need to share information without the adult's consent include those where:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk;
- you believe they or someone else is at risk, including children;
- you believe the adult is being coerced or is under duress;
- it is necessary to contact the Police to prevent a crime, or to report that a serious crime has been committed;
- the adult does not have mental capacity to consent to information being shared about them; or
- the person causing harm has care and support needs.

When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them. Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons for that decision.

Implementation and procedures

10. Dissemination of the policy

A copy of this policy will be given to each Trustee, staff member and volunteer, and they will be expected to be familiar with its contents. It will also be placed on the MDAA website.

11. Roles and responsibilities in relation to safeguarding

Trustees: have overall responsibility for the implementation of the policy, for the regular review of the actions taken under the policy and for reviewing the policy every two years to ensure it is still fit for purpose. One trustee will take lead responsibility for safeguarding policy on behalf of the Board. All Trustees will have clearance under the Disclosure and Barring Service (DBS) and will have undertaken safeguarding training.

Paid staff (such as a part-time administrator/organiser): will have DBS clearance and have undertaken safeguarding training. They will ensure new volunteers are familiar with the policy and procedures and will maintain records of volunteers' DBS clearance and training. They will be the Safeguarding Lead for MDAA and keep records of any actions taken under this policy in relation to staff, volunteers or participants.

Volunteer activity organisers and leads: will have clearance under the DBS and have undertaken safeguarding training. They will be responsible for any immediate action taken and for the reporting of any safeguarding concerns raised during the activities and events they are responsible for. They will consult with the paid staff member/MDAA's Safeguarding Lead (once appointed) or to the lead Trustee.

Volunteer assistants at activities and events: will be offered basic on-line training in safeguarding. They will be made aware of the safeguarding policy at their recruitment and induction, and will be required to refer any concerns to the activity organiser/lead.

12. Recruitment and training of staff and volunteers

When recruiting paid staff and lead volunteers, the job description will make it clear that DBS clearance and on-line safeguarding training (appropriate for the level of responsibility) will be required. New volunteer assistants will be offered basic level safeguarding training and made aware of the MDAA policy and procedures. DBS clearance and training will need to be renewed every three years.

13. Reporting safeguarding concerns

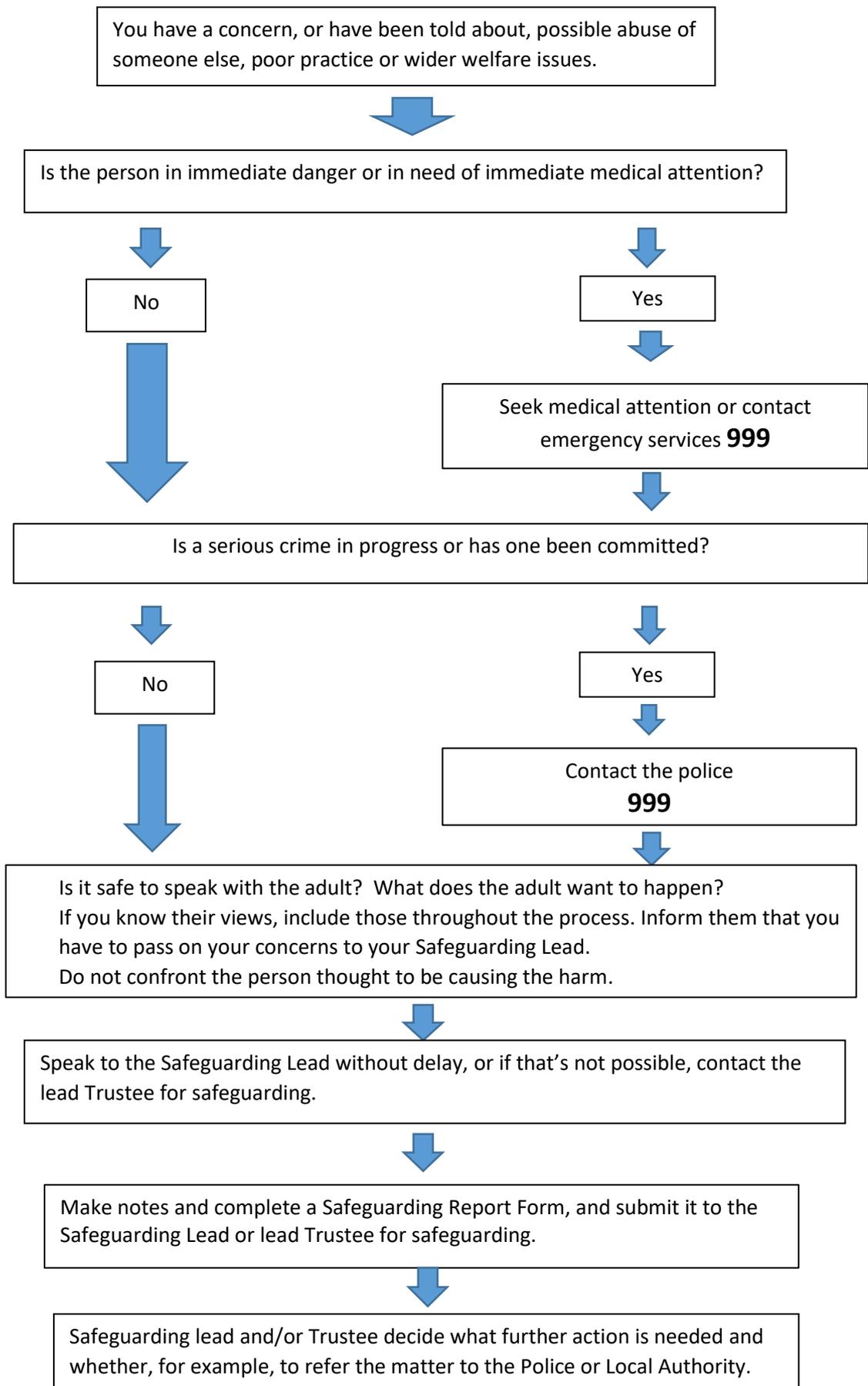
About oneself as a member of staff (paid or volunteer)

If the staff member is in immediate danger or needs immediate medical assistance, the emergency services 999 must be contacted. Otherwise, contact the Safeguarding Lead. If the Safeguarding Lead is implicated or there is a possible conflict of interest, the staff member should contact the Trustee with a lead responsibility for safeguarding. The Police, Local Authority, GP or other organisations can provide information and give help and support. If the staff member thinks their concerns are not being addressed in the way that they should be, then they should contact the Chair of the Board.

About participants in MDAA activities

Staff members (paid or volunteers) may be concerned about harm to another person because of something they have seen or heard, information they have been told by others, or because someone has confided in them about things that are happening or have happened to them. Staff members should not keep safeguarding concerns to themselves. If they have concerns and/or they are told about possible or alleged abuse, poor practice or wider welfare issues, they must contact the Safeguarding Lead.

Reporting concerns about participants in MDAA activities



14. Responding to a direct disclosure

If an adult indicates that they are being harmed or abused, or information is received which gives rise to concern, the person receiving the information should:

- Take it seriously and listen carefully to what is said.
- Keep questions to a minimum, only asking for clarification.
- Reassure the person that they have done the right thing in revealing the information.
- Ask them what they would like to happen next.
- Explain that you will have to share the information with the Safeguarding Lead.
- Ask for their consent for the information to be shared outside the organisation.
- Make an arrangement as to how the Safeguarding Lead can contact them safely.
- Record in writing what was said using the adult's own words as soon as possible.

Do not:

- Dismiss or ignore the concern.
- Make assumptions, speculate or come to your own conclusions.
- Probe for more information than is offered.
- Promise to keep the information secret or make promises that cannot be kept.

15. Reporting

Any information received regarding a safeguarding concern must be treated as confidential and only shared with the Safeguarding Lead and others that need to know. Concerns should be recorded on the Safeguarding Report Form (see Appendix 1).

16. Procedure for Safeguarding Lead

Initial response: If someone is at immediate risk of harm/danger or in need of immediate medical attention, call emergency services 999/112. If harm is occurring within the organisation, take the necessary steps to prevent further harm.

Safeguarding Report: On receiving a Safeguarding Report, the Lead should check they can understand what is written and that it has been fully completed. If the Safeguarding Lead is contacted directly, they should fill in the form with the person making the report. They should reassure and advise the person making the report, explain what will happen next and reinforce the need for confidentiality.

Deciding on what action to take: The Safeguarding Lead should consider whether an adult is at risk. They should take account of the views of the adult and whether they need support to make decisions about their own safety. If the Lead thinks they need to contact the adult directly, they should consider whether it is safe to do so. And if it is safe to do so, they should ensure the person at risk has information about what will happen next.

Consulting with the relevant authorities: the Safeguarding Lead should consult with the lead Trustee and refer the matter, as appropriate, to the Local Authority or Police, who will manage the next steps. The Safeguarding Lead may contribute to follow-up meetings with other agencies if required.

If harm is suspected of being caused within MDAA, for example, by an employee, volunteer or member, the person will be suspended while the matter is investigated and action decided upon.

Recording and reporting: the Safeguarding Lead will ensure that the decisions made, actions taken, and outcomes are logged and reported.

Appendix 1: Safeguarding Report Form

| Section 1 – Details of adult (you have concerns about) | |
|---|--|
| Name of adult | |
| Address | |
| Date of Birth/ Age | |
| Contact number | |
| Emergency contact | |
| Consent to share information with emergency contact? | |
| Section 2 – Details of the person completing this form/ Your details | |
| Name | |
| Contact phone number(s) | |
| Email address | |
| Your Role in MDAA | |
| Section 3 – Details of concern | |
| Please explain why you are concerned. Please give details about what you have seen/been told that makes you believe the adult is at risk of harm or is being abused or neglected (include dates/times.) | |
| | |
| Section 4 – Details of the person thought to be causing harm (if known) | |
| Name | |
| Address | |
| Relationship/connection to adult | |
| Do they have contact with other adults at risk in another capacity? E.g. in their work/family/as a volunteer | |
| Section 5 - Have you discussed your concerns with the adult at risk? What are their views, What have they stated about what they want to happen and what outcomes they want? | |
| | |

Appendix 2: Glossary

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|---|--|
| Adult | A person over the age of 18 |
| Adult at risk | Definition used in legislation for adults who the Local Authority has a responsibility to support to prevent them from experiencing (further) harm caused by abuse and neglect. |
| Abuse | A violation of a person's physical, emotional or mental integrity by any other person. |
| Harm | Damage done to a person's well-being. |
| Mental Capacity | The ability to consider relevant information, make and communicate a decision. |
| Safeguarding | Work to prevent and to stop abuse and neglect. |
| Safeguarding Adult Team | A team set up to manage the safeguarding of adults at risk within an organisation or more commonly across a Local Authority district. |
| Safeguarding Adults Board (SAB) (England and Wales) | A statutory body set up in line with national legislation. Statutory membership includes the Local Authority, Police and NHS. Representatives from the voluntary sector and of 'citizens' e.g. a representative from a disabled people's forum are often also included. Their role is to coordinate safeguarding work across the Local Authority area. |

Appendix 3: Some sources of help/information

Safeguarding training: the health sector's 'e. for learning' website offer free on-line training and resources – <https://portal.e-lfh.org.uk/register>

Action on Elder Abuse: A national organisation which aims to prevent the abuse of older people by raising awareness, encouraging education, promoting research and collecting and disseminating information. Tel: 0208 765 7000. Email: enquiries@elderabuse.org.uk www.elderabuse.org.uk

National 24 Hour Freephone Domestic Abuse Helpline: Tel: 0808 2000 247.
www.nationaldahelpline.org.uk/Contact-us

Victim Support: Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime. Tel: 0808 168 9111 www.victimsupport.com

MDAA Safeguarding Policy

Agreed by Trustees on 15 March 2021

To be reviewed in two years' time: March 2023