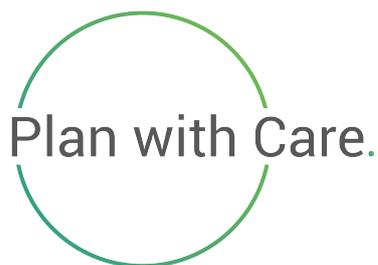


Safeguarding Policy and Procedures

Plan with Care

Update and approved by the Board 14/03/2019, Next review March 2020

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Introduction

This document outlines the safeguarding policy and procedures for Plan with Care – hereafter; PWC.

All staff should be aware of the policy and what to do in situations where it applies.

All staff should be aware of two key principles:

- Safeguarding is everybody's business
- Where there may be a safeguarding issue, doing nothing is not an option

PWC works with a variety of adults who are deemed to be "vulnerable". A "vulnerable person" is someone who may be unable to take care of him or herself or be unable to protect him or herself from significant harm. A person's vulnerability will depend upon circumstances, and each case must be considered individually.

We use the definition from statutory guidance where a vulnerable person is defined as someone "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

The following people may be considered vulnerable:

- People with mental health problems
- People with dementia
- People with learning disabilities
- People with physical disabilities
- Older frail people

For reasons of brevity the rest of this document will use the term "vulnerable people".

PWC staff and volunteers may encounter vulnerable people who are distressed or are in situations where someone discloses an incident that requires a response to safeguard their interests. This may happen in any aspect of PWC's work, such as the following:

- One to one working, groups and activities
- Communication with other staff members and volunteers
- Conducting research interviews and focus groups
- Facilitating training, workshops and conferences
- Running consultations, participation events and/or user involvement events
- Correspondence with the public, written, online, telephone or face-to-face
- Facilitating online discussions, forums, panels and social media activities.

Incidents or disclosures may occur in one of our offices or other work locations including the person's home, or a respite places. All staff should be familiar with this safeguarding policy, external consultants are required to read and sign up to the policy in advance of working for PWC.

The purpose of this document is to guide staff and volunteers about how to deal with these concerns.

There is no single piece of UK legislation that covers safeguarding vulnerable people. There are various pieces of legislation and guidance which are subject to emendation, updating and revocation. It should also be noted that different laws apply in parts of the UK (England, Wales, Scotland, and Northern Ireland) and that the legal systems vary in the different areas. The policy was created with guidance from experts at the [Mental Health Foundation](#), and with reference to the Six Principles of [The Care Act \(2014\)](#), the [Mental Capacity Act Code of Practice](#), [SCIE](#) and [NHS England](#).



This document is intended to be used across all PWC work places, and the principles of safeguarding apply throughout. However, it does not provide a comprehensive picture of the legal framework in all four nations. References will be made to the guidance used in England only but a list of current statutory guidance for all four UK nations is contained in the table below.

Nation	Statutory Guidance
England	The Care Act (2014) Mental Capacity Act (2005) No Secrets (2000)
Scotland	Adult Support (Scotland) Act 2007
Wales	Mental Capacity Act (2005) Adults In Safe Hands (2000)
Northern Ireland	Mental Capacity Act (2016) Safeguarding Vulnerable Adults (2006)

How is the safeguarding policy managed?

PWC aims to ensure that its work promotes health, welfare and development, and recognises its duty to ensure that people are kept safe from harm; this includes the wellbeing of staff and volunteers.

PWC will safeguard by:

- Ensuring that staff and volunteers are appropriately selected, trained and supervised.
- Expecting staff and volunteers to adhere by the guidelines in this policy, and to report any breaches by colleagues.
- Reviewing this policy and practice at regular intervals.
- Ensuring staff are aware of the policy and procedures.
- Reporting all safeguarding concerns to the relevant authority.

Staff have a duty to act upon identified concerns. All PWC staff and volunteers need to be able to recognise these concerns and take appropriate action according to the policy. All staff will receive information on how to identify and report safeguarding issues, the policy and procedure will be brought to the attention of all staff and volunteers through staff briefings, information passed on through the Advisory Board, team meetings and one to one meetings.

The Chief Executive Officer (CEO) will ensure that the safeguarding policy is implemented across PWC, and that the safeguarding policy and procedures are kept current with any best practice guidance and legislative changes



The most up to date version of the Safeguarding policy will be available to all staff and new staff should familiarise themselves with it as part of their induction, along with latest [NHS guidance on Safeguarding Vulnerable Adults](#)

What are the Human Resources responsibilities?

All staff working with vulnerable adults in any capacity will be asked to complete an enhanced DBS Check, known as a Disclosure under the Police Act (1997); Part V, in accordance with the Criminal Justice and Court Services Act 2000. The Act defines a regulated position as one whose normal duties include caring for, training, supervising or being in sole charge of vulnerable people.

What should I do if I encounter a safeguarding incident?

Safeguarding issues are always determined by their context, if you have concerns about the wellbeing of someone it is important to assess the situation and record as much information as possible about the incident. In all cases staff and volunteers should consider whether an incident or disclosure constitutes a risk of significant harm to either the person making the disclosure, or others.

What is “significant harm”

‘Significant harm’ as defined as being “sufficiently serious to adversely affect progress and enjoyment of life”. Significant harm is usually a combination of significant events, which can change or damage a person’s physical and psychological development. However, a single serious traumatic event can also qualify as significant harm.

Adult safeguarding also uses the term ‘significant harm’ to identify whether abuse has or is likely to take place and ‘No Secrets’, in addition to the definition above, adds:

“Harm” should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.

The Care Act (2014) and ‘No Secrets’ identifies seven categories of abuse (further information about each of the categories is given in Appendix B):

- Physical violence
- Sexual abuse
- Psychological / Emotional abuse or bullying
- Financial or material abuse
- Neglect and acts of omission
- Self-neglect
- Domestic Violence
- Discriminatory abuse
- Organisational / Institutional abuse
- Modern Slavery

Remember that the person involved in the incident or disclosure could be:

- The victim of significant harm
- The perpetrator of significant harm

This may be also that the alleged perpetrator of the abuse could be someone caring or supporting the person, in a paid or unpaid role, a family member, friend, or someone the person does not know.

The fundamental rule is to report incidents and disclosures promptly; **doing nothing is not an option when significant harm is suspected or disclosed.**



Steps to follow if someone discloses significant harm

These steps should be followed if someone discloses significant harm: **listening, reassuring, reporting, recording.**

1. Listening

If someone discloses to a member of staff or volunteer, remember the following:

- Act calmly so as not to frighten or deter person from disclosing.
- Accept the disclosure and listen to the person making it, do not interrogate or interrupt them.
- Ask questions for clarification only. Avoid leading questions that suggest a particular answer.
- Clarify to the person making the disclosure that this information cannot be kept secret and must be passed on to an appropriate person because we have a responsibility for their safety, but this should help them. It is not appropriate to promise confidentiality.
- Tell the person that they may need to repeat the disclosure during the course of an investigation.
- Gather contact details where possible. In all cases, staff and volunteers need to identify the person making the disclosure. Staff and volunteers cannot invoke safeguarding procedures with unidentified individuals (e.g., following an anonymous phone call).
- Take notes; comprehensive notes should be taken either during or immediately following any relevant conversation. The notes taken at this point are important as they may later be used whilst completing the Incident Report Form (see Appendix C).
- If the disclosure is taken over the phone and the caller is unknown then ask for a name or the telephone number they are calling from. If they are unwilling to share any identifying information then direct them to the police, their local authority social services department, or an appropriate helpline (e.g. Mind, Mencap, Action on Elder Abuse, Age UK).

2. Reassuring

Where a vulnerable person takes a member of staff or volunteer into their confidence, they should be reassured that the confidence has been heard, and that s/he has done the right thing in speaking to someone. Acknowledge how difficult it might have been for them to disclose this information. If necessary, tell them that they are not to blame. S/he should be informed of what will happen next, i.e. that people who may be able to help the vulnerable person will be informed.

3. Reporting

Suspicion or disclosures posing a risk of significant harm should always be reported to the CEO. Verbally report suspected or disclosed significant harm to the CEO immediately. Do not report confidential, identifiable details of the incident to anyone else. Safeguarding disclosures should be contained by the CEO and the person reporting the incident.

If you are unsure whether an incident implies significant harm, speak to the CEO. They will then decide whether to investigate the matter further. It is important that you provide the CEO with accurate and full information in order to decide whether the incident or disclosure constitutes significant harm.

- If the CEO wishes to investigate further, complete an Incident Reporting Form
- If the CEO does not deem it necessary to investigate further, inform the person making the disclosure that you have spoken to the CEO about the incident anonymously and will not be taking the investigation further, do not complete the incident reporting form.

A safeguarding log will be kept by the CEO in order that patterns of reporting/concerns raised can be identified or links made should further information come to light.



Reporting incidents or disclosures of significant harm to the CEO is likely to result in breaking existing confidentiality agreements, such as informed consent to participate in an activity. It may be appropriate or necessary to break confidentiality agreements in order to safeguard.

PWC will make every effort to ensure that an CEO is contactable either in person or by telephone, including outside of office hours, if absolutely necessary. If the CEO is not available, the relevant authority (Local Social Care Department or Local Police Department) should be contacted directly. Contact details for relevant authorities are found in Appendix D.

4. Recording

Record the incident in writing using the incident reporting form (Appendix C). Submit this to the CEO within 24 hours of the incident or disclosure. The actual words spoken should be used as much as possible, rather than an interpretation of what was said. Specific facts relating to named people, dates, places etc. should be recorded. Records can be typed or handwritten but must be signed and dated by the person hearing the disclosure. All electronic safeguarding records will be stored in a central electronic folder with limited access by CEO only.

Where the vulnerable person has a file a note should also be placed there.

We have the responsibility to follow the 6 safeguarding principles enshrined within the Care Act (2014):

1. Empowerment: people being supported and encouraged to make their own decisions and give informed consent
2. Prevention: it is better to take action before harm occurs
3. Proportionality: the least intrusive response appropriate to the risk presented
4. Protection: support and representation for those in greatest need
5. Partnership: local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
6. Accountability: accountability and transparency in safeguarding practice

What if I observe signs of significant harm but they are not disclosed?

Sometimes staff/volunteers might observe the signs of significant harm without the vulnerable person disclosing it (please see appendix A for advice on how to spot signs of abuse or neglect). Reasons not to disclose may include unwillingness to disclose due to shame or fear, or the inability to disclose due to communication difficulties.

Staff/volunteers observing signs of harm should seek clarification from the vulnerable person who they are having contact with. They should communicate to the vulnerable person that they may need to report their concerns in accordance with the safeguarding policy. In some incidences the vulnerable person may not wish for the observation to be reported any further; in this case the staff/volunteer should speak to the CEO (without disclosing any identifiable/personal details to the CEO). The CEO will then advise on whether to report the incident formally, in which case act in accordance with the steps in the 'reporting' section above.

In some cases the person may lack mental capacity to consent to having the concerns reported; examples of people who may lack the capacity to consent could include some people with learning disabilities and some people with dementia. There are laws about mental capacity which explain how to assess someone's capacity to make a decision (e.g. to give consent) and what to do if they lack capacity. Report the incident to the CEO if you think the vulnerable person may lack capacity.



What if the report of abuse involves someone we don't know?

It is possible that a safeguarding concern may involve someone we don't know who makes a disclosure, such as a member of the public phoning us, emailing us, via social media, or at an event we are involved with. It is important to respond in the same way as described above but if they are receiving care or support from another organisation then they should be signposted to the CEO/Safeguarding Officer in that organisation (but not in a way that discourages them from making the disclosure), or PWC's CEO could do this.

PWC CEO should be notified of any such incident/disclosure. If they do not have another organisation supporting them or they are unwilling to contact them then we could do signpost them to the relevant authority and encourage them to report it (but again, not in a way that discourages them from reporting it), or contact the relevant authority and report it ourselves if absolutely necessary. This should be done via the CEO.

If the disclosure is being made by a third party (i.e. not the alleged victim) then they should be signposted to report it themselves to the relevant authority.

What if the report of abuse involves someone we are working with, but they have someone working for another organisations is their lead worker/professional? If the information received relates to a person PWC are working with but there is another lead worker/professional involved the information should be passed to them unless it is alleged that they are in some way causing the significant harm.

What will happen to the incident after it has been reported?

The CEO's will advise the person who reported the incident throughout the process. The CEO will decide whether the incident or disclosure constitutes a safeguarding issue.

The CEO will then investigate the concern and/or employ a safeguarding expert to investigate.

Where the CEO decides that there are no safeguarding issues, the information should be kept confidential and under no circumstances be discussed with others.

Where the CEO decides that there are safeguarding issues, it may be necessary to begin a Protection of Vulnerable Adults (PoVA) procedure, or (if the person making the disclosure is under the age of 18), a Child Protection procedure. For any adult victim of abuse who is also a parent of a child under the age of 18 then child protection procedures can be followed as the child may be affected by the abuse of their parent and these procedures have more statutory power.

The CEO shall inform the relevant authority; usually the local social care department, but in some cases it may be more appropriate to contact the local police department.

When the CEO needs to refer onto a relevant authority, the CEO should:

- Contact the relevant authority, asking to discuss the incident, and following up in writing within 48 hours.
- Record the name of the person in the relevant authority to whom they are reporting.
- Give a full account, without filtering, interpreting or withholding anything.
- Be guided by the relevant authority regarding continued communication and any action that needs to be taken.
- Prepare a confidential file, recording all conversations and actions taken since receipt of the incident or disclosure.
- Provide support to the person reporting the incident within guidelines given by the relevant authorities. It may be appropriate for the CEO to inform children or carers of PWC's decision to contact the relevant authority. The CEO should seek advice from the relevant authority before



contacting children or carers. In some cases contacting parents or carers may not be appropriate, for example if a child or carer is claimed to be abusing the person making the disclosure.

What will the relevant authority do?

Each local authority has interagency arrangements to deal with disclosures. These include specialist staff of the social care department and the police. A referral to social services will be dealt with through these arrangements. These departments have staff on duty 24 hours. These agencies work together, CEO referrals to one will be shared with the others as appropriate. The investigating department may wish the person reporting the disclosure to attend meetings either with or without the person who made the disclosure. PWC's CEO will offer advice and support to the member of staff or volunteer who reported the disclosure. The CEO will feed back to the person who reported the disclosure on what actions have been taken by PWC. Please also refer to Appendix E for a flowchart of procedure, and Appendix F for an activity checklist.

How does the safeguarding policy link with other legislation and policies?

PWC's safeguarding policy has been written in response to requirements laid down by the Department of Health & Social Services (and Public Safety in Northern Ireland) ('Choosing to Protect' 2005), social Care Institute for Excellence ('Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse', 2011).

These documents set out some key principles, which are designed to help organisations in England, Wales, Scotland and Northern Ireland to consider how best to fulfil their duty to care for the vulnerable people with whom they come into contact.

PWC's safeguarding policy is designed to be used in conjunction with the following organisational policies and procedures:

Staff Code of Conduct

The PWC staff code of conduct is currently in development and will cover staff contact with vulnerable adults who are in receipt of a service provided by PWC.

Equal opportunities policy.

PWC recognises that discrimination can occur and affect clients regardless of gender, race, colour, nationality, ethnic origin, disability, long term medical conditions, age, sexual orientation, religious belief and social class.

Disciplinary procedures for staff and volunteers

These procedures create a system for regulating behaviour and provide clarity for staff and volunteers regarding what action will be taken if the safeguarding policy is not adhered to.

Health and safety policy

As well as adhering to PWC's own health and safety policy, it is essential that the policies of other organisations whose services we use (e.g. venues for meetings) are checked for consideration of standards of premises, equipment, fire precautions, etc. This will be done by the manager responsible for the activity.

Public interest disclosure ('whistle-blower') policy (under development).



Staff and volunteers should feel that they are able to share concerns about a colleague's behaviour in confidence. PWC's complaints/whistle blower's policy provides support and protection to whistle-blowers to remove some of the barriers to reporting concerns about colleagues where there may be suspicions of abuse.

Recruitment of ex-offenders' policy.

Job Applicants with PWC, including those with past convictions which do not preclude them being given a clear Criminal Record Certificate, will be given a fair and equal opportunity with regard to gaining employment. At the same time, PWC has an obligation to protect the health and welfare of vulnerable adults, with whom staff and volunteers may have contact. This policy outlines procedures for checking the suitability of applicants, which must be followed throughout the recruitment and selection process for specific posts.

Confidentiality and data protection policy.

PWC keeps the contents of Disclosures confidential, and will dispose of them at such time as is permitted by the Legislation and regulations in force at the time. PWC's policy on the handling and safekeeping of Disclosure information can be found in Appendix H of this policy.

Social Media Code of Practice.

PWC uses social media to communicate with supporters and potential supporters. It uses these to update, inform and converse with people about PWC's work.

Vulnerable adults involved in PWC projects may also use social media. It is possible that social media disclosures may occur through use of media such as online groups, for this reason a social media code of practice should be used to safeguard clients' information. PWC staff should be aware of issues when clients use media apps.



Appendix A - Responsibilities of CEO

- Act as a resource of support advice and expertise within the organisation when deciding whether to make a referral by liaising with relevant agencies.
- Ensure all staff have induction training covering child protection and are aware of how to recognise and report any concerns immediately as they arise.
- Ensure each member of staff has access to and understands the organisations safeguarding policy.
- Ensure that detailed accurate written records of all cases, referrals and concerns are kept securely.
- Refer cases of suspected abuse or allegations to the relevant investigating agencies.
- Understand how to identify signs of abuse and recognise when it is appropriate to make a referral.
- Provide training and updates for staff within PWC.
- Provide supervision and support for staff involved with managing concerns regarding a vulnerable adults / dealing with a disclosure.
- Support staff, clients and their families when a member of staff is subject to an allegation.
- Share learning from safeguarding incidents.
- Communicate changes to procedures/documentation to staff.
- Ensure that the organisation meets the requirements of its insurers regarding its safeguarding responsibilities.
- To make decisions about appointing someone who has a criminal record.
- To manage complaints about poor practice of either staff or volunteers.
- To promote the importance of safeguarding across the organisation.



Appendix B – Categories and signs of abuse

The term 'abuse' is used to describe a range of ways in which people harm vulnerable people. People may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers. The following points are also useful to remember:

- A person may tell, or use alternative ways to communicate that they are being abused, such as drawing or acting out.
- Particular sensitivity is required where people have a disability or where their first language is not English.
- There may be occasions where someone else may say that a person has informed them, or that they strongly believe a person has been or is being abused.
- Something disturbing about parents' or carers' behaviour may alert you to the fact that abuse has taken place.
- Significant mental distress e.g. self harm, suicidal ideation, may be an indicator of possible abuse

There are procedures vulnerable adults and these are outlined below, along with signs that people are suffering from abuse.

There are a further three forms of abuse which apply to vulnerable adults only.

Physical Abuse

This is when a vulnerable person is hurt or injured by an adult. Physical abuse includes hitting, slapping, kicking, punching, burning, restraining, misuse of medication, alcohol or illegal drugs on a vulnerable person, and other ways of inflicting pain or injury such as poisoning, drowning or smothering. It also includes giving a client harmful drugs or alcohol. This also includes fabricated induced illness (previously known as Munchausen syndrome by proxy) where a family or carer feigns symptoms or deliberately causes ill health to a person in their care.

Recognising this possibility is particularly important where vulnerable people are receiving medication or have an illness, disorder or disability. It includes abuse that occurs because the abuser has caring responsibilities that they cannot cope with and are acting out of frustration or an inability to care – raising a safeguarding concern may be able to help them.

Some possible signs of physical abuse:

- Unexplained injuries
- Inadequately treated or untreated injuries
- Improbable or inconsistent explanations given for an injury, or refusal to discuss an injury
- Injuries on parts of the body where accidental injuries are unlikely
- Cigarette burns, bite marks or scalds

Sexual Abuse

Sexual abuse involves forcing or enticing ("grooming") a vulnerable people to take part in sexual activities that are inappropriate to their age, or that they do not truly comprehend (encouraging any client to look at pornographic magazines or videos is sexual abuse) or where they are unable to give their informed consent. Activities may be physical (touching, kissing, oral or

penetrative sex) or non-contact, such as looking at or producing pornographic material, watching sexual acts or encouraging a vulnerable person to behave in sexually inappropriate ways.



Some possible signs of sexual abuse:

- Stomach pains or discomfort when a person is walking or sitting down
- Bruising or other injuries on areas of the body that are not normally seen
- Overtly sexual behaviour (e.g. using language inappropriate to their age) and/or inappropriate relationships with adults/peers
- Asking if you will keep a secret if they tell you
- Unexplained resources of money, sweets, or presents
- Continual or excessive masturbation
- Reluctance to change clothes for an activity
- Withdrawal/disassociation
- Self-harm

Emotional or psychological abuse

Emotional abuse exists where a vulnerable person is persistently denied proper love and affection or where actions or omissions are likely to have a severe adverse effect on the emotional and behavioural development of

the person such as threats, intimidation, abandonment, deprivation of contact with networks or services, bullying or humiliation. This may include situations where the person is constantly shouted at or verbally abused, or where s/he is overprotected, leading to delayed social and emotional development.

Sarcasm, degrading punishments and ignoring a client are also forms of emotional abuse and undermine a vulnerable person's confidence and sense of self-worth. Vulnerable adults can be at risk from family members and people who 'befriend' them and subsequently abuse them in this way (so-called 'mate hate' abuse).

Some possible signs of emotional abuse:

- Delayed physical or emotional development
- Sudden speech disorders and/or compulsive nervous behaviour
- Reluctance to have carers or parents contacted
- Lack of confidence and need for approval, attention or affection
- Social withdrawal, nervousness or aggressive behaviour
- Possible signs of bullying also include tearfulness, depression, erratic emotions, frequent loss or damage of possessions, money, clothing, physical symptoms (stomach aches) and physical injuries (bruising, scratches)

Neglect

Neglect is defined as the persistent or severe neglect of a vulnerable person, or the failure to protect them from exposure to any kind of danger, including cold, starvation and lack of supervision. It can also mean an extreme failure to carry out important aspects of care, resulting in a significant impairment of the person's health or development; including "non-organic failure to thrive" (the failure to develop physically, emotionally or mentally for reasons other than disability). For example, providing them with an inadequate diet and clothing or denying proper healthcare, education, natural love and affection.

Signs of neglect include:

- Constant hunger, loss of weight, consistent fatigue, stealing food
- Inappropriate clothing considering the weather
- Untreated medical conditions
- Poor personal hygiene



In addition to the above categories of abuse, the following categories apply also to vulnerable adults.

Financial or material abuse

This may 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. It occurs when a

vulnerable person is being manipulated, has not given informed consent, is not able to give informed consent to what is happening. It commonly occurs with older people, referred to as 'elder financial abuse'.

Vulnerable adults can be at risk from family members and people who 'befriend' them and subsequently exploit and steal from them in this way (so-called 'mate hate' abuse).

Signs of financial abuse:

- Unpaid bills
- Basic needs not being met, lack of cash on a day to day basis
- Sudden changes in banking practice
- Uncharacteristic and unexplained withdrawals of large sums by someone else
- Abrupt changes in a will or other financial documents

Discriminatory abuse

This may include racism, sexism, ageism, or abuse based on a person's disability, religion, language or sexuality, or other forms of harassment, slurs or similar treatment. It may include offensive or insulting behaviour or language that cause upset, distress or undermines self-esteem and prevent them from developing a positive self-image.

Signs of discriminatory abuse:

- The person is not receiving the care they require
- Their family/carer is over critical or makes insulting remarks about the person based upon one of the characteristic described above
- The person is made to dress, speak or behave differently from how they wish

Institutional abuse:

This is neglect or poor professional practice perpetrated or sanctioned by an organisation with a responsibility of care towards a vulnerable person. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other where the organisation failed to do anything or respond appropriately.

Repeated instances of poor care may also be an indication institutional abuse.

Possible signs of institutional abuse:

- The person has no personal clothing or possessions
- There is no care plan for them
- He or she is often admitted to hospital
- There are occasions of professionals having treated them badly or unsatisfactorily or acting in a way that cause harm to the person
- Attempts to raise concerns about poor care are ignored or blocked by the organisation.



The information given above is not exhaustive and aims only indicate the types of behaviour that may give rise to concern.



Appendix C – Incident Report Form

Please complete in your own handwriting and pass to the relevant person

Name of /vulnerable adult:

Address of vulnerable adult:

Date of birth:

Age:

Name of family/carer(s):

Telephone number:

Disability: Yes / No If yes please provide details:

First language:

Are you reporting your own concerns or passing on those of someone else? Please give details:

Brief description of what has prompted the concerns (must include dates, times of any specific Are there any physical, behavioural or indirect signs?

Have you spoken to the vulnerable adult? If so please give details of what was said:

Have you spoken to the family/ carer(s)? If so please give details of what was said:

Has anyone been alleged to be the abuser? If so please give details:

Have you considered that the abuser could be someone else? If so please give details:

To whom was the incident reported?

Date of reporting:

Name of person completing the form:



Position:

Signature (also print name in capitals) of person completing the
form:

Today's date:

Further action (if any) taken by CEO/Safeguarding Lead (include date and full contact details of concern
was passed on to):



Appendix D – contact details of relevant authorities

England

- Local Adult Safeguarding Boards – for allegations of abuse by non- staff. Contacted via Local Authority Social Services Department covering the area where the person lives/abuse is alleged to have occurred.
- Local Authority Designated Officer (LADO) – for allegations of abuse by staff. Contacted via Local Authority Social Care Department covering the area where the person lives/abuse is alleged to have occurred.
- Police (in emergencies)

AGE UK

Elder Abuse

- NSPCC Helpline 0808 800 5000 (can also advise on adult safeguarding issues)

Scotland

Concerns regarding the Protection of Vulnerable Adults at risk of harm can be reported to the local social Work department of the relevant Local Authority. Social Work departments will have a Duty social Work contact number available on the council website. Alternatively, concerns can be reported to the following agencies:

- The Police (if it is felt that the individual is at immediate threat of harm this may be the most appropriate option)



Appendix E – Flow chart of procedure

Staff/volunteer observes or Vulnerable person discloses an incident of actual/potential significant harm

Seek clarification from Vulnerable person about the incident

Vulnerable person consents to having the disclosure or observation reported. Or clarification is not possible due to Vulnerable person lacking mental capacity to understand the incident. (Proceed to option 1 below in box below.)

Vulnerable person does not wish to clarify or report the incident. (Proceed to option 2 in box below.)

Note the disclosure. Reassure Vulnerable person, explain that they may have to speak to CEO about the issue.

Either, (Option 1): If you are sure that the incident presents significant harm, formally report it to the CEO. Follow up in writing by submitting the Incident Report Form within 24 hours.

Or, (Option 2): Seek verbal advice from the CEO if unsure about whether the incident presents significant harm, or if the Vulnerable person is reluctant to have it reported. Do not disclose the Vulnerable person's personal details, the CEO will judge whether you should formally report it (proceed to option 1 above if necessary).

Non-significant harm

Inform staff/volunteer no further safeguarding action will be taken. Investigate disclosure using the report information. Decides if further safeguarding action needed.

Significant harm

CEO investigates the disclosure using the information provided by the Staff member/volunteer. CEO does not contact Vulnerable Person directly.

Staff/volunteer informs Vulnerable Person that no further action taken.

CEO informs Staff member/volunteer who reported disclosure.

CEO must report to relevant authority and follow up in writing within 48 hours.

CEO stores confidential incident file

Staff member/volunteer informs Vulnerable Person that safeguarding concern is being investigated.

Vulnerable Person under 18; CEO initiates Protection procedure with relevant authority (e.g., social services)

If the Vulnerable person is over 18, CEO initiates PoVA procedure with relevant authority (e.g., Social services)

Relevant authority acknowledges receipt of referral and decides on course of action within one working day.

No further authority involvement at this stage, although authority may refer onwards.

Relevant authority feeds back to the CEO.



CEO feeds back to the member of staff / volunteer or raised the safeguarding concern.

Relevant authority conducts initial assessment, completed within seven working days of referral.



Appendix F – Checklist for staff/volunteers following disclosure

Have you done the following?

1. Reacted calmly so as not to frighten or deter the person who made the disclosure
2. Listened carefully to what the person tells you without interrupting and taken it seriously
3. Asked questions for clarification only
4. Avoided asking questions that suggest a particular answer
5. Allowed them to continue at their own pace
6. Acknowledged how difficult it might have been for them to share this with you
7. Reassure them that they have done the right thing in informing the person that they are not to blame
8. Explain to the person that you have a responsibility for their safety and therefore, must tell a safeguarding officer. Let them know that there are others who can help them and that they are not alone
9. Inform them what you will do next and with whom the information will be shared
10. Ensure the safety of the vulnerable person.
11. Make sure that you know where they are (if they are not with you) and how to contact them.
12. Record in writing what was said using the vulnerable person's own words
13. Record the date, time, setting, any names mentioned, to whom the information was given and other people present
14. Sign and date the record
15. Record any subsequent events and actions
16. Keep all information on a need-to-know basis.
17. Keep all written records in a secure place (as agreed with the CEO)
18. Ensure that you speak to your line manager about accessing support for yourself (if necessary)



Appendix G – Handling of and safekeeping of disclosure information

1 Policy statement

1.1 PWC is committed to complying with the Criminal Records Bureau's Code of Practice and the Data Protection Act 1998 concerning the correct and safe handling, use, storage, retention and disposal of Disclosures and Disclosure information.

1.2 This policy sets out the procedure for handling, using, storing, retaining and disposing of Disclosure information relating to the recruitment and selection process or current members of staff and volunteers.

2 Storage and Access

2.1 Disclosure information will be held separately from an applicant's application form or an employee's or volunteer's personal file. It must be kept separately and securely in lockable, non-portable storage containers.

2.2 Access to Disclosure information will be strictly controlled and limited to those who are entitled to see it as part of their duties.

3 Handling

3.1 In accordance with the Police Act, 1997, Disclosure information will only be passed to those who are authorised to receive it in the course of their duties.

3.2 A record of all those to whom Disclosures or Disclosure information has been revealed is kept by human resources and Group acknowledges that it is a criminal offence to pass this information to anyone who is not entitled to receive it.

4 Usage

4.1 Disclosure information is only used for the specific purpose for which it was requested and for which the applicant, employee or volunteer's full consent has been given.

5 Retention

5.1 Once recruitment or other relevant decision has been made, Group will not keep Disclosure information for any longer than is absolutely necessary. This is generally for a period of up to 6 months, to allow for the consideration and resolution of any disputes or complaints.

5.2 If, in very exceptional circumstances, it is considered necessary to keep Disclosure information for longer than 6 months, the CEO will consult the Criminal Records Bureau, Disclosure Scotland or the Protection of Vulnerable Adults Service (NI) and will give

full consideration to the Data Protection and Human Rights Act of the individual subject before doing so.

5.3 During this process, the usual conditions with regards to safe storage and strictly controlled access will apply.

6 Disposal

6.1 Once the retention period has elapsed, PWC will ensure that any Disclosure information is immediately suitably destroyed by secure means (i.e. shredding, pulping or burning).



6.2 While awaiting destruction, Disclosure information will not be kept in any insecure receptacle (e.g. waste bin or confidential shredding tray).

6.3 PWC will not keep any photocopy or other images of the Disclosure or any copy or representation of the contents of Disclosure. However, a record may be kept of the date of issue of a Disclosure, the name of the subject, the type of Disclosure requested, the position for which the Disclosure was requested, the unique reference number of the Disclosure and the details of the recruitment decision taken or in the case of existing employees and volunteers, whether the outcome was satisfactory.

7 Breach of policy

7.1 Any member of staff or volunteer who is found to have breached the policy will be taken through PWC's disciplinary procedure.



Appendix H – Text for website

At PWC we aim to ensure that our work promotes health, welfare and development, and recognises our duty to ensure that people are kept safe from harm; this includes the wellbeing of our staff and volunteers.

Our staff have a duty to act upon any and all safeguarding concerns. A safeguarding concern is anything witnessed or reported that may be “sufficiently serious to adversely affect progress and enjoyment of life”. This includes:

- Physical violence
- Sexual abuse
- Emotional abuse or bullying
- Financial or material abuse
- Neglect
- Discriminatory abuse
- Institutional abuse

It could include the deprivation of someone’s liberty, such as locking someone in the house, even if it is for their own protection.

PWC will safeguard by:

- Ensuring that staff and volunteers are appropriately selected, trained and supervised.
- Expecting staff and volunteers to adhere by the guidelines in our policy, and to report any breaches by colleagues.
- Reviewing our policy and practice at regular intervals.
- Ensuring staff are aware of the policy and procedures.
- Reporting all safeguarding concerns to the relevant authority.

What will our staff or volunteers do if they have a safeguarding concern?

If any of our staff or volunteers see anything that they believe may be “sufficiently serious to adversely affect progress and enjoyment of life” they will report it to our CEO or the relevant authority; usually the local social care department, but in some cases it may be more appropriate to contact the local police department.

You are welcome to read our safeguarding policy here:

If you have any concerns regarding the policy or safeguarding please contact our CEO.

