**Safeguarding Adults Policy**

**Rochdale Connections Trust is committed to providing an environment where all adults, including those with care and support needs as defined in the Care Act 2014 are valued, respected and protected from harm. We further recognise our responsibility to develop awareness to enable the recognition of possible signs of harm, abuse and neglect and to act both timely and appropriately in dealing with them.** **As a specialist Domestic Abuse provider who work with female victims of abuse it is imperative that safeguarding sits at the heart of all our practice. We are a wholly inclusive service provider, as evidenced in our approach to working with members of the local community and referenced in our Equality and Diversity Policy. We take into consideration the ability of service users to make informed choices about way they want to live and risks they want to take, as outlined in the Mental Capacity Act 2005, but are able to assess when other factors may influence their choices and put them at risk of harm.**

This policy applies to anyone working on behalf of Rochdale Connections Trust, including Senior

Managers and the Board of Trustees, paid staff, volunteers, sessional workers, agency staff and

students.

**DEDICATED SAFEGUARDING CONTACTS AT RCT:**

The designated Safeguarding Lead is Holly Stevenson. She is the Counselling Coordinator at RCT and works full time. The Deputy Safeguarding Officer is Kathy Thomas, who is our CEO and works full time. We have a Safeguarding Champion who sits on our Board of Trustees, John Weetman. His day job is as a Senior Manager within the Probation Service. If any person has concerns about the conduct of any member of the organisation or about the welfare of any staff, service-user’s or volunteers, they should contact the Safeguarding Lead immediately via telephone on 01706 345111 or 07724 460731 or email holly@r-c-t.co.uk. In her absence, or if she is uncontactable Kathy Thomas should be contacted via telephone on 01706 345111 or 07748 943778 or via email - kathy.thomas@r-c-t.co.uk. There is a Whistleblowing procedure that can be followed if the concerns relate to the designated Safeguarding staff or a belief that they will not in accordance with procedures. Details can be located within the policy.

**OUR COMMITMENT TO SAFEGUARDING ALL:**

Safeguarding adults, particularly those with additional care and support needs is a part of our wider commitment to ensuring the safety, welfare and wellbeing of all who are involved with RCT. Our policy refers to the activity (practices) undertaken to protect specific adults with additional care and support needs, who are suffering or are at risk of suffering significant harm.

**An adult with additional care or support needs is any person who is 18 years of age or over, and who is, or may need, 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/herself, or unable to protect him/herself against significant harm or serious exploitation.**

At RCT we believe everyone has a responsibility to safeguard all adults, particularly those with additional care and support needs and to promote and ensure their welfare. We understand that safeguarding and promoting the welfare of adults, particularly those with additional needs and requiring care. In accordance with our Equality Policy and inclusive practices the organisation also aims to safeguard those who may face inequality or harassment due of the recognized protected characteristics; those being age, disability, sex, sexual orientation, race, religion or belief, gender reassignment, marriage or civil partnership, pregnancy or maternity.

Effective joint working between agencies and professionals that have different roles and expertise is key to ensuring an individual receives the support they require. Some of the most vulnerable adults and those at greatest risk of social exclusion, will need co-ordinated help from health, education, social care, the voluntary sector and other agencies, including justice services. For those adults with additional care and support needs who are suffering, or at risk of suffering significant harm, joint working is essential, to safeguard and promote their welfare and – where necessary – to help bring to justice the perpetrators of crimes against them.

**SAFEGUARDING STAFF/VOLUNTEERS:**

We are also committed to ensuring that those working or volunteering with us are also protected as far as we are able. This begins at the recruitment stage and includes the various “safer recruitment” steps we take to identify where applicants are unsuitable in order to prevent potential safeguarding issues from arising in the future. Job descriptions, person specifications, our application form, the interview process and obtaining references, alongside undertaking DBS checks ensure the system we use to recruit is robust and effective at rooting out any unsuitable individuals.

We ensure both staff and volunteers receive adequate training at induction and that training opportunities are provided to ensure upskilling and keeping up to date with any legislative changes that may impact their delivery. We have systems and procedures in place for staff/volunteers to adhere to protect and keep them safe from harm whilst undertaking their roles. Details can be found in various policies, including our Code of Conduct, Risk Management Policy, Groupwork Policy and Lone Working Policy, which all staff/volunteers are issued with and receive training in.

Staff and Volunteers receive regular supervision and their practice is monitored by their Line Manager and the Senior Management team to ensure adherence to safe working practices and organisational policies and procedures.

**HOW WE EFFECTIVELY SAFEGUARD ADULTS:**

Rochdale Connections Trust are committed to ensuring that our staff and volunteers are fully trained in order to:

* be alert to potential indicators of abuse or neglect
* be alert to the risks which individual abusers, or potential abusers, may pose to adults with care and support needs
* understand that safeguarding decisions should take account of the individual’s ability to give informed consent and fully comply with the Mental Capacity Act 2005
* follow procedures to share and help to analyse information, where concerns are raised, so that a timely assessment can be made of the individual's needs and circumstances and appropriate actions taken
* contribute to whatever actions are needed to safeguard and promote the individual's welfare
* take part in regularly reviewing the outcomes for the individual against specific plans; and
* work co-operatively with other professionals

**DEFINITION & SIGNS OF ABUSE:**

People with care and support needs, are more likely to be abused, exploited or neglected than their peers. They may be seen as an easy target and may be less likely to identify abuse or exploitation themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused and/or exploited, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse and/or exploit.

Signs of abuse can often be difficult to detect. Staff and volunteers who come into contact with people with care and support needs should be familiar with the types of abuse and able to recognise possible indicators of abuse, exploitation or neglect. Many types of abuse are also criminal offences and should be treated as such.

**DATA PROTECTION AND CONFIDENTIALITY:**

RCT are wholly committed to Data Protection and the Confidentiality of all those that we support. In full accordance with our Data Protection and Confidentiality Policies, we adhere to the guidelines detailed in the General Data Protection Regulation 2018 (GDPR). As such, we only collect necessary personal information; ensure the secure storage of data and only share information as is required.

**ENSURING SERVICE USERS ARE INFORMED:**

Prior to delivery of any programmes or services our staff verbally share details of the organisations safeguarding procedures with participants, and representatives of those with additional care and support needs. The Induction document clearly details what service-user’s, or their representatives should do if they are concerned about possible abuse or neglect by a staff member, volunteer or any other person involved with the Charity. It provides the contact details for the Safeguarding Lead and the Deputy; explaining that if they are not satisfied with the response they receive they should contact the Safeguarding Champion or seek guidance from the LA’s designated Safeguarding Lead. Her contact details are included on the document. All service-user’s, or their representatives receive a copy of this document.

**TYPES OF ABUSE:**

* Physical abuse
* Domestic violence or abuse
* Sexual abuse
* Psychological or emotional abuse
* Financial or material abuse
* Modern slavery
* Discriminatory abuse
* Organisational or institutional abuse
* Neglect or acts of omission
* Self-neglect

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse and/or exploitation is occurring. However, it should alert staff, sessional practitioners or volunteers who are working with an individual to make further investigations and assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour associated with abuse and/or exploitation are not exhaustive and people may be subject to a number of abuse types at the same time. Further, there are other forms of abuse that are not listed above including Honour Based Violence, Female Genital Mutilation, Forced Marriage, Radicalisation, Extremism and Terrorism. Where concerns are flagged in relation to these area’s of abuse the Safeguarding Lead (Deputy) would make a referral into the Government’s dedicated PREVENT service, facilitated by the LA.

**Types of physical abuse:**

* Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
* Rough handling
* Scalding and burning
* Physical punishments
* Inappropriate or unlawful use of restraint
* Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
* Involuntary isolation or confinement
* Misuse of medication (e.g. over-sedation)
* Forcible feeding or withholding food
* Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

###  **Possible indicators of physical abuse:**

### No explanation for injuries or inconsistency with the account of what happened

### Injuries are inconsistent with the person’s lifestyle

### Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps

### Frequent injuries

### Unexplained falls

### Subdued or changed behaviour in the presence of a particular person

### Signs of malnutrition

### Failure to seek medical treatment or frequent changes of GP

**Types of Domestic Violence or Abuse:**

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

* Psychological
* Physical
* Sexual
* Financial
* Emotional

Domestic Violence and Abuse 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.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

* acts of assault, threats, humiliation and intimidation
* harming, punishing, or frightening the person
* isolating the person from sources of support
* exploitation of resources or money
* preventing the person from escaping abuse
* regulating everyday behaviour

**Possible indicators of Domestic Violence or Abuse:**

* 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

**Types of Sexual Abuse:**

* Rape, attempted rape or sexual assault
* Inappropriate touch anywhere
* Non- consensual masturbation of either or both persons
* Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
* Any sexual activity that the person lacks the capacity to consent to
* Inappropriate looking, sexual teasing or innuendo or sexual harassment
* Sexual photography or forced use of pornography or witnessing of sexual acts
* Indecent exposure

**Possible indicators of Sexual Abuse:**

* Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
* Torn, stained or bloody underclothing
* Bleeding, pain or itching in the genital area
* Unusual difficulty in walking or sitting
* Foreign bodies in genital or rectal openings
* Infections, unexplained genital discharge, or sexually transmitted diseases
* Pregnancy in a woman who is unable to consent to sexual intercourse
* The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
* Incontinence not related to any medical diagnosis
* Self-harming
* Poor concentration, withdrawal, sleep disturbance
* Excessive fear/apprehension of, or withdrawal from, relationships
* Fear of receiving help with personal care
* Reluctance to be alone with a particular person

**Types of Psychological or Emotional abuse:**

* Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
* Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
* Preventing someone from meeting their religious and cultural needs
* Preventing the expression of choice and opinion
* Failure to respect privacy
* Preventing stimulation, meaningful occupation or activities
* Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
* Addressing a person in a patronising or infantilising way
* Threats of harm or abandonment
* Cyber bullying

**Possible indicators of Psychological or Emotional Abuse:**

* 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

**Types of Financial or Material Abuse:**

* Theft of money or possessions
* Fraud, scamming
* Preventing a person from accessing their own money, benefits or assets
* Employees taking a loan from a person using the service
* Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
* Arranging less care than is needed to save money to maximise inheritance
* Denying assistance to manage/monitor financial affairs
* Denying assistance to access benefits
* Misuse of personal allowance in a care home
* Misuse of benefits or direct payments in a family home
* Someone moving into a person’s home and living rent free without agreement or under duress
* False representation, using another person's bank account, cards or documents
* Exploitation of a person’s money or assets, e.g. unauthorised use of a car
* Misuse of a power of attorney, deputy appointeeship or other legal authority
* Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

**Possible indicators of Financial or Material Abuse:**

* Missing personal possessions
* 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
* Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
* 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
* A lack of clear financial accounts held by a care home or service
* Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
* Disparity between the person’s living conditions and their financial resources, e.g. insufficient food in the house
* Unnecessary property repairs

**Types of Modern Slavery:**

* Human trafficking
* Forced labour
* Domestic servitude
* Sexual exploitation, such as escort work, prostitution and pornography
* Debt bondage – being forced to work to pay off debts that realistically they never will be able to

**Possible indicators of Modern Slavery:**

* 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
* Fear of law enforcers

**Types of Discriminatory Abuse:**

* Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as [**‘protected characteristics’ under the Equality Act 2010**](http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/protected-characteristics-definitions/))
* Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
* Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
* Harassment or deliberate exclusion on the grounds of a protected characteristic
* Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
* Substandard service provision relating to a protected characteristic

**Possible indicators of discriminatory abuse:**

* 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

**Types of Organisational or Institutional Abuse:**

* Discouraging visits or the involvement of relatives or friends
* Run-down or overcrowded establishment
* Authoritarian management or rigid regimes
* Lack of leadership and supervision
* Insufficient staff or high turnover resulting in poor quality care
* Abusive and disrespectful attitudes towards people using the service
* Inappropriate use of restraints
* Lack of respect for dignity and privacy
* Failure to manage residents with abusive behaviour
* Not providing adequate food and drink, or assistance with eating
* Not offering choice or promoting independence
* Misuse of medication
* Failure to provide care with dentures, spectacles or hearing aids
* Not taking account of individuals’ cultural, religious or ethnic needs
* Failure to respond to abuse appropriately
* Interference with personal correspondence or communication
* Failure to respond to complaints

**Possible indicators of Organisational or Institutional Abuse:**

* Lack of flexibility and choice for people using the service
* 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 visitors
* Few social, recreational and educational activities
* Public discussion of personal matters
* Unnecessary exposure during bathing or using the toilet
* Absence of individual care plans
* Lack of management overview and support

**Types of neglect and acts of omission:**

* 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 individuals’ cultural, religious or ethnic needs
* Not taking account of educational, social and recreational needs
* Ignoring or isolating the person
* Preventing the person from making their own decisions
* Preventing access to glasses, hearing aids, dentures, etc.
* Failure to ensure privacy and dignity

**Possible indicators of neglect and acts of omission:**

* Poor environment – dirty or unhygienic
* Poor physical condition and/or personal hygiene
* Pressure sores or ulcers
* Malnutrition or unexplained weight loss
* Untreated injuries and medical problems
* Inconsistent or reluctant contact with medical and social care organisations
* Accumulation of untaken medication
* Uncharacteristic failure to engage in social interaction
* Inappropriate or inadequate clothing

**Types of self-neglect:**

* Lack of self-care to an extent that it threatens personal health and safety
* Neglecting to care for one’s personal hygiene, health or surroundings
* Inability to avoid self-harm
* Failure to seek help or access services to meet health and social care needs
* Inability or unwillingness to manage one’s personal affairs

**Indicators of Self-Neglect:**

* 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
* Hoarding
* Collecting a large number of animals in inappropriate conditions
* Non-compliance with health or care services
* Inability or unwillingness to take medication or treat illness or injury

**OUR COMMITMENT TO SAFEGUARDING FOR ALL:**

Rochdale Connections Trust seeks to serve the needs of all adults, whether they are staff, volunteers or service-users, and in doing so the charity is fully committed to ensuring the welfare of all adults with additional care and support needs who come onto our premises or who are involved in our activities.

The charity aims to ensure that everyone is welcomed into a safe, caring environment with a happy and friendly atmosphere. The charity recognises that it is the responsibility of each one of its staff, paid and unpaid, to prevent the neglect, physical, sexual or emotional abuse of adults with care and support needs and to follow organisational procedures (see below) to efficiently report any abuse discovered or suspected. The charity recognises its responsibility to implement, maintain and regularly review procedures, which are designed to prevent and to be alert to such abuse. The charity is committed to supporting, resourcing and training those who work with vulnerable adults and to providing supervision. The charity is fully committed to maintaining good links with the statutory social services authorities. All those associated with delivering the work of the Charity, both paid and unpaid and the Board of Trustees receive initial Safeguarding training as they join the organisation. We hold annual refresher training for all those referenced above and the Policy is formally reviewed in conjunction with the Safeguarding Champion Board member (John Weetman) on an annual basis.

**PROCEDURES TO FOLLOW WHEN ABUSE, HARM OR NEGLECT IS DISCOVERED:**

Where abuse and/or exploitation of adults with care and support needs is discovered the following procedures should be followed:

1. Where a disclosure or allegation is made or evidence of abuse is identified the person dealing with the situation should focus on ensuring that the safety of the potential victim is their priority. Emergency services should be called immediately if this cannot be achieved.
2. The matter should then be reported internally to the Safeguarding Lead (Holly Stevenson) or the Deputy (Kathy Thomas) if Holly is unavailable/absent.
3. The Safeguarding Lead (Deputy) will involve the appropriate external agencies.
4. A statement/record of the discovery, disclosure or allegation should be accurately recorded and passed to the Safeguarding Lead (Deputy) for it to be stored securely, with a statement of their actions.
5. Information will be passed to Senior Management and the Board of Trustees.
6. A review of the Policy will be undertaken, led by the Safeguarding Champion on the Board of Trustees (John Weetman) and any necessary changes or amendments made.

**PROCEDURES TO FOLLOW WHEN ABUSE, HARM OR NEGLECT IS SUSPECTED:**

Where abuse and/or exploitation of adults with care and support needs is suspected the following procedures should be followed:

* 1. Concerns relating to potential abuse and/or exploitation should be reported immediately to the Safeguarding Lead (Holly Stevenson), or the Deputy Safeguarding Officer (Kathy Thomas) if Holly is absent/unavailable.
	2. The Safeguarding Lead (Deputy) will involve external agencies if they believe this is required.
	3. A statement/record of the suspected abuse/exploitation should be accurately recorded and passed to the Safeguarding Lead (Deputy) for it to be stored securely, alongside a statement of their actions.
	4. Information will be passed to Senior Management and the Board of Trustees.
	5. A review of the Policy will be undertaken, led by the Safeguarding Champion on the Board of Trustees (John Weetman) and any necessary changes or amendments made.

**COMMUNICATION WITH SERVICE USERS WHEN CONCERNS HAVE BEEN RAISED:**

In all cases the affected service-users should be informed clearly about the actions that have been taken and the reasons why; ensuring that the language used is simple and does not contain jargon. They should be informed how they can access any further information they may need relating to the matter, what the next steps are and when they should expect any further communication and from who.

**WHISTLEBLOWING:**

Rochdale Connections Trust are wholly committed to transparent and high standards of operational practice and would urge anyone who believes that the highest standards of care and practice have not been adhered to at any time, but particularly in the arena of safeguarding adults with care and support needs, to report this immediately. Indeed, this is the duty of anyone who is involved with the charity and can be undertaken confidentially, in accordance with our whistleblowing policy, by contacting the designated Safeguarding Lead at Rochdale LA, Jane Timson -Jane.Timson@Rochdale.Gov.UK>

**REVIEW SCHEDULE:**

The Adults Safeguarding Policy is formally reviewed on an annual basis.

**Date of last review:** November 2021

**Reviewed by:** Lizl Donnelly

**Job Role:** Business Support Manager

**Date of next Review:** November 2022