

SANDWICH BAY BIRD OBSERVATORY TRUST

**SAFEGUARDING VULNERABLE
ADULTS, CHILDREN AND YOUNG
PEOPLE - POLICY AND PROCEDURES**

Reviewed July 2017

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1. POLICY STATEMENT

SBBOT believes that it is always unacceptable for a vulnerable person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children, young people and vulnerable adults, by a commitment to protect them.

We recognise that the welfare of the child, young person or vulnerable adult is the paramount consideration and that all children, young people and vulnerable adults, regardless of age, disability, gender, racial or ethnic origin, religious belief or sexual orientation have a right to protection from harm or abuse.

The purpose of this policy is to provide protection for the vulnerable people who participate in SBBOT's activities, including the children of adult members. Also to provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a vulnerable person may be experiencing, or be at risk of, harm. This policy applies to all staff, the board of trustees (Council), volunteers, or anyone working on behalf of SBBOT.

SBBOT seeks to safeguard vulnerable people by valuing them, listening to and respecting them; adopting protection guidelines through procedures and a code of conduct for staff and volunteers; recruiting staff and volunteers safely, ensuring all necessary checks are made; sharing information about child protection and good practice with children, vulnerable adults, parents, staff and volunteers; sharing information about concerns with agencies who need to know, and involving parents, children and vulnerable adults appropriately.

This policy and guidelines will be reviewed annually.

2. DEFINITIONS

a. Definition of children and young adults

Those who have not yet reached their eighteenth birthday.

Throughout this document they will be referred to as "vulnerable people / person"

b. Definition of vulnerable adults

The definition of vulnerable adult as expressed in the The Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 2002 is "a person aged 18 or over who has a condition of the following type:

- (i) a substantial learning or physical disability; (ii) a physical or mental illness or mental disorder, chronic or otherwise, including an addiction to alcohol or drugs; or (iii) a significant reduction in physical or mental capacity."

Throughout this document they will be referred to as "vulnerable people / person"

c. Definition of abuse

Abuse is the violation of an individual's human rights. It can be a single act or repeated acts. It can be physical, sexual, or emotional. It also includes acts of neglect or an omission to act. In all forms of abuse there are elements of emotional abuse. Vulnerable adults may also suffer additional types of abuse such as being manipulated financially or being discriminated against. Other examples of abuse include inflicting physical harm such as hitting or misuse of medication, rape and sexual assault or exposure to sexual acts without informed consent; emotional abuse such as threats,

humiliation and harassment; discrimination including racist, sexist, or based on a person's disability, and other forms of harassment or slurs; exploitation; ignoring medical or physical needs and withholding of necessities of life such as food or heating. This list is not definitive.

Multiple forms of abuse may occur in an on going relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

No abuse is acceptable and some abuse is a criminal offence and must be reported to the police as soon as possible.

3. RIGHTS & RESPONSIBILITIES

a. Responsibilities of SBBOT

- To ensure staff and volunteers are aware of this protection policy and are adequately trained - this will be dependent on nature of role, e.g. staff or volunteers who may supervise vulnerable people on their own may require additional training
- To notify the appropriate agencies if abuse is identified or suspected
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
- To DBS Disclosure check volunteers and employees who may supervise vulnerable people on their own

These responsibilities will be met by Council.

b. Responsibilities of SBBOT employees and volunteers

- To be familiar with the protection policy and procedures
- To immediately report concerns and all relevant information to a member of Council
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

c. Support for those who report abuse

All those making a complaint or allegation or expressing concern, whether they be staff, volunteers, carers or members of the general public should be reassured that:

- They will be taken seriously
- Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk
- They will be given immediate protection from the risk of reprisals or intimidation

d. The Vulnerable Person has the right:

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously
- To receive fair and respectful treatment throughout
- To be involved in any process as appropriate
- To receive information about the outcome

4. GOOD PRACTICE

a. Management and Supervision

It is the Council's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable people with whom they may be in contact. Regular contact between members of Council and staff and volunteers will offer the opportunity to raise any issues.

Council will take responsibility for acting on any concerns that are raised and reporting to the relevant authorities when necessary.

b. Record Keeping

- There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person (as identified by Council), and will be kept for as long as deemed necessary, in line with Data Protection principles.
- All incidents should be discussed at Council.
- There should be no reason to keep written records about vulnerable people.

c. Planning

Wherever possible paid staff and volunteers should avoid lone working with a vulnerable person. If unavoidable, one to one contact should take place in an environment where other staff or volunteers are present or within sight.

d. Photography

Parental consent must be obtained before photographs of children are taken or used in publicity. When ever possible this consent should be given in writing.

e. Reporting to social services

If there is a concern about the possible abuse of a vulnerable person, Council should contact the local authority social services department. It is their legal responsibility to find out if abuse has taken place. *It is not the role of SBBOT to decide whether abuse has taken place, only to report allegations to Social Services or the Police.*

f. Members of the Council

Reports of concerns can be made by any one to any member of the Council.

PRACTICE GUIDE

Actions and considerations

THE FIRST PRIORITY SHOULD ALWAYS BE TO ENSURE THE SAFETY AND PROTECTION OF VULNERABLE PEOPLE. TO THIS END IT IS THE RESPONSIBILITY OF ALL STAFF/VOLUNTEERS TO ACT ON ANY SUSPICION OR EVIDENCE OF ABUSE OR NEGLECT AND TO PASS ON THEIR CONCERNS TO A RESPONSIBLE PERSON OR AGENCY.

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the vulnerable person, offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example staff or volunteers must make it clear that they will have to discuss the concerns with the Council.
- Where a vulnerable person expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect their wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the vulnerable person's wishes may be overridden in favour of considerations of safety.
- Decisions to override the vulnerable person's wish not to take the matter further should if possible be the product of discussion with the Council.
- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the Council.
- **REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE. By supporting the vulnerable person and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.**
- Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

If you are accused of an abusive action

- Make notes of all your actions/contacts with the vulnerable person in question as soon as possible after the allegation is presented to you.
- Ensure you are no longer working with the vulnerable person making the allegation.
- Consider seeking professional and legal advice.
- Inform Council for advice/support.
- Accept that colleagues may not be able to contact you whilst an investigation is under way. They will be as concerned about the situation as you are.

PRACTICE GUIDE

Discussion and decision making

INFORMATION SHOULD BE SHARED WITH THE COUNCIL, WHO MUST APPROVE ANY ACTIONS TO BE TAKEN AND ANY DOCUMENTATION OR CORRESPONDENCE BEING SENT OUT.

Employees / volunteers with concerns should discuss them with a member of Council as soon as possible after the abuse or suspicions of abuse are observed, even if this is on the telephone.

The concerns will be fully discussed with the reporting individual at the next Council meeting, or if necessary an extra-meeting will be convened.

To refer or not

THE DECISION TO REFER OR NOT TO REFER SHOULD BE MADE BY COUNCIL.

When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, National Care Standards Commission) the following should be taken into account:

- The wishes of the vulnerable person, & their right to self-determination
- The mental capacity of the vulnerable adult
- Known indicators of abuse
- Definitions of abuse
- Level of risk to this individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached (e.g. NCSC)
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

Issues of mental capacity and consent

The consent of the vulnerable person must be obtained except where:

- The vulnerable person lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
- Others may be at risk
- A crime has been committed

PRACTICE GUIDE

Who Council should refer or report concerns to

- The contact Centre; the single point of referral within Social Services
- Emergency Social Services duty team, if urgent and outside normal office hours
- Relevant hospital Social Services team if vulnerable adult is in hospital
- Community Mental Health Team where the vulnerable adult has an ongoing mental health need
- National Care Standards Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
- The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime

Information, if known, which will be required when making a referral or report

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there any concerns/doubts about this?)
- Details of GP and any known medication

Also, any relevant information, for example:

- Reasons for concerns and therefore this referral
- Details of how these concerns came to light
- Specific information relating to these concerns
- Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken
- Details of anyone else to whom this referral has also been made
- Details of the alleged perpetrator and if they are a vulnerable person
- Details of alleged abuse and information about suspicions
- Details of any other background information
- An impression of how serious the situation might be
- Details of any other professional involved
- Details of carers and any significant family members, neighbours, friends

INFORMATION PASSED ON MUST BE RELEVANT, NECESSARY AND UP TO DATE

CONFIRM IN WRITING INFORMATION GIVEN VERBALLY

PRACTICE GUIDE

Dos and don'ts

Staff member or volunteer should:

- Stay Calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain what you are going to do
- Report to relevant member of the Council
- Write a factual account of what you have seen, immediately.

Staff member or volunteer should not:

- Appear shocked, horrified, disgusted or angry
- Press the individual for details (unless requested to do so)
- Make comments or judgements other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

Discuss with the relevant member of the Council who will:

- Ascertain whether the situation requires referral to Council
- Ascertain and implement any immediate action required
- Ascertain if Council needs to meet immediately or refer to the next scheduled meeting

Council will

- Consider the vulnerable person's capacity to make decisions
- Ascertain whether an advocate or appropriate adult might be necessary
- Consider the most appropriate action to take
- Where abuse is suspected conclude that a referral be made to the appropriate agency

PRACTICE GUIDE

Identification of abuse

Physical abuse signs

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state

Psychological/emotional signs:

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

Neglect signs

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Financial or material signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

Discriminatory signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users

Contact addresses

For participants in RSPB club events:

RSPB

Tel no 0800 9178566

9 a.m. - 5 p.m. Monday - Friday

NSPCC helpline to discuss concerns about a child

0808 800 5000

To involve social services contact Kent Contact and Assessment Service:

Telephone your local Social Services office between 8:30am and 5:00pm at Canterbury 01227 598500, Dover 01304 204 915 or Thanet 01843 860000

Telephone Kent County Council's Contact Centre on 08458 247 100, 24 hours a day 7 days a week.

Write to:

Kent Contact and Assessment Service,

Kroner House

Eurogate Business Park

Ashford

TN24 8XU

[E-mail](mailto:contact.assessment.service@kent.gov.uk) - contact.assessment.service@kent.gov.uk

Kent Police

01303 850 055

These calls are charged at local rate and are answered by the Kent Police Force Communications Centre in Maidstone. You will be diverted to the person best able to respond to your call.

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