

## Safeguarding Adults Policy

### 1. Introduction

*Living with Aphasia* is committed to creating and maintaining a safe and positive environment and accepts its responsibility to safeguard the welfare of all adults involved in *Living with Aphasia* in accordance with the Care Act 2014.

*Living with Aphasia's* adult safeguarding policy and procedures apply to all individuals involved in *Living with Aphasia*.

*Living with Aphasia* will encourage and support partner organisations to adopt and demonstrate their commitment to the principles and practice of equality as set out in this safeguarding adult's policy.

### 2. Principles

The guidance given in the policy and procedures is based on the following six principles of adult safeguarding:

**Empowerment** - People being supported and encouraged to make their own decisions with informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

**Prevention** – It is better to act before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

**Proportionality** – The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed."

**Protection** – Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

**Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

**Accountability** – Accountability and transparency in delivering safeguarding.  
"I understand the role of everyone involved in my life and so do they."

- 2.1. All adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
- 2.2. *Living with Aphasia* will seek to ensure that our activities are inclusive and make reasonable adjustments for any ability, disability or impairment. We will also commit to continuous development, monitoring and review.
- 2.3. The rights, dignity and worth of all adults will always be respected.
- 2.4. We recognize that ability and disability can change over time, such that some adults may be additionally vulnerable to abuse, for example those who have a dependency on others or have different communication needs.
- 2.5. We recognize that a disabled adult may or may not identify themselves or be identified as an adult 'at risk'.
- 2.6. We all have a shared responsibility to ensure the safety and well-being of all adults and will act appropriately and report concerns whether these concerns arise within *Living with Aphasia* or in the wider community e.g. inappropriate behaviour by a volunteer or service user.
- 2.7. All allegations will be taken seriously and responded to quickly in line with *Living with Aphasia* Safeguarding Adults Policy and Procedures.
- 2.8. *Living with Aphasia* recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of the Local Safeguarding Adults Boards.

### **3. Guidance and Legislation**

The practices and procedures within this policy are based on the principles contained within UK legislation and government guidance, and have been developed to complement the Safeguarding Adults Boards policy and procedures. They take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 1994 and 1998
- The General Data Protection Regulation (GDPR)

#### 4. Definitions

To assist working through and understanding this policy a number of key definitions need to be explained:

- 4.1. **Adult at Risk** is a person aged 18 or over who is in need of
- 4.2. care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect. In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse.
- 4.3. **Abuse** is a violation of an individual's human and civil rights by another person or persons. See section 5 for further explanations.
- 4.4. **Adult** is anyone aged 18 or over.
- 4.5. **Adult safeguarding** is protecting a person's right to live in safety, free from abuse and neglect.
- 4.6. **Capacity** refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005).

#### 5. Types of Abuse and Neglect - Definitions from the Care Act 2014

This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour or issue which could give rise to a safeguarding concern.

- 5.1. **Self-neglect** – this covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- 5.2. **Modern Slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- 5.3. **Domestic Abuse** – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. Sport may notice a power imbalance between a participant and a family member.
- 5.4. **Discriminatory** – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.
- 5.5. **Organisational Abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range

from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- 5.6. **Physical Abuse** – includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- 5.7. **Sexual Abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- 5.8. **Financial or Material Abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- 5.9. **Neglect** – including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- 5.10. **Emotional or Psychological Abuse** – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Not included in the Care Act 2014 but also relevant:

- **Cyber Bullying** - cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.
- **Forced Marriage** - forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

- **Mate Crime** - a 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate Crime is carried out by someone the adult knows and often happens in private.
- **Radicalisation** - the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

## 6. Signs and indicators of abuse and neglect

Abuse can take place in any context and by all manner of perpetrator. Abuse may be inflicted by anyone in the organization or neglected outside of the meetings. There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- 6.1. Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- 6.2. Person has belongings or money going missing.
- 6.3. Person is not attending / no longer enjoying their sessions.
- 6.4. Someone losing or gaining weight / an unkempt appearance.
- 6.5. A change in the behaviour or confidence of a person.
- 6.6. They may have a fear of a particular group or individual.
- 6.7. They may tell you / another person they are being abused – i.e. a disclosure.

## 7. What to do if you have a concern or someone raises concerns with you.

- 7.1. You may become aware that abuse or poor practice is taking place, suspect abuse or poor practice may be occurring or be told about something that may be abuse or poor practice and you must report this to the Mentor of *Living with Aphasia*.
- 7.2. If you are concerned someone is in immediate danger, contact the police straight away.
- 7.3. It is important when considering your concern that you also consider the needs and wishes of the person at risk, taking into account the nature of the alert, more information on this is given in Appendix 1 'The Legislative Framework'.

## 8. How to Record a Disclosure

- 8.1. Make a note of what the person has said using his or her own words as soon as practicable.
- 8.2. As long as it does not increase the risk to the individual, you should explain to them that it is your duty to share your concern with the Mentor of *Living with Aphasia*.
- 8.3. Describe the circumstances in which the disclosure came about.
- 8.4. Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.
- 8.5. Be mindful of the need to be confidential at all times, this information must only be shared with you, the Mentor and others on a need to know basis.
- 8.6. If the matter is urgent and relates to the immediate safety of an adult at risk then contact the police immediately.

## Good practice, poor practice and abuse

### Introduction

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.

It is not the responsibility of any individual involved in *Living with Aphasia* to make judgements regarding whether or not abuse is taking place, however, all *Living with Aphasia* personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

### Good practice:

Everyone should:

- Aim to make the experience of *Living with Aphasia* enjoyable.
- Not tolerate the use of prohibited or illegal substances.
- Treat all adults equally and preserve their dignity.
- Build relationships based on mutual trust and respect, encouraging adults at risk to take responsibility for their own decision-making.
- Always be publicly open when working with adults at risk:
  - Avoid unnecessary physical contact with people. Physical contact (touching) can be appropriate so long as:
    - It is neither intrusive nor disturbing.
    - It is delivered in an open environment.
- Be an excellent role model by maintaining appropriate standards of behaviour.
- Gain the adult at risk consent and, where appropriate, the consent of relevant carers, in writing, to administer emergency first aid.

- Be aware of medical conditions, disabilities, existing injuries and medicines being taken and keep written records of any injury or accident that occurs, together with details of treatments provided.
- Arrange that someone with current knowledge of emergency first aid is available at all times.

### **Poor practice:**

The following are regarded as poor practice and should be avoided:

- Unnecessarily spending excessive amounts of time alone with an individual adult.
- Allowing or engaging in inappropriate touching of any form.
- Using language that might be regarded as inappropriate by the adult and which may be hurtful or disrespectful.
- Making sexually suggestive comments, even in jest.
- Reducing an adult to tears as a form of control.
- Letting allegations made by an adult go without investigation, unrecorded, or not acted upon.
- Taking an adult at risk alone in a car on journeys, however short.
- Inviting or taking an adult at risk to your home or office where they will be alone with you.
- Doing things of a personal nature that adults at risk can do for themselves.

**Note:** At times it may be acceptable to do some of the above. In these cases, to protect both the adult at risk and yourself, seek written consent from the adult at risk and, where appropriate, their carers

If, during your care, an adult at risk suffers any injury, seems distressed in any manner, appears to be sexually aroused by your actions, or misunderstands/misinterprets something you have done, report these incidents as soon as possible to another adult in the organisation and make a brief written note of it.

## **9. Relevant Policies**

This policy should be read in conjunction with the grievance policy of *Living with Aphasia*

### **Monitoring and Review**

The Trustees will review the operation of this policy every two years or sooner in the event of legislative changes or revised policies and best practice. The chair of the trustees has the responsibility to ensure that this is completed.

Our safeguarding policy was last updated on 25.10.20.